



Special Olympics  
Iowa

# APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

**\*\*Application Expires 3 Years from Doctor Examination Date**

**PLEASE PRINT**

**Athlete Name** \_\_\_\_\_ **Delegation** (School/Facility) \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Parent/Guardian (circle one) \_\_\_\_\_

Athlete Phone \_\_\_\_\_ Parent Address \_\_\_\_\_

Athlete Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

## HEALTH INSURANCE & EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

## MEDICAL CLEARANCE

Does athlete have Down Syndrome? Yes  No

If yes, have x-rays of the C1-C2 vertebrae been taken and examined? Yes  No  Date of x-ray \_\_\_\_\_

Atlantoaxial Instability: Positive AA  Negative AA

Does the athlete have or is the athlete:

Heart Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blind	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epileptic/Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Deaf	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	
Blood Pressure	_____		Height	_____		Weight	_____				

Date of last Tetanus shot: \_\_\_\_\_ Athlete uses wheelchair Yes  No

Athlete is allergic to: \_\_\_\_\_

Current Medication (list)	Dosage	Current Medication (list)	Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have examined the above-named Athlete and, in my opinion, there is no mental or physical reason why he or she should not participate in Special Olympics sports training and competition. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application. **Sports Athlete not allowed to participate in:** \_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_ **Exam Date** \_\_\_\_\_

Print Doctor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## PARENT AND/OR GUARDIAN AUTHORIZATION & MEDIA RELEASE

I, on my own behalf or as the undersigned parent or legal guardian of the above named applicant (hereafter referred to as the "Athlete"), hereby give permission for the Athlete to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all athletes using the Sex Offender Public Registry and understand that athletes listed on the Registry will be denied participation. I affirm that this Athlete has never been on said Registry or, if Athlete was listed on the Sex Offender Public Registry but has since been removed I will contact Special Olympics Iowa for instructions before submitting this application.

I represent and warrant that the Athlete is physically and mentally able to participate in Special Olympics. I understand that if the Athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature result in hyper-extension, radical flexion or pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlantoaxial Instability. I am aware that sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, soccer skills, powerlifting squat and butterfly stroke and diving starts in swimming.

On behalf of the Athlete and myself, I acknowledge that the Athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Athlete.

In permitting the Athlete to participate, I am specifically granting permission to Special Olympics Iowa to use the likeness, voice and words of the Athlete in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Athlete to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Athlete has no obligation to participate and I understand the Athlete should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Athlete's health.

If I am not personally present at Special Olympics activities in which the Athlete is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Athlete.

I, THE UNDERSIGNED ADULT ATHLETE, have read and fully understand the provisions of the above release and/or have had them explained. I hereby agree that I will be bound thereby and I shall defend Special Olympics Iowa and hold it harmless from disaffirmation thereof.

I, THE UNDERSIGNED PARENT AND/OR GUARDIAN of the above specified Athlete, have read and fully understand the provisions of the above release and have explained them to the Athlete. I hereby agree that I and said Athlete will be bound thereby, and I shall defend Olympics Iowa and hold it harmless from any disaffirmation thereof by said Athlete.

Signature of Athlete \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent  
 and/or Legal Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_