



The purpose of this form is to identify individuals who will be participating in the Young Athletes program.

Participant's Name - Last / First _____

City _____ State _____ Zip Code _____

Gender: Male Female Birth Date: Month _____ Day _____ Year _____

Does the child attend a formal daycare or preschool program? Yes No

Name of Daycare / Preschool _____

Does the participant attend school? Yes (*What grade?* _____) No

Name of School / City attended _____

Quik HealthCheck	Yes	No	How would you rate child's overall health & fitness:	
1 - Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Excellent	<input type="checkbox"/> Comments: _____
2 - High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/> _____
3 - Seizures / Epilepsy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/> _____
4 - Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Poor	<input type="checkbox"/> _____
5 - Eyeglasses / Contacts	<input type="checkbox"/>	<input type="checkbox"/>		
6 - Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>		

Child's Physician - Print _____ Dr.'s Office # _____
Required Required

Parents/Guardians Name - Last / First _____

Address (If different from Participant) _____

City _____ State _____ Zip Code _____

Day Phone w/ Area Code _____ Cell Phone w/ Area Code _____

Email _____

Place of Employment _____

What is your relationship to the Participant you are registering?

Parent/Guardian Sibling Other family member OTHER _____

- For children with Down Syndrome, Special Olympics strongly recommends that parents/guardians speak with their family physician about having their child tested for Atlanto-Axial Instability (AAI). AAI describes increased flexibility in the upper neck, which, if present, may place the spinal cord at risk for injury.
- Once a child graduates to the official SOOK program, the SOOK Medical/Release & Down Addendum will be required for participation.



Young Athletes Release Form - SUMMARY

1) PARAGRAPH ONE

- Parent/Guardian of a Young Athlete gives permission for said Young Athlete to participate in Special Olympics.

2) PARAGRAPH TWO

- Notification of the right to use the Young Athlete’s likeness, name, voice or words in media, for purposes of advertising, promoting, communicating or fundraising for Special Olympics Oklahoma.

3) PARAGRAPH THREE

- Authorization for Special Olympics to provide Athlete with medical treatment in case of a medical emergency.

4) PARAGRAPH FOUR

- Authorization for the Young Athlete to participate in the Healthy Athletes program.

ANY CHANGES OR ADDITIONS TO THE FORM BELOW MUST BE APPROVED BY Special Olympics Oklahoma

Young Athletes Release Form - COMPLETED BY PARENT OR GUARDIAN OF THE YOUNG ATHLETE

I am the parent/guardian of _____, the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant’s likeness, name, voice and words in television, radio, film, newspapers, magazines, internet and other media, for purposes of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Program may be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant’s participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant’s care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant’s health and well-being.

By signing below, I consent to the participants’ participation in the Healthy Athletes Program. I understand that I should seek independent medical advice and assistance, as I am responsible for the participant’s health. I understand that information gathered as part of the screening may be used anonymously to assess and communicate overall health and needs of participants and to develop programs to address those needs.

As the parent/guardian of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian

Date



COVID-19 Participant Code of Conduct

Special Olympics



I understand I could get Coronavirus through sports, training, competition and/or any group activity at Special Olympics. I am choosing to participate in sports, competition and/or other Special Olympics activities at my own risk.

During the time these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

- | |
|--|
| <input type="checkbox"/> If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 7 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 10 days after exposure. |
| <input type="checkbox"/> Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk. |
| <input type="checkbox"/> I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Special Olympics events in person, until there is little or no Coronavirus in my community, |
| <input type="checkbox"/> I know that before or when I get to a Special Olympics activity, they will ask me some questions about symptoms and exposure to COVID-19. They may also take my temperature. I will answer truthfully and participate fully. |
| <input type="checkbox"/> I will keep at least 6 feet from all participants at all times. |
| <input type="checkbox"/> I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise. |
| <input type="checkbox"/> I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty. |
| <input type="checkbox"/> I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after. |
| <input type="checkbox"/> I will not share drinking bottles or towels with other people. |
| <input type="checkbox"/> I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first. |
| <input type="checkbox"/> If I get or have had COVID, I will not go to any in-person Special Olympics events until 7 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities. |
| <input type="checkbox"/> I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics activities during this time. |



WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES (“Agreement”) for SPECIAL OLYMPICS

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

- 1 Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- 2 I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3 I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4 I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc., Special Olympics Oklahoma, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Print Name of Parent/Guardian: _____

Parent/Guardian/signature: _____

Date signed: _____



Who is at higher risk of COVID-19?

COVID-19 is a new disease and information is changing on who is more likely to get COVID-19 and who is will have more complications. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of severe illness resulting in death from COVID-19.

Current clinical guidance and information from the U.S. CDC lists those at high-risk for severe illness from COVID-19 as:

- People 65 years and older
- People who live in a nursing home or long-term care facility (like a congregate or group home)

People of all ages with underlying medical conditions, particularly if not well controlled, are also at high risk:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathy)
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher). To calculate BMI, refer to:
 - https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
- People with brain and spinal cord disorders (like cerebral palsy, epilepsy, stroke)

If you are at a high risk, you may be putting yourself at risk when you return to activities with Special Olympics. But, you may also put at risk your family and your teammates. If you have these conditions, you should not return to Special Olympics in person activities until there is little to no COVID-19 in your community.

If you have been diagnosed with COVID-19, you should consult with a healthcare professional for written medical clearance before returning to Special Olympics in person activities as serious cardiac, respiratory, and neurological issues may develop as a result of COVID-19.