



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; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278;
Fax +1 317 328 2018; or Email: entries@soindiana.org Retain a copy for County/School files. Use pen and print legibly.

SECTION A: GENERAL INFORMATION (REQUIRED)

ATHLETE NAME: _____

GENDER: MALE FEMALE

COUNTY PROGRAM: _____

DATE OF BIRTH: ____/____/____
MONTH DAY YEAR

ATHLETE INFORMATION

PLACE OF RESIDENCE: FAMILY INDEPENDENT
 RESIDENTIAL SERVICES

AGENCY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: (____) _____

CELL PHONE: (____) _____

EMAIL: _____

PARENT / GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: (____) _____

CELL PHONE: (____) _____

EMAIL: _____

EMERGENCY CONTACT INFORMATION (IF OTHER THAN PARENT)

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.

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 _____

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)

ATHLETE'S SCHOOL / AGENCY / EMPLOYER: _____

ETHNICITIES (Optional) Check all that Apply:

NAME: _____

CAUCASIAN ASIAN AMERICAN HISPANIC

ADDRESS: _____

AFRICAN AMERICAN CARIBBEAN 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.

CONFIDENTIALITY NOTICE

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.