

INSTRUCTIONS

Athlete Name: _____

Area: _____

1. Each athlete must have the Official Special Olympics Release Form and the Application for Participation in Special Olympics Form on file with Special Olympics Virginia prior to participating. The Official Special Olympics Release Form must be signed by a *parent, legal guardian, or adult athlete*. The Release Form only needs to be completed one time and is good for as long as the athlete remains a participant in the program.
2. When completing this *NEW* Application for Participation in Special Olympics for the first time (SOVA began using this form on March 1, 2000), fill out all parts of this form; Section A, *Athlete Health Information* and Section B, *Medical Certification* completely.
3. Section A of this form must be updated and submitted once every three years in order for the athlete to maintain eligibility in the program. Section A can be completed by a parent, guardian, caseworker, teacher, etc. Section B must be completed every three years for athletes with Yes in Items 1-6 or the first time *New* is checked in Items 7-12. Please make sure the Down syndrome information, *Item 1, Section A*, is filled out completely. Athletes with Down syndrome need cervical spine x-rays in order to participate in certain sports. If an athlete has Down syndrome with Atlanto-axial Instability checked YES, the athlete will be restricted from sports requiring hyper-extension, radical flexion or direct pressure on the neck and upper spine. Athletes with Down syndrome who have not had x-rays or who leave the spaces under cervical spine x-rays or Atlanto-axial blank will also be restricted.
4. Section B, *Medical Certification*, must be completed by a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Licensed Nurse Practitioner (NP), or a Licensed Physician's Assistant (PA). Make sure that the examiner records the date on which the exam was given. Without a date, the form will be invalid. Please be sure the name, address, and telephone number of the person who provides the physical examination is clearly printed under the signature space in Section B (a stamped impression of this information is satisfactory).
5. Return the completed form to Special Olympics Virginia, P.O. Box 1906, Harrisonburg, VA 22801 or return the form to your local Special Olympics representative.

Official Special Olympics Release Form

I represent and warrant that to the best of my knowledge and belief I am/my child is physically and mentally able to participate in Special Olympics. I also represent that a licensed examiner has reviewed the health information set forth in my/my child's application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude my/my child's participation. I understand that if I/my child has Down syndrome, I/he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-axial Instability" form or I/my child has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-axial Instability" form, I/my child must have a radiological examination before I/he/she can participate in equestrian, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and soccer.

Special Olympics has my permission (both during and anytime after) to use my/my child's likeness, name, voice, or words in either television, radio, film, newspapers, magazines and other media in any form for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If a medical emergency should arise during my/my child's participation in Special Olympics activities at a time when I am not personally able/present to be consulted regarding my/my child's care, I authorize Special Olympics to take whatever measures are necessary to protect my/my child's health and well-being, including, if necessary, hospitalization. I also give permission for the athlete named in this Release Form to participate in optional health education and screening activities such as dental, vision and hearing screenings.

I, the undersigned, have read and fully understand the provisions of the above release, and if I am an adult athlete someone has explained these provisions to me. By signing this release form I agree to the above provisions. If I am the parent/guardian of the athlete named on this form I am agreeing to the above provisions on my own behalf and on behalf of the athlete named on this application. If I am a witness for an adult athlete I certify that I have reviewed this release with the athlete and am satisfied that the athlete understands this release and has agreed to its terms.

Signature of Athlete: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Witness for Adult Athlete: _____ Date: _____

IMPORTANT: If there is any significant change in the athlete's health, the athlete's condition should be reviewed by a licensed examiner before further participation. A physical examination performed by a licensed examiner is required for initial participation. A physical examination performed by a licensed examiner is required every 3 years for athletes with YES in items 1-6 on the Athlete Health Information. An exam is required the first time NP (New Problem) is checked in items 7-12 on the Athlete Health Information.

Application: Section B ~ Medical Certification

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: equestrian, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and soccer.

I have reviewed the athlete's medical history and examined the athlete named in the application and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics.

Restrictions _____

Examiner's Signature _____

Examiner's Name _____

Date _____
PLEASE PRINT CLEARLY

Examiner's Address _____

Phone _____

Athlete Information:

PLEASE PRINT CLEARLY

Area: _____

Athlete Name: _____
 Address: _____
 City/State/Zip: _____
 E-mail Address: _____

Gender: M F
 Date of Birth (month/day/year) ____/____/____
 Home Phone: _____
 Cell / Work Phone: _____

Parent/Guardian Information:

Parent/Guardian Name: _____
 Address (if different than athlete):

Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____

Emergency Contact Information: (other than parent/guardian): _____

Home Phone: _____ Cell / Work Phone: _____

Athlete Background Information – Answers are not automatic disqualifiers for participation in Special Olympics Virginia.

1) Was the athlete ever charged or convicted of a crime?

Yes No

Explain YES answer and indicate date, location and nature of offense:

2) Does the athlete have any behavior issues?

Yes No

Explain YES answer:

- 1. Down Syndrome Yes No
- Have cervical spine (neck bone) x-rays ever been done? Yes No
- Atlanto-Axial Instability Yes No
- 2. Chest Pain or Fainting Spells Yes No
- 3. Seizures/ Epilepsy Yes No
- 4. Diabetes Yes No
- 5. Heart Disease/ Heart Defect/ High Blood Pressure Yes No
- 6. Parent/ Sibling (under 40) died of heart disease Yes No
- 7. Absence of vision/ blind in one eye Yes No NP
- 8. Absence of one kidney or testicle Yes No NP
- 9. Concussion or serious head injury Yes No NP
- 10. Major surgery or serious illness Yes No NP
- 11. Heat stroke/ exhaustion Yes No NP
- 12. Other problem that would interfere with sports participation Yes No NP

List: _____

- 13. Impaired motor ability Yes No
- 14. Uses a wheelchair Yes No
- 15. Allergy to the following (list specific) Yes No
- Medicine _____ Yes No
- Foods _____ Yes No
- Insect Sting/Bite _____ Yes No
- 16. Special diet _____ Yes No
- 17. Exercise induced wheezing Yes No
- 18. Tendency to bleed easily Yes No
- 19. Emotional/ psychiatric/ behavioral problems Yes No
- 20. Serious bone or joint disorder Yes No
- 21. Sickle cell trait or disease Yes No
- 22. Hearing aid/ hearing loss Yes No
- 23. Contact lenses/ eyeglasses Yes No
- 24. Dentures/ false teeth Yes No
- 25. Immunizations (shots) are up-to-date Yes No
- 26. Date of last tetanus shot ____/____/____

A physical examination performed by a licensed examiner is required every 3 years for athletes with YES in items 1-6. An exam is required the first time NP (New Problem) is checked in items 7-12.

Comments: _____

Medication Update	Medication Name	Amount (eg. 250 mg)	Date Prescribed	Amount Taken (Dosage and instructions, ex. 250 mg 2 X per day with food)
* Attach additional sheet if needed.				

Signature of Person Completing Section A: _____

Phone: _____

Relationship to athlete: _____ Date: _____