Special Olympics Georgia

A ☐
AB ☐
New ☐ or Update ☐

# APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS GEORGIA

**Valid Application for Participation is mandatory for all training and competitions**

**3772 Pleasantdale Road, Suite 195 • 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

Anticipated Graduation Year (if applicable)

Athlete's Mailing Address

E-Mail Address:

Athlete's City

Is athlete employed? Yes ☐ No ☐

Place of Employment:

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 _____

**MEDICAL CLEARANCE**

**PLEASE CHECK MEDICAL INFORMATION**

Does the athlete have:

1. Heart Problems Yes ☐ No ☐
2. Diabetes Yes ☐ No ☐
3. Seizures/Epilepsy Yes ☐ No ☐
4. Major Surgery/Serious Illness Yes ☐ No ☐
5. Parent/Sibling (under 40) died of heart disease Yes ☐ No ☐
6. 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 ☐
7. Vision Problems/Blind Yes ☐ No ☐
8. Hearing Loss/Deaf Yes ☐ No ☐
9. 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***

### 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 this 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 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.

**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***

### 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 _____