Special Olympics Massachusetts

APPLICATION FOR PARTICIPATION (MEDICAL FORM)

BASIC INFORMATION

Check here if New Athlete ☐ | *Parents/Guardian – Keep a Copy of this* | ***ALL SIGNATURES ARE REQUIRED***

First Name | Last Name | Male | Female | Date of Birth (MM/DD/YYYY)

Race Ethnicity (Optional)

☐ Black ☐ White ☐ Hispanic ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Other

Street Address or PO Box | Apt # | City/Town | State | Zip Code

Home Phone # | Cell Phone # ☐ *Same as home* | Preferred Communication Method(s): ☐Phone ☐Email ☐Mail

Email Address | Parent/Guardian Email Address ☐ *Same as email address*

Athlete Employer/School, if any | Parent/Guardian Employer

Parent/Guardian Contact First and Last Name | Parent/Guardian Home Phone # or Cell (circle one)

Emergency Contact (if other than parent/guardian) | Emergency Contact Cell Phone #

HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER

Health/Accident Insurance Company _____ Policy # _____

Yes	No		Yes	No	
☐	☐	Heart disease / heart defect / high blood pressure	☐	☐	Allergy:
☐	☐	Chest pain	☐	☐	General: _____
☐	☐	Seizures / epilepsy/ fainting spells	☐	☐	Medicines: _____
☐	☐	Diabetes	☐	☐	Food: _____
☐	☐	Concussion or serious head injury	☐	☐	Insect stings/bites: _____
☐	☐	Major surgery or serious illness	☐	☐	Special diet: _____
☐	☐	Heat stroke / exhaustion	☐	☐	Asthma
☐	☐	Blindness / visual problem	☐	☐	Emotional/psychiatric/behavioral/requires extra supervision
☐	☐	Contact lenses / glasses	☐	☐	Description: _____
☐	☐	Hearing loss / hearing aid			Immunizations up to date
☐	☐	Bone or joint problem			Other: _____
☐	☐	Currently on Medication *(If yes, please bring current list with*	☐	☐	Down syndrome **(see below)**
☐	☐	*you to each competition)*	☐	☐	Date of most recent tetanus immunization ___/___/___

PHYSICAL EXAMINATION: TO BE COMPLETED BY HEALTH CARE PROVIDER

Primary ID Etiology/Category: (If known) _____

I have reviewed the above health information and have performed the above examination on this athlete and certify that the athlete can participate in Special Olympics.

RESTRICTIONS: _____

EXAMINER'S SIGNATURE: _____ **Exam Date** _____/_____/_____

(*no office stamps accepted without provider's signature)*

Examiner's Name

Street Address or P.O.

City/Town | State | ZIP | Phone #

ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME

EXAMINER'S NOTE: SOMA requires persons with Down syndrome to have a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine.

Yes	No	
☐	☐	Has an x-ray evaluation for atlanto-axial instability been done? Date of x-ray: _____/_____/_____
☐	☐	If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

Last Name, First Name:

Form Expiration Date / /

A copy of this application must be with your coach at all trainings and Competitions, and filed/sent to SOMA's Office:
512 Forest Street, Marlborough, MA 01752 | Fax: 508-481-0786 | Email: Ops@SpecialOlympicsMA.org

Special Olympics Massachusetts

APPLICATION FOR PARTICIPATION (MEDICAL FORM)

ATHLETE RELEASE: TO BE COMPLETED BY ATHLETE OVER 18, OR PARENT/GUARDIAN OF MINOR ATHLETE

For Athletes over 18 years old:
I the athlete, named above, have read the Athlete Release Form (below) and fully understand the provisions of the release that I am signing. I understand that by signing this, I am saying that I agree to the provisions of the release

Signature of adult athlete (over 18): **Date:** / /

For Parent/Guardian of Athlete (if Athlete is under 18 years old):

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 the release and has agreed to its terms

Print Name: **Relationship to athlete:** **Date:**

For Parent/Guardian of Athlete under 18 years old

I am the parent (guardian) of the Athlete named in this application. I have read and fully understand the provisions of the Athlete Release Form (below), and have explained these provisions to the Athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the Athlete named above. I hereby give my permission for the Athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian (for Athlete under 18): **Date:** / /

ATHLETE RELEASE FORM

I represent and warrant that, to the best of my knowledge and belief, I am 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 my application and has certified, based on an independent medical examination, that there is no medical evidence that would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I 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 I have had a full radiological examination that establishes the absence of Atlanto-axial Instability (see box on page 1). I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form, which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in equestrian sports, gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and football (soccer).

Special Olympics has my permission forever to use my 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.

Risk of Concussion and Other Injury: I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.

I understand that by signing below I 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.). I understand 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. I understand there is no obligation for me to participate in the Healthy Athletes Program and that I may decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my 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 my 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, I 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)**

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for
SPECIAL OLYMPICS

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Massachusetts their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature:_____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature:_____

Date signed: _____