



# APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS ILLINOIS

Valid Application for Participation is mandatory for all competitors

605 E. Willow St. · Normal, IL 61761-2682 · 309-888-2551

SOILL Rev. 8-1-10

Area

Agency #

## ATHLETE INFORMATION

Athlete Name (last name, space, first name)

Birthdate

Agency Name

Sex (M or F)

Athlete's Mailing Address

Parent's/Guardian's (Please Circle One) Home Address

Athlete's City

Parent's/Guardian's City

State

Zip Code

State

Zip Code

Ethnicity  White  Black/African American  Asian  Hispanic/Latino  Other

Parent's/Guardian's Home Telephone  -  -

## HEALTH INSURANCE & EMERGENCY INFORMATION (Required for Processing)

Person to be contacted

in case of emergency \_\_\_\_\_

Emergency

Contact Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all entrants using the Sex Offender Public Registry and the Child Murder and Violent Offender Against Youth Registry and understand that entrants listed on either Registry will be denied participation. I affirm that this Entrant has never been on said Registries or, if Entrant was listed on either Registry but has since been removed, I will contact Special Olympics Illinois for instructions before submitting this application.

I represent and warrant to you that the Entrant 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 established the absence of Atlantoaxial Instability. I am aware that the sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, soccer skills, powerlifting squat, and butterfly stroke and diving starts in swimming.

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 myself and Entrant.

In permitting the Entrant to participate, I am specifically granting permission to Special Olympics Illinois to use the likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Entrant to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Entrant has no obligation to participate and I understand the Entrant should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Entrant's health.

If I am not personally present at Special Olympics activities in which the Entrant 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 Entrant.

I, **THE UNDERSIGNED ADULT ENTRANT**, 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 I shall defend Special Olympics Illinois and hold it harmless from disaffirmation thereof.

Entrant \_\_\_\_\_

Athlete is own guardian

Witness \_\_\_\_\_ Date \_\_\_\_\_

Athlete's Email Address \_\_\_\_\_

I, **THE UNDERSIGNED PARENT AND/OR GUARDIAN** of the above specified Entrant, have read and fully understand the provisions of the above release and have explained them to said Entrant. I hereby agree that I and said minor will be bound thereby, and I shall defend Special Olympics Illinois and hold it harmless from any disaffirmation thereof by said minor.

Signature of Parent  and/or Legal Guardian  \_\_\_\_\_  
(Check appropriate box)

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

## MEDICAL CLEARANCE

### PLEASE CHECK MEDICAL INFORMATION

Does athlete have Down Syndrome?

Yes  No

If yes, have x-rays of the C1-C2 vertebrae been taken and examined?

Yes  No

Date of x-ray \_\_\_\_\_

Is the athlete clear of Atlantoaxial Instability?

Yes  No

Does the athlete have or is the athlete:

Heart Problems Yes  No

Diabetic Yes  No

Epileptic/Seizures Yes  No

Blind Yes  No

Deaf Yes  No

Hepatitis Yes  No

Other \_\_\_\_\_

Current Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Allergies to medication, if any: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

I have examined the above-named Entrant and, in my opinion, there is no mental or physical reason why he or she should not participate in the Special Olympics sports training and competition program. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

Examination Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Original parent/guardian and doctor signatures are required by the office of Special Olympics Illinois. Faxed and/or copied signatures will not be accepted.

# Instructions for Completing the Application for Participation

The Application for Participation (App) must be filled in completely. Apps with blank sections or attachments (exception: letter from State Office of Guardianship, 2a below) will not be accepted.

This App is valid for 2 years from the date of the examination date, regardless of the parent/guardian/Entrant signature date.

Parent/guardian and doctor signatures must be original and both original signatures must be on the same App form. Faxed signatures, phone consents or verbal consents will not be accepted.

If Entrant was listed on the Sex Offender Public Registry or the Child Murder and Violent Offender Against Youth Registry but has since been removed, contact the Special Olympics Illinois office for instructions before submitting this application.

## ATHLETE INFORMATION AND HEALTH INSURANCE & EMERGENCY INFORMATION

1. The first two sections must be filled in completely. The ethnicity information is requested to assist in the organizational outreach efforts.

## PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

2. The Parent or Legal Guardian must read, sign and date the Parent/Guardian Authorization and Media Release.

- a. The section must be signed and dated as printed. Deletions or alterations to the section will result in an invalid App. (Exception: Deletion of the last paragraph regarding medical treatment and attachment of a letter of explanation and 24-hour emergency telephone numbers from the State Office of Guardianship. **As of January 1, 1987, the letter of explanation must be attached.**)
- b. Only one of the two signature blocks must be completed. Special Olympics Illinois works under the understanding that this section may be signed by either:
  - The (biological or adoptive) parent unless the athlete has been designated a ward of the state;

OR

- The legal guardian; this person must be legally assigned for the individual;

OR

- The athlete if he/she is over the age of 18 and has not been designated as needing and having been assigned a legal guardian. A witness signature is necessary if the athlete's signature is unrecognizable (for example, if the athlete's signature is an "X.")

## MEDICAL CLEARANCE

3. The Medical Clearance section must be completed, signed and dated by a medical practitioner licensed to administer physical examinations by the state in which he/she practices. **As of September 1, 1990, the Special Olympics Illinois Application for Participation is the only Medical Clearance form which will be accepted as valid by Special Olympics Illinois.**

This person, by signing the Medical Clearance, is stating that the athlete is in good health and can safely participate in Special Olympics sports training and competition. It is strongly suggested that the person administering the physical examination possess the following:

- Background and preparation in giving sports physical examinations.
- Qualifications to administer examinations that would not compromise his/her area of specialty.

## AFTER COMPLETING THE APPLICATION ...

4. Send the original copy of the Application for Participation to the Area Director who will send the App to the Special Olympics Illinois Chapter office. The Chapter office will validate the Application for Participation and send a copy of the App with an approved stamp back to the SOAD (Special Olympics Athletic Director). An Application for Participation will not be validated until all information is correct and completed on the approved form.

5. Special Olympics Illinois requires that all Applications for Participation be presented prior to and no later than the established Medical App deadline of a Chapter championship level event (Winter Games, State Basketball Tournament, Summer Games, Outdoor Sports Festival, Fall Games, Floor Hockey or State Bowling Tournament). All Apps for the event in question must be valid throughout the completion of that Chapter competition.

Applications for Participation for athletes participating in District Tournaments and Sectional Tournaments must be received before the entry deadline or with registration materials.

Applications not on file or in receipt by the specified deadline will not be accepted.

