Special Olympics Coach:

Here is the new 3-year medical/release form **valid Sept., 2007 through Aug., 2010**. All athletes who plan to compete in any Special Olympics Oklahoma events in that time period must have this form completed.

- This is a very important document. Print or Type the information and make sure it is legible. When you make copies of this form – make sure all information is legible on the copy.
- If forms are received that are NOT legible – they will be returned to the Coach. If you can't read all the information, neither can our medical personnel!
- **ALL** information must be completed. Don't skip over any requested information – all information must be completed to make this form valid. COMPLETE EVERYTHING!
- This form is valid for a 3-year period. Be sure to make copies to submit with event registration and keep the Original form on file.
- This form is **NOT** kept on file with your Area or at the State Office. It is *your* responsibility as a Coach to keep the Original and submit copies with each event registration.
- As a Coach, it is also your responsibility to work with parents/guardians to ensure that medical information is updated as needed – including updating Section C – Medications.
- This med/release form is required for every Special Olympics Athlete to compete. We do **not** accept any other med/release forms – such as OSSAA. They don't accept ours – we don't accept theirs.
- Work with parents/guardians to ensure that this form is completed well before any competition event in which the athlete will participate. A copy of this form is required to be sent with any Area, Sectional or State competition registration and *must* be received prior to any event.
- Athletes with Down Syndrome must have a Downs Addendum completed and on file here at the State Office in Tulsa. It requires an x-ray and diagnosis by a doctor. * *You may call our office to confirm whether we have a certain athlete's Addendum on file.*

Coach – Remember this is a very important document!

* Print or Type all information & make sure your copies are legible.
* If this form isn't legible – it will be returned to you.
* Work with parents to keep all medical information up-to-date.
* *You* keep the Original & submit copies with all competition registrations.

By Scrolling down you will also find the Down's Addendum and the Unified Partner Release form

SPECIAL OLYMPICS OKLAHOMA APPLICATION FOR PARTICIPATION

Application valid September 1, 2007 through August 31, 2010

→ Print or Type Information on Form & Fill-in Completely ←

SECTION A - ATHLETE INFORMATION

Athlete Name (First - Last)____

Date of Birth - Month / Day / Year _____________/_______________/_______________ Sex: ☐ Male ☐ Female

☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Asian ☐ Other

Area Name & City ____

2007 -'08 – Coach / Team ________________________________ Phone________________

2008 -'09 - Coach / Team ________________________________ Phone________________

2009 -'10 - Coach / Team ________________________________ Phone________________

Athlete's Parent / *Guardian*________________________________ Phone________________

Emergency Contact Name ________________________________ Phone________________

Health/Medical Insurance Co. ________________________________ **Policy #**________________

SECTION B - HEALTH HISTORY INFORMATION

Check Yes or No	YES	NO	Check Yes or No	YES	NO
1 – Heart disease/defect/High blood pressure	☐	☐	14 – Heat stroke/Exhaustion	☐	☐
2 – Chest pains	☐	☐	15 – Tobacco use	☐	☐
3 – Seizures/Epilepsy/Fainting spells	☐	☐	16 – Easy bleeding	☐	☐
4 – Diabetes	☐	☐	17 – Emotional/psychiatric/behavioral	☐	☐
5 – Concussion or serious head injury	☐	☐	18 – Sickle cell disease/trait	☐	☐
6 – Atlantoaxial X-ray evaluation	☐	☐	19 – Immunizations up-to-date	☐	☐
7 – Blindness / visual problems	☐	☐	20 – Allergy:____________________	☐	☐
8 – Eyeglasses/Contacts	☐	☐	21 – To Medicines: List below if Yes	☐	☐
9 – Hearing impairment/Deafness	☐	☐	22 – To Food: List below if Yes	☐	☐
10 - Hearing Aid	☐	☐	23 – To Insect bites/stings: List below if Yes	☐	☐
11 – Recent contagious disease/hepatitis	☐	☐	24 – Down Syndrome	☐	☐
12 – Bone or joint problems	☐	☐	25 – X-ray done to check Instability?	☐	☐
13 – Date of last Tetanus ---------- / ---------- / ----------			26 – Was x-ray positive for Instability?	☐	☐

Comments: ____

SECTION C - MEDICATIONS

List medications & dosages the Athlete is currently taking: **PLEASE PRINT NEATLY - & KEEP UPDATED**

Medication Name	Dosage	Prescription Date	Times Per Day

ALLERGIES TO MEDICATIONS – FOODS – INSECT BITES or STINGS

____

____

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

NAME OF ATHLETE____Date________________________________

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.

CHECK: ☐ 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 ________/________ **Weight** ____________ **Height** ____________

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Vision	☐	☐	Cardiovascular system	☐	☐	Cranial nerves	☐	☐
Hearing	☐	☐	Respiratory system	☐	☐	Coordination	☐	☐
Oral Cavity	☐	☐	Gastrointestinal system	☐	☐	Reflexes	☐	☐
Neck	☐	☐	Genitourinary system	☐	☐			
Extremities	☐	☐						

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** ____________________________

This form must have an approved medical signature in Section D to be valid.

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

RELEASE TO 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 understand that information gathered as part of the screening process may be used anonymously to assess and communicate overall health and needs of athletes and to develop programs to address those needs.

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 ____ **Date** ____________________

Address / City / Zip ____

Phones (W) ________________________ **(H)** ________________________ **(Cell)** ________________________

Signature of Adult Athlete ____ **Phone** ________________________

Address / City / Zip ____

- 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** ____________________________

SPECIAL OLYMPICS OKLAHOMA APPLICATION FOR PARTICIPATION

UNIFIED SPORTS ® PARTNER FORM

Release & Waiver of Liability, Assumption of Risk & Indemnity Agreement

SECTION A - SPECIAL PARTNER INFORMATION

Partner Name ______________________ Team Name ______________________

Partner's Age: __________ Sex: Male ☐ Female ☐ DOB (month/day/yr.) ________/________/________

Address/City/Zip ____

Home Phone ______________________ E-mail ______________________

Parent/Guardian Name ____

Parent/Guardian Phone: Wk ______________________ Hm ______________________

Emergency Contact ______________________ Phone ______________________

Health Insurance Co. ______________________ Policy # ______________________

SPECIAL OLYMPICS RELEASE & WAIVER OF LIABILITY

In consideration of participating in Special Olympics Unified Sports ®, I represent that I understand the nature of the event & that I (&/or my minor child) am/are/is qualified, in good health & in proper physical condition to participate in Unified Sports ® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event or by conditions in which the event takes place. I fully accept & assume all such risks & all responsibility for losses, costs &/or damages I (&/or my minor child) may incur as a result of my (&/or my minor child's) participation. I acknowledge that at any time that if I/we feel that the event conditions are unsafe, I (&/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment & I (or my minor child) am/are/is not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health & well-being, including, if necessary, hospitalization.

I (&/or my minor child) release, indemnify, covenant not to sue & hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees & other Unified Sports ® participants & sponsors, advertisers & if applicable, any owners & lessors of premises in which activity takes place from all liability, any losses, claims (other than that of medical accident benefit), demands, costs or damages that I (&/or my minor child) may incur as a result of participation in Unified Sports ® events & further agree that if, despite the "Release & Waiver of Liability, Assumption of Risk & Indemnity Agreement", I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save & hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this "Release & Waiver of Liability, Assumption of Risk & Indemnity Agreement" and fully understand it.

____ ______________________

Signature of Adult Unified Sports ® Partner or Parent/Guardian if Partner is a minor Date

HEALTH INFORMATION

List medications & dosages you are currently taking: **PLEASE PRINT NEATLY**

Medication Name	Dosage	Prescription Date	Times Per Day

ALLERGIES TO MEDICATIONS – FOODS – INSECT BITES or STINGS

____

____

Check Yes or No	Yes	No
1 – Heart disease	☐	☐
2 – High blood pressure	☐	☐
3 – Seizures / Epilepsy / Fainting	☐	☐
4 – Diabetes	☐	☐
5 – Eyeglasses / Contacts	☐	☐
6 – Hearing impairment	☐	☐

Name of your Physician ______________________

Doc's Office # ______________________

How would you rate your overall health & fitness:

Excellent ☐ Comments: ______________

Good ☐ ______________

Fair ☐ ______________

Poor ☐ ______________

Partners must complete a Category 'A' Volunteer Application & Protective Behaviors

MEDICAL ADDENDUM FOR DOWN SYNDROME ATHLETES

SPECIAL OLYMPICS OKLAHOMA

This form must be completed and signed by the examining physician for individuals with Down Syndrome wishing to participate in Special Olympics. All Downs athletes must have this form on file in the State Office to be eligible to participate in Special Olympics Oklahoma. Please complete the entire form accurately and mail to: Special Olympics Oklahoma - 6835 S. Canton Avenue, Tulsa, OK., 74136 - ATTN: Program Department

Athlete Name____

Sex ______________________ Age ______________________ Birthdate (Mo/Day/Yr)______________________

Home Address/City/Zip____

Home Phone + Area Code ____

Parent / Guardian Name ____

Parent/Guardian Address/City/Zip ____

Parent (H) Phone (___)______________________ Parent (W) Phone (___)______________________

NOTE TO EXAMINING PHYSICIAN: Studies show that approximately 10% of persons with Down Syndrome have the condition of Atlantoaxial Instability. Special Olympics Oklahoma requires cervical spine X-rays including full flexion & full extension views in order to determine the existence of the Instability.

PHYSICIAN STATEMENT: On examination of cervical spine X-rays including full flexion & full extension views, I find that the above named athlete has: - please ☒

☐ No evidence of Atlantoaxial Instability.
(*Indicate below if the athlete has No Restrictions – or mark those sports in which the athlete MAY participate*).

☐ Positive or Equivocal evidence of Atlantoaxial Instability.
(*Indicate below all sports in which the individual may safely participate*).

I have notified the parents/guardians of the nature and extent of the condition.

* Yes ☐ No ☐ Not Applicable ☐

***If positive for the instability,* a completed copy of the Special Release for Athletes with Atlantoaxial Instability must be furnished to the State Office in Tulsa to be kept on file with this Addendum. Call to request the form: 918/481-1234 or 800/722-9004.**

It is my recommendation that this athlete be allowed to participate in the following ☒sports/events.
~ If athlete is able to participate in ALL sports/events, check the **NO RESTRICTIONS** box.

*** Indicates High Risk Sports - dangerous for positive Atlantoaxial Instability athletes.**

☐ *** AQUATICS :** Backstroke - Breaststroke - Butterfly Combination Freestyle - Diving Start - 1 Meter Diving

☐ *** ATHLETICS: (T&F)** * High Jump - * Pentathlon - Race Walking - Running Events - Softball Throw - * Standing/Running Long Jump - Shot Put

☐ **BOCCE:** Individual or Team

☐ **BOWLING:** Singles – Doubles - Unified Team

☐ **BASKETBALL:** Individual Skills - Team Competition

☐ **GOLF:** Individual Skills - 9-hole Play - 18-hole Play

☐ **HORSESHOES:** Individual or Team

☐ *** EQUESTRIAN:** Western riding / rodeo events
~ Athletes w/ instability NOT eligible

☐ *** MUSIC:** * Dance – Vocal - Instrumental

☐ **POWERLIFTING:** Deadlift - Bench Press - Squat

☐ **SOCCER:** Individual Skills - Team Competition

☐ **SOFTBALL:** Individual Skills - Team Competition

☐ **VOLLEYBALL:** Individual Skills - Team Competition

☐ **WHEELCHAIR EVENTS:** 25 M Race - 30 M Slalom

☐ *** WINTER SPORTS:** Speed Skating - Downhill Skiing Snowshoeing – Cross Country

☐ **NO RESTRICTIONS**

____
Name of Physician ***(PRINT)***

(________)______________________________________
Area Code & Phone Number (Office #)

____
Signature of Physician

____
Date