



A
 AB
 New or Update

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS GEORGIA

Valid Application for Participation is mandatory for all training and competitions

4000 Dekalb Technology Parkway • Building 400, Suite 200 • Atlanta, Georgia 30340 • 770-414-9390

Athlete Name _____

Area _____ Agency _____

SECTION A: ATHLETE HEALTH INFORMATION (SHOULD BE SUBMITTED EVERY 3 YEARS)

Social Security Number (Athlete) --
Required For Identification Only

Athlete's Name (last name, space, first name)

Birthdate
 M M D D Y Y Sex (M or F)

Agency Name

Athlete's Mailing Address

Background (optional):
 African American Caucasian Hispanic Native American
 Other _____

Athlete's City

State Zip Code Parent's/Guardian's Daytime Telephone --

Emergency Contact _____ Phone () _____
Required for emergency purposes

HEALTH INSURANCE & EMERGENCY INFORMATION

Medicaid Number _____ Health Insurance Company _____ Policy Number _____

PARENT OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

On my own behalf or as the undersigned parent or legal guardian of the above named athlete, hereby request permission for the athlete to participate in the Special Olympics Program. I represent and warrant to you that the athlete is physically and mentally able to participate in Special Olympics, and I submit herewith a subscribed medical certificate. 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 direct pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlanto-axial Instability. I am aware that the sports and events for which the radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, 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 the athlete. In permitting the athlete to participate, I am specially granting permission to Special Olympics Georgia to use the name, 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 purpose and activities of Special Olympics and in appealing for funds to support such activities. 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. By signing this form I authorize Special Olympics and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application.

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 shall defend Special Olympics Georgia and hold it harmless from disaffirmation thereof. I acknowledge and agree that the above information is accurate.

Athlete _____
 Witness _____ Date _____
 (Family member, coach, teacher, friend)

I, THE UNDERSIGNED PARENT OR GUARDIAN of the above specified athlete, have read and fully understand the provisions of the above release and have explained them to said athlete. I hereby, agree that I and said minor will be bound thereby, and I shall defend Special Olympics Georgia and hold it harmless from disaffirmation thereof by said minor. I acknowledge and agree that the above information is accurate.

Signature of Parent and/or Legal Guardian _____
 Print Name _____ Date _____

A PHYSICAL EXAMINATION PERFORMED BY A LICENSED EXAMINER IS REQUIRED FOR INITIAL PARTICIPATION

MEDICAL CLEARANCE PLEASE CHECK MEDICAL INFORMATION

- Does the athlete have:
- Heart Problems Yes No
 - Diabetes Yes No
 - Seizures/Epilepsy Yes No
 - Major Surgery/Serious Illness Yes No
 - Parent/Sibling (under 40) died of heart disease Yes No
 - Down Syndrome Yes No
- If athlete is Down Syndrome, have x-rays of the C1-C2 vertebrae been taken and examined? Yes No
- Date of x-ray _____
- Does the athlete have Atlanto-axial Instability? Yes No
- Vision Problems/Blind Yes No
 - Hearing Loss/Deaf Yes No
 - Does athlete use wheelchair? Yes No

Other _____

Current Medications Dosage

Allergies (Medication, Food, Insect Bites):

Date of Last Tetanus Shot: _____

A PHYSICAL EXAMINATION BY A LICENSED EXAMINER IS REQUIRED EVERY 3 YEARS FOR ATHLETES WITH "YES" CHECKED ON 1-5

SECTION B MEDICAL CERTIFICATION

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 the Special Olympics sports training competition program. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

COMMENTS _____

 Examination Date _____
 Signature _____
 Print Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PARTICIPATION

SECTION A - ATHLETE HEALTH INFORMATION/PARENT GUARDIAN AUTHORIZATION AND MEDICAL RELEASE

All athlete information, emergency information, health and accident insurance information, health information, medications and allergies sections must be completed by a parent, guardian, or adult athlete. THE PERSON PROVIDING THE INFORMATION MUST SIGN AND DATE THE FORM IN THE SPACE PROVIDED. (IF SIGNED BY ATHLETE MUST HAVE WITNESS SIGNATURE).

SECTION B - MEDICAL CERTIFICATION

The bottom section of the form labeled “Medical Certification” must be completed SIGNED and DATED by a licensed Physician, Physician Assistant or Chiropractor. A PHYSICAL EXAMINATION BY A LICENSED EXAMINER IS REQUIRED FOR INITIAL PARTICIPATION IN SPECIAL OLYMPICS.

All signatures, dates, addresses, phone numbers, birth date, health information and social security number MUST BE PROVIDED in order for the State office to accept and process the Application. The State office should get the ORIGINAL WHITE COPY and the Local Coordinator should keep the YELLOW COPY.

A vs. AB APPLICATION FOR PARTICIPATION

The following guidelines will be used to determine “A” vs. “AB” applications:

1. An Application will be considered an “A” Application if questions 1-5 of Section A are answered **NO**. When this application is up for renewal (every 3 years) only Section A - Athlete Health Information will need to be completed. No examiner’s signature will be required under Section B - Medical Certification if application is completed before expiration date.
2. An application will be considered an “AB” Application if any questions 1-5 of Section A are answered **YES**. An examiner’s signature is required to have medical clearance of existing conditions. When this Application is up for renewal an examiner’s signature is required.
3. An athlete can have an “A” Application one time and the next time the Application could be an “AB” Application or vice versa. **REMEMBER:** If an application changes from A to AB or vice versa it will require a physical examination by a licensed examiner and the examiner’s signature under Section B - Medical Certification.

A parent/guardian or an adult athlete must sign Section A of the Application for Participation. If Section A of the Application is signed by an adult athlete then a family member, friend or coach must also sign Section A of the Application.



Special Olympics
Georgia