APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS NEW HAMPSHIRE

Please print this 3 page application, fill out completely and email, mail, or fax to the address below.

Local Program Name: ________________________________ ☐ New ☐ Renewal ☐ Update

Section A Demographics

Athlete

Name ______________________________ Date of Birth ______________________________

Home Address ______________________________ ☐Male ☐Female

____

Home Phone ______________________________ T-Shirt Size (XS – 5XL): *Please select youth or adult and write in size.*

Home Email ______________________________ ☐Youth ____________ ☐Adult ____________

Cell Phone ______________________________

Parent/Guardian

Name ______________________________ Relationship to Athlete ______________________________

Home Address (if different than athlete) ____________ Home Phone ______________________________

______________________________ Home Email ______________________________

Work Address ______________________________ Work Phone ______________________________

______________________________ Work Email ______________________________

Send SONH Communications to: ☐ Home Email ☐ Work Email Cell Phone ______________________________

Let us know if you do not want to receive anything from SONH.

Emergency Contact

Name ______________________________ Relationship to Athlete ______________________________

Home Phone ______________________________ Cell Phone ______________________________

Section B Athlete Health Information

to be completed by parent/guardian

Y N
☐☐ Uses wheelchair
☐☐ Blindness/visual problems
☐☐ Seizures/epilepsy
☐☐ Diabetes
☐☐ Chest pain/fainting spells
☐☐ Concussion/serious head injury
☐☐ Major surgery/serious illness
☐☐ Heat stroke/exhaustion
☐☐ Heart disease/heart defect /high blood pressure

Y N
☐☐ Tendency to bleed easily
☐☐ Emotional/psychiatric/behavioral problems
☐☐ Serious bone or joint disorder
☐☐ Sickle cell trait or disease
☐☐ Hearing aid/hearing loss
☐☐ Contact lenses/eyeglasses
☐☐ Tobacco usage
☐☐ Special diet
☐☐ Asthma
☐☐ Impaired motor ability

Y N
☐☐ Down Syndrome
☐☐ Immunizations are up to date
☐☐ Allergies
☐☐ Medicines ____________
☐☐ Food ____________
☐☐ Insect stings/bites ____________
☐☐ Other ____________
☐☐ Date of last tentus shot
_____/_____/_____

Medications: *Please print medication name, dosage, date prescribed and number of times per day medicine is taken.*

Medication Name	Dosage	Date Prescribed	Times per Day

Special Olympics New Hampshire

Athlete Name ____

Section C

Medical Certification

To be completed by a licensed examiner (medical doctor, physician's assistant or nurse practitioner)

Blood pressure _____/_____ Weight: ____________ Height: ____________________

Normal	Abnormal		Normal	Abnormal		Normal	Abnormal	
☐	☐	Vision	☐	☐	Cardiovascular system	☐	☐	Cranial Nerves
☐	☐	Hearing	☐	☐	Respiratory system	☐	☐	Coordination
☐	☐	Oral cavity	☐	☐	Gastrointestinal system	☐	☐	Reflexes
☐	☐	Neck	☐	☐	Genitourinary system			
☐	☐	Extremities	☐	☐	Skin			

Other ____

Atlanto-Axial Instability Assessment for Athletes with Down Syndrome:
EXAMINER'S NOTE: If the athlete has Down Syndrome, Special Olympics New Hampshire requires 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 hypertension, radical flexion or direct pressure on the neck of upper spine. The sports and events for which such a radiological examination is required are: judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and soccer team competition.

Y	N	
☐	☐	Has an x-ray evaluation for atlanto-axial instability been done?
☐	☐	If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics. The application will be valid for 3 years from the date of the examiner's signature.

Athlete Name____

Restrictions ____

Examiner's Signature ____ Date ____________________

Examiner's Name ____

Address ____

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS NEW HAMPSHIRE

Athlete Name ____

Section D

Consent

To be completed by a parent/guardian of minor athlete or the guardian of adult athlete

I am the parent/ guardian of ____ , the athlete on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics activities. I also represent that a licensed examiner (medical doctor, physician's assistant or nurse practitioner) has reviewed the health information contained in the athletes application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude the athlete from participating in Special Olympics. 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 he/she has had a one-time full radiological examination which establishes the absence of Atlanto-Axial Instability. I am aware that the athlete must have this radio-logical examination before he/she can participate in judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and soccer team competition.

In permitting the athlete to participate, I am specifically granting my permission (both during and any time after) to use the athlete's likeness, name, voice, or words in either television, radio, film, newspapers, magazines websites, social media, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Special Olympic activities, at a time when I am not personally present to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I understand that, as outlined in the Concussion Awareness & Safety Recognition Policy, if my child is suspected of sustaining a concussion while participating in a Special Olympics practice or game, he/she will be removed from the practice/game at that time and may not participate in a Special Olympics activity until written clearance from a qualified medical professional has been provided.

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements or 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.

I understand that by signing below I give consent for the athlete to participate in the Special Olympics Healthy Athletes Program that provides individuals 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. I understand there is no obligation for the athlete to participate in the Healthy Athlete Program and that he/she may decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that the athlete should seek their own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not through the provisions of these services responsible for the athlete's health.

I am the parent or guardian of the athlete named in this application. I have read and fully understand the provisions of the Athlete Code of Conduct and the above release and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to these provisions on my own behalf and on behalf of the athlete.

Signature of Parent/Guardian ____ Date ____________________

Consent

To be completed by an adult athlete that is 18 years or older and does not have a guardian

I, ____ am at least 18 years old, am my own guardian and have submitted the attached application for participation in Special Olympics.

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 examiner (medical doctor, physician's assistant or nurse practitioner) has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which 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 have had a one-time full radiological examination which establishes the absence of Atlanto-Axial Instability. I am aware that I must have this radiological examination before I can participate in judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and soccer team competition.

Special Olympics has my permission (both during and any time after) 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 advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

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 the treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I understand that, as outlined in the Concussion Awareness & Safety Recognition Policy, if my child is suspected of sustaining a concussion while participating in a Special Olympics practice or game, he/she will be removed from the practice/game at that time and may not participate in a Special Olympics activity until written clearance from a qualified medical professional has been provided.

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements or 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.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes Program that provides individuals 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. I understand there is no obligation for me to participate in the Healthy Athlete 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 regardless of the provisions of these services and that Special Olympics is not through the provisions of these services responsible for my health.

I, the athlete named above, have read and fully understand the provisions of the Athlete Code of Conduct and the above release that I am signing. I understand that by signing this paper, I am saying that I agree to these provisions.

Signature of Adult Athlete ____ Date ____________________

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 understand this release and has agreed to its terms.

Name (please print) ____

Relationship to athlete (family member, teacher, coach, etc.) ____