



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

SO ILL Rev. 8-1-10

ATHLETE INFORMATION

Athlete Name (last name, space, first name)

Grid for Athlete Name, Agency Name, Athlete's Mailing Address, Athlete's City, State, Zip Code

Birthdate

Grid for Birthdate (M, D, Y)

Sex (M or F)

Sex selection box

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

Grid for Parent's/Guardian's Home Address

Parent's/Guardian's City

Grid for Parent's/Guardian's City

State

Grid for State

Zip Code

Grid for Zip Code

Parent's/Guardian's Home telephone

Grid for Parent's/Guardian's Home telephone

Ethnicity White Black/African American Asian Hispanic/Latino Other

HEALTH INSURANCE & EMERGENCY INFORMATION (Required for Processing)

Person to be contacted in case of emergency

Grid for Person to be contacted

Medical Insurance Company

Grid for Medical Insurance Company

Emergency Contact Phone ()

Grid for Emergency Contact Phone

Policy Number

Grid for 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 establishes 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, herby 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

Signature of Entrant

Witness

Signature of Witness

Date

Date

Athlete's Email Address

Grid for Athlete's Email Address

Parent's Email Address

Grid for Parent's Email Address

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

Signature of Parent and/or Legal Guardian

Print Name

Grid for Print Name

Date

Grid for Date

SO ILL OFFICE ONLY grid

SO ILL OFFICE ONLY

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 Yes No
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 Yes No

Current Medication Dosage

Grid for Current Medication

Allergies to medication, if any:

Grid for Allergies to medication

Date of last Tetanus shot:

Grid for 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

Grid for Examination Date

Doctor's Signature

Grid for Doctor's Signature

Print Name

Grid for Print Name

Address

Grid for Address

City State Zip

Grid for City State Zip

Phone ()

Grid for Phone

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



FREE sports physicals for current and potential Special Olympics athletes.

Tuesday, October 16 | 4:00-7:30 p.m.

Location: FVSRA Multi-Purpose Rooms at the Vaughan Athletic Center

Walk-ins welcome on a first-come, first-served basis.

OR

Contact Kacie Jankowski, FVSRA Athletics Coordinator, at (630) 907-1114 or KacieJ@FVSRA.org to schedule your appointment or for any questions.

All athletes must be accompanied by a parent/guardian or group home staff during the exam.

Athletes must bring a completed Special Olympics participation application to the exam (see reverse). Download instructions and/or additional applications from the Special Olympics Illinois website (<http://tinyurl.com/soill-app>).

Whenever possible, athletes should supply any pertinent medical information for the examining physician (i.e. insurance information, medication lists, dates of any previous x-rays or tetanus shots, etc).

MedFest was created to offer the physical exam that all athletes need prior to participating in Special Olympics sports programming. It is sometimes the first exposure these athletes have to medical care. In many cases, life-threatening conditions have been found and subsequently treated thanks to MedFest.

