



**Special Olympics**

**Indiana**

# Athlete Application for Participation—Part 1

*This is a permanent form that must be completed before an athlete participates in Special Olympics training or competition.*

Return Part 1 to: Special Olympics Indiana; 6100 W. 96th Street, Suite 270; Indianapolis, IN 46278 or Fax (317) 328-2018

Retain a copy for local files. Use pen and print legibly.

## Section A—ATHLETE INFORMATION

Local Program Name (Required)		Area	Athlete's Social Security Number		<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name	First Name	Phone	Gender			
Date of Birth	Age	Place of Residence:	<input type="checkbox"/> Family	<input type="checkbox"/> Independent	<input type="checkbox"/> Residential Services (group home, supported living, etc.)	
Address (Please include name of Agency if in residential services)						
City	State	Zip Code				
Emergency Contact Name		Phone Number	Relationship			

## Section B—ELIGIBILITY STATEMENT

Persons are eligible for Special Olympics provided they are 8 years of age or older and have been identified by an agency or professional as having an intellectual disability or having a closely related developmental disability such as those who have functional limitations, both in general learning and adaptive skills such as recreation, work, independent living, self-direction, or self-care. (Note: People with functional limitations based solely on a physical, behavioral, emotional, specific learning disability, or sensory disability are not eligible.)

The applicant is eligible for Special Olympics.  Yes  No

## Section C—RELEASE STATEMENT

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.

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 Atlantoaxial 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.

## Section D—SIGNATURES

I have read and fully understand the provisions of the release and the Code of Conduct (Part 2). 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 age 18) \_\_\_\_\_ Date \_\_\_\_\_

# Athlete Application for Participation—Part 2

Part 2 is for use by the Local Program to determine appropriate placement and supervision.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

## Section E—PARTICIPATION STATEMENT

Special Olympics is an athlete-centered movement welcoming persons with intellectual disabilities to participate in sports training and competition. By offering a wide range of programs, specialized training for volunteers, and a focus on outreach — our organization strives to ensure an appropriate opportunity for as many athletes as possible.

However, a person's participation in Special Olympics Indiana is a privilege; it is not an entitlement. Special Olympics Indiana has the right and responsibility to protect the well-being and safety of all participants: athletes, coaches, volunteers, spectators and staff. Therefore, Special Olympics Indiana reserves the right to limit or exclude an individual's participation in the program because of, but not limited to, violent, abusive or disruptive behavior.

## Section F—BACKGROUND INFORMATION

1. To best support this Athlete in an overnight environment what volunteer to athlete ratio would you suggest?

Check one:  1:1  1:2  1:3  1:4

2. What level of personal care does this Athlete require (mobility, feeding, dressing, etc.)?  None  Some  Significant

If significant, please explain: \_\_\_\_\_

3. Does the athlete have a history of violent or disruptive behavior?  Yes  No If yes, please explain: \_\_\_\_\_

4. Does the athlete have a history of criminal behavior?  Yes  No If yes, please explain: \_\_\_\_\_

## Section G—ATHLETE CODE OF CONDUCT

The Special Olympics Code of Conduct was written by athletes to establish a system that encourages all participants to adhere to the Special Olympics philosophy, operating policies, and rules.

### A. Sportsmanship

1. I will practice good sportsmanship.
2. I will act in ways that bring respect to me, my coaches, my team, and Special Olympics.
3. I will not use bad language.
4. I will not swear or insult other persons.
5. I will not fight with other athletes, coaches, volunteers, or staff.

### B. Training and Competition

1. I will train regularly.
2. I will learn and follow the rules of my sport.
3. I will listen to my coaches and the officials and ask questions when I do not understand.
4. I will always try my best during training, divisioning, and competitions.
5. I will not "hold back" in preliminary competition just to get into an easier finals competition division.

### C. Responsibility for My Actions

1. I will not make inappropriate or unwanted physical, verbal, or sexual advances on others.
2. I will not smoke in non-smoking areas.
3. I will not drink alcohol or use illegal drugs at Special Olympics events.
4. I will not take drugs for the purpose of improving my performance.
5. I will obey all laws and Special Olympics and National Federation/Governing Body rules for my sport(s).

## FOR LOCAL PROGRAM USE

This athlete is approved for:

- Full participation in all program activities
- Participation on a probationary basis for one year during which time behavior will be reviewed.
- Participation on a limited basis:
- With one-to-one volunteer supervision provided by: \_\_\_\_\_
  - No overnight trips
  - Not allowed to participate in the following sports: \_\_\_\_\_
- Not allowed to participate in Special Olympics pending further review.

Date: \_\_\_\_\_