

FORM C 3 – Athlete Release

Special Release for Athletes with Atlanto-axial Instability (Page 1)

CERTIFICATION BY PHYSICIANS

We have examined the Athlete named in the application, who has Down Syndrome and who has been diagnosed as having Atlanto-axial Instability. We certify based on our examinations of the Athlete and our review of the health information contained in this application, that despite the diagnosis of Atlanto-axial Instability, this Athlete is not medically precluded from participation in Special Olympics. We Further certify that we have explained to the Athlete named in this application, (and to the parent or guardian whose signature appears below, if the Athlete is a minor), the medical risks associated with Atlanto-axial Instability and in particular, the risks associated with the Athlete's participation in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine.

(Signatures of two physicians are required.)

Athlete Name: _____	Delegation: _____
Restrictions (if any): _____ _____	Restrictions (if any): _____ _____
Physician's name: _____	Physician's name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Signature of Physician _____ Date _____	Signature of Physician _____ Date _____

CERTIFICATION OF ADULT ATHLETE (Required for adult Athletes with diagnosis of Atlanto-axial Instability)

I am the Athlete named in this application. I certify that:

1. I have been informed by the physicians named above that I have Atlanto-axial Instability
2. The risks associated with that condition, including the risks from participating in butterfly events, individual medley events and diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer) team competition, snowboarding, judo, alpine skiing and any warm-up exercise placing undue stress on the head and neck have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences if I participate in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I certify that I am taking these risks knowingly and voluntarily, of my own free will, because of my desire to participate in Special Olympics, including any or all of the sports listed above, based on the certifications of the two physicians named above that I am not medically precluded from participating in Special Olympics.

Name: _____

Address: _____

Phone: _____

Signature of Adult Athlete _____ Date _____

Signature of Adult Friend or Family Member _____ Date _____

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CERTIFICATION OF PARENT (Required for MINOR Athletes with diagnosis of Atlanto-axial Instability)

I am the mother/father of the Athlete named in this application. I certify that:

1. I have been informed by the physicians named above that my son/daughter has Atlanto-axial Instability.
2. The risks associated with that condition, including the risks from participating in butterfly events, individual medley events and diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer) team competition, snowboarding, judo, alpine skiing and any warm-up exercise placing undue stress on the head and neck have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences of my son/daughter participating in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I hereby give my permission for my son/daughter to participate in Special Olympics, including any or all of the sports or events listed above, based on the certifications of the two physicians named above that my son/daughter is not medically precluded from participating in Special Olympics.

Athlete Name: _____

Address: _____

Phone: _____

Signature of Parent _____ Date _____

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SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY – instructions

The Special Release for Athletes with Atlanto-Axial Instability is in accordance with Special Olympics General Rules, 6.02 (f):

In light of medical research indicating that up to 15% of individuals with Down Syndrome have a mal-alignment of the cervical vertebrae C-1 and C-2 in the neck known as Atlanto-axial instability, exposing them to possible injury if they participate in activities that hyperextend or radically flex the neck or upper spine, all Accredited Programs must take the following precautions before permitting Athletes with Down Syndrome to participate in certain physical activities:

(1) *Athletes with Down Syndrome may participate in most Special Olympics sports training and competition, but shall not be permitted to participate in any activities which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless the requirements of subsections (f)(2) and (f)(3) below are satisfied. Such sports training and competition activities include: butterfly events, individual medley events and diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer) team competition, snowboarding, judo, alpine skiing and any warm-up exercise placing undue stress on the head and neck.*

(2) *An Athlete with Down Syndrome may be permitted to participate in the activities described in subsection (1) above if that Athlete is examined (including x-ray views of full extension and flexion of neck) by a physician who has been briefed on the nature of the Atlanto-axial instability condition, and who determines, based on the results of that examination, that the Athlete does not have an Atlanto-axial instability condition.*

(3) *An Athlete with Down Syndrome who has been diagnosed by a physician as having an Atlanto-axial instability condition may nevertheless be permitted to participate in the activities described in subsection (1) above if the Athlete, or the parent or guardian of a minor Athlete, confirms in writing his or her decision to proceed with these activities notwithstanding the risks created by the Atlanto-axial instability, and two (2) Licensed Medical Professionals certify in writing that they have explained these risks to the Athlete and his/her parent or guardian, and that the Athlete's condition does not, in their judgment, preclude the Athlete from participating in Special Olympics. These statements and certifications shall be documented and provided to Accredited Programs using the standardized form approved by SOI, entitled "Special Release for Athletes with Atlanto-axial Instability," and any revisions of that form, approved by SOI (the "**Special Release Concerning Atlanto-axial Instability**").*

ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI