



# 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 West 96th Street, Suite 270; Indianapolis, IN 46278; Fax +1 317 328 2018; Email: entries@soindiana.org  
Retain a copy for County/School files. Use pen and print legibly.

## SECTION A: GENERAL INFORMATION (REQUIRED)

ATHLETE NAME: _____	SOCIAL SECURITY #: _____ - _____ - _____
COUNTY PROGRAM: _____	DATE OF BIRTH: _____ / _____ / _____
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MONTH DAY YEAR

ATHLETE INFORMATION	PARENT / GUARDIAN INFORMATION
PLACE OF RESIDENCE: <input type="checkbox"/> FAMILY <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> RESIDENTIAL SERVICES	NAME: _____
AGENCY: _____	ADDRESS: _____
ADDRESS: _____	CITY/STATE/ZIP: _____
CITY/STATE/ZIP: _____	HOME PHONE: (_____) _____
HOME PHONE: (_____) _____	CELL PHONE: (_____) _____
CELL PHONE: (_____) _____	EMAIL: _____
EMAIL: _____	<b>EMERGENCY CONTACT INFORMATION (IF OTHER THAN PARENT)</b>
	NAME: _____
	CELL PHONE: (_____) _____

## SECTION B: ELIGIBILITY STATEMENT

Persons are eligible for Special Olympics provided they are eight (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: CONSENT / RELEASE STATEMENT

I, the parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant") or adult Entrant in Special Olympics, hereby submit this application to participate in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, the Entrant is physically and mentally able to participate in Special Olympics activities. I also represent that a licensed medical professional has reviewed the health information contained in the Entrant's application 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 hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Program in my jurisdiction, or the Entrant has had a full radiological examination that establishes the absence of Atlanto-axial Instability. I am aware that if the Entrant chooses not to complete the "Special Release for Athletes with Atlanto-Axial Instability" Form, which establishes the absence of Atlanto-axial Instability, the Entrant must have the radiological examination before he/she can participate in judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift, flag football, and football team competition (soccer).

Special Olympics has permission forever to use the Entrant's likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

I understand that by signing below the Entrant consent to participate in the Special Olympics Healthy Athletes Program, which provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). The Entrant understands that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs. The Entrant understands there is no obligation to participate in the Healthy Athletes Program and that he/she may decide not to participate. Provision of these health services is not intended as a substitute for regular care. The Entrant also understands that he/she should seek his/her own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not through the provision of these provisions responsible for my health.

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for each event may differ. I understand that I should contact the Special Olympics Program in the Entrant's jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

If, during my participation in Special Olympics activities, the Entrant should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment for any reason, I authorize Special Olympics to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization. (IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM.)

## 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 \_\_\_\_\_

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This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

# ATHLETE APPLICATION FOR PARTICIPATION: PART 2

Part 2 is for use by the County/School Program to determine appropriate placement and supervision.

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

## SECTION E: ADDITIONAL INFORMATION (OPTIONAL)

<b>ATHLETE'S SCHOOL / AGENCY / EMPLOYER:</b>	<b>ETHNICITIES</b> (Optional) Check all that Apply:
NAME: _____	<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> ASIAN AMERICAN <input type="checkbox"/> HISPANIC
ADDRESS: _____	<input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> CARIBBEAN <input type="checkbox"/> OTHER
CITY/STATE/ZIP: _____	
PHONE: (_____) _____	

## SECTION F: 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.

Initials: \_\_\_\_\_

## SECTION G: 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 H: HOUSING POLICY

The health and safety of all Special Olympics Indiana participants is of paramount importance to Special Olympics Indiana. Participants should feel that every Special Olympics Indiana event is a safe and positive experience and should not be fearful of other participants, coaches or volunteers. Athletes will be matched for housing based on size, level of maturity, ability, and age. Each member of the delegation shall be assigned his/her own bed. Athletes and volunteers may not share a room with an athlete or volunteer of the opposite sex\*. The chaperone/athlete ratio of at least one properly registered chaperone to every four athletes must be maintained during overnight events. All chaperones must be screened in accordance with the Special Olympics Volunteer Screening Policy.  
\*See complete Special Olympics Indiana housing policy for allowed exceptions.

Initials: \_\_\_\_\_

## SECTION I: 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 COUNTY/SCHOOL PROGRAM USE

This athlete is approved for: \_\_\_\_\_ Date: \_\_\_\_\_

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.

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