Special Olympics
Indiana

APPLICATION FOR PARTICIPATION

Instructions: *Upon completion, mail white copy to State Office (5648 West 74th Street, Indianapolis, IN 46278-1752). Retain yellow copy for local files.*

USE *PEN* ◆ **PRINT LEGIBLY** ◆ **PRESS FIRMLY**

ATHLETE INFORMATION

Local Program Name (Required) | Area | Athlete's Social Security Number | ☐ Male ☐ Female

Last Name | First Name | Sex

Date of Birth | Age | Parent/Guardian's Name

Address

City | State | Zip Code

Emergency Contact Name | Phone | Relationship

HEALTH INFORMATION must be filled out by parent or qualified service provider

Physician's Name | Phone Number

☐ Heart Disease/Heart Defect/High Blood Pressure
☐ Chest Pain or Fainting Spells
☐ Seizures/Epilepsy
☐ Down Syndrome Atlanto-Axial Instability: ☐ X-ray positive ☐ X-ray negative ☐ No X-ray taken
☐ Diabetes

RELEASE STATEMENT must be signed by adult athlete or minor athlete's parent or guardian

I, the parent and/or legal guardian of the above named applicant (hereinafter referred to as the "Entrant") or adult Entrant in Special Olympics, hereby submit this application to participate in Special Olympics activities.

I represent and warrant to you that the Entrant is physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the Entrant's health information and has certified, based on an independent medical examination, that there is no medical evidence that would preclude the Entrant from participating in Special Olympics. I understand that if the Entrant has Down Syndrome, he/she cannot participate in sports or events which by their nature result in hyperextension, radical flexion or direct pressure on the neck or upper spine, unless a full radiological examination established the absence of Atlanto-Axial Instability. I am aware that the sports and events for which this radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

On behalf of the Entrant and myself, I acknowledge that the Entrant 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 the Entrant.

In permitting the Entrant to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the Entrant's likeness, name, voice and words in television, radio, film, newspapers, magazines or 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 a medical emergency should arise during the Entrant's participation in any Special Olympics activities, at a time when I am not able to give my consent or make my own arrangements for treatment, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the Entrant receives any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the Entrant's health and well-being.

I have read and fully understand the provisions of the release. I understand that by signing this application, I am saying that I agree to the provisions of this release and to observe and abide by the rules of Special Olympics Incorporated and Special Olympics Indiana.

_____ _____
Signature of Adult Athlete | Date

Witness. 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): _____ Relationship to Athlete: _____

_____ _____
Signature of Parent/Guardian (for athletes under 18) | Date

Created by The Joseph P. Kennedy Jr. Foundation for the Benefit of Persons with Mental Retardation

2/5/2001