

SPECIAL OLYMPICS OKLAHOMA APPLICATION FOR PARTICIPATION

Valid June 1, 2016 through May 31, 2019

Print or Type Information on Form & Fill In Completely

SECTION A - ATHLETE INFORMATION

Athlete Name (First - Last)	<input type="text"/>		
Date of Birth (mmdyyy)	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female
Area Name & City	<input type="text"/>		
2016 -'17 - Coach / Team	<input type="text"/>	Phone (+ a/c)	<input type="text"/>
2017 -'18 - Coach / Team	<input type="text"/>	Phone (+ a/c)	<input type="text"/>
2018 -'19 - Coach / Team	<input type="text"/>	Phone (+a/c)	<input type="text"/>
Athlete's Parent/Guardian	<input type="text"/>	Phone (+ a/c)	<input type="text"/>
Emergency Contact Name	<input type="text"/>	Phone (+ a/c)	<input type="text"/>
Health/Medical Insurance Co.	<input type="text"/>	Policy #	<input type="text"/>

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

RELEASE MUST BE COMPLETED BY PARENT/GUARDIAN OR 18 YR. OLD ADULT ATHLETE ACTING AS OWN LEGAL GUARDIAN

I, the Parent/Guardian OR the 18 yr. old Adult Athlete submit this Application for Participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in this application and has certified, based on a medical examination, that there is no medical evidence which would preclude the athlete from participating in Special Olympics. I understand that if the athlete has Down Syndrome, the athlete 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 the athlete and physician have completed the official "Down Addendum Form", available from the Special Olympics State office. I am aware that the x-ray exam is required before any athlete with Down Syndrome may participate in Special Olympics, especially in the following: equestrian, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing and soccer.

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

If, during the athlete's participation in Special Olympics activities, the athlete should need emergency medical treatment, and I (the parent/guardian or adult athlete) am not able to give consent or make arrangements for that treatment, I authorize Special Olympics to take whatever measures necessary to protect the athlete's health and well-being, including, if necessary, hospitalization.

By signing below, I consent to the athlete's participation in the Healthy Athlete Program. I understand that I should seek independent medical advice and assistance as I am responsible for the athlete's health.

I acknowledge, understand and have read the SOOK Housing Policy concerning overnight travel & lodging that is available on the www.sook.org website.

I, the adult athlete, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

I, the parent/guardian of this athlete, hereby give my permission for this athlete to participate in Special Olympics games, training, recreation programs, physical activity programs and Healthy Athletes program. By signing, I am saying that I agree to the provisions of this release.

Signature of Parent/Guardian	<input type="text"/>	Date	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>
Phones (W) (+a/c)	<input type="text"/>	(H) ((+a/c)	<input type="text"/>	Cell ((+a/c)	<input type="text"/>
Signature of Adult Athlete	<input type="text"/>	Phone (+area code)	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied, based on that review, that the athlete understands this release and has agreed to its terms.

Name (print)	<input type="text"/>	Relationship	<input type="text"/>
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SECTION B - HEALTH HISTORY INFORMATION

- 1 – Heart disease/defect/High blood pressure Yes No
 2 – Chest Pain Yes No
 3 – Seizures / epilepsy / fainting spells Yes No
 4 – Diabetes Yes No
 5 – Concussion or serious head injury Yes No
 6 – Major surgery or illness Yes No
 7 – Heat stroke / exhaustion Yes No
 8 – Visually impaired/contact lenses/glasses Yes No
 9 – Blind Yes No
 10 – Hearing impaired Yes No
 11 – Bone or joint problems Yes No
 12 – General Allergy: Yes No

Athlete Name

- 13 – Medicine Allergy: Yes No

 14 – Food Allergy: Yes No

 15 – Insect/sting bite allergies Yes No
 16 – Asthma Yes No
 17 – Tobacco Use Yes No
 18 – Easy Bleeding Yes No
 19 – Emotional/psychiatric/behavioral List Bellow Yes No
 20 – Sickle Cell Trait Yes No
 21 – Immunizations up to-date Yes No
 22 – Last tetanus shot

Comments (150 characters)

SECTION C - MEDICATIONS: List medications & dosages. If Necessary - add an additional page for more medications.

Medication Name	Dosage	Prescrip. Date	Times Per Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE TO PARENTS/GUARDIANS: It is the responsibility of the Parent/Guardian to complete & keep Sections B & C updated & accurate concerning changes in health status and all medication information.

SECTION D – MEDICAL CERTIFICATION

NOTE TO PHYSICIAN: If the athlete has Down Syndrome, Special Olympics requires that the athlete have a full radiological exam establishing the presence or absence of Atlantoaxial Instability before he/she may participate.

Down Syndrome Yes No X-Ray done to check instability Yes No X-Ray positive for Instability Yes No

Check Box / I have reviewed the health information on & examined the athlete named in the application & certify that the athlete can participate in Special Olympics. Down Syndrome & other athletes' caregivers have been advised of any medical restrictions.

Blood Pressure Pulse Weight Height

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>	Cranial Nerves	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	Coordination	<input type="checkbox"/>	<input type="checkbox"/>
Oral Cavity	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal system	<input type="checkbox"/>	<input type="checkbox"/>	Reflexes	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Genitourinary system	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>

RESTRICTIONS:

*** SOOK physicals may be done & signed by Physicians, Physician Assts., Nurse Practitioners or Clinical Nurse Specialists.**

MEDIC'S NAME (PRINT)

Phone

MEDIC'S (SIGNATURE)

Date

PRIMARY CARE DOCTOR

CITY

Phone

This form must have an approved medical signature above to be valid.