



APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS GEORGIA
Valid Application for Participation is mandatory for all training and competitions
4000 Dekalb Technology Parkway • Building 400, Suite 400 • Atlanta, Georgia 30340 • Fax: 770-216-8339

A AB New or Update

SECTION A: ATHLETE HEALTH INFORMATION (SHOULD BE SUBMITTED EVERY 3 YEARS)

MEDICAL CLEARANCE
PLEASE CHECK MEDICAL INFORMATION

- Does the athlete have:
- Heart Problems Yes No
 - Diabetes Yes No
 - Seizures/Epilepsy Yes No
 - Major Surgery/Serious Illness Yes No
 - Parent/Sibling (under 40) died of heart disease Yes No
 - Down Syndrome If athlete is Down Syndrome, have x-rays of the C1-C2 vertebrae been taken and examined? Yes No
 - Does the athlete have Atlanto-axial Instability? Yes No
 - Vision Problems/Blind Yes No
 - Hearing Loss/Deaf Yes No
 - Does athlete use wheelchair? Yes No

Other _____
 Current Medications Dosages _____
 Phone () _____
 Emergency Contact _____
 Required for emergency purposes

SECTION B
MEDICAL CERTIFICATION
WITH "YES" CHECKED ON 1-5*
LICENSED EXAMINER IS REQUIRED
EVERY 3 YEARS FOR ATHLETES

COMMENTS _____
 Examination Date _____
 Signature _____
 Print Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

I have examined the above named athlete 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.

A HEALTH SCREENING BY A LICENSED EXAMINER IS REQUIRED FOR INITIAL PARTICIPATION

On my own behalf or as the undersigned parent or legal guardian of the above named athlete, I hereby request permission for the athlete to participate in the Special Olympics Program. I represent and warrant to you that the athlete 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, radial flexion or direct pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlanto-axial Instability. I am aware that the sports and events for which the radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, butterfly stroke and diving starts in swimming. On behalf of the athlete and myself, I acknowledge that the athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and the athlete. In permitting the athlete to participate, I am granting permission to Special Olympics Georgia to use the name, likeness, voice and words of the athlete in television, radio, film, newspapers, magazines, websites, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purpose and activities of Special Olympics and in appealing for funds to support such activities. If I am not personally present at Special Olympics activities in which the athlete 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 athlete. By signing this form I authorize Special Olympics and/or its agents to make an independent investigation of my background, including those maintained by both public and private organizations and all public records. I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health possibly to include placement of sealants and fluoride varnish; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, bone density, etc.). I understand there is no obligation to participate in the Healthy Athletes Program. I have read, understand, and agree with the Special Olympics Georgia housing policy printed on the back of this form. **I, THE UNDERSIGNED PARENT OR GUARDIAN of the above specified athlete, have read and fully understand the provisions of the above release and have explained them to said athlete. I hereby agree that I and said minor will be bound thereby, and I shall defend Special Olympics Georgia and hold it harmless from disaffirmation thereof by said minor. I acknowledge and agree that the above information is accurate.**

PARENT OR GUARDIAN AUTHORIZATION, MEDIA RELEASE AND HOUSING POLICY

Athlete's Name (last name, space, first name) _____
 Social Security Number (Athlete) _____
 Athlete's Mailing Address _____
 Athlete's City _____
 Zip Code _____
 State _____
 Parent's/Guardian's Daytime Telephone _____
 Emergency Contact _____
 Email Other

Health Insurance & Emergency Information
 Medicaid Number _____
 Health Insurance Company _____
 Policy Number _____

Athlete _____
 Signature of Parent and/or Legal Guardian _____
 Print Name _____
 Date _____

Witness (Family member, coach, teacher, friend, other) _____
 Date _____

A HEALTH SCREENING PERFORMED BY A LICENSED EXAMINER IS REQUIRED FOR INITIAL PARTICIPATION

YELLOW COPY - LOCAL COORDINATOR
 WHITE COPY - SOGA
 SOGA REV. 12-7-12
 See back page

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PARTICIPATION

SECTION A - ATHLETE HEALTH INFORMATION/PARENT GUARDIAN AUTHORIZATION AND MEDICAL RELEASE

All athlete information, emergency information, health and accident insurance information, health information, medications and allergies sections must be completed by a parent, guardian, or adult athlete. THE PERSON PROVIDING THE INFORMATION MUST SIGN AND DATE THE FORM IN THE SPACE PROVIDED. (IF SIGNED BY AN ATHLETE THERE MUST BE A WITNESS SIGNATURE).

SECTION B - MEDICAL CERTIFICATION

The bottom section of the form labeled “Medical Certification” must be completed SIGNED and DATED by a licensed Physician, Physician Assistant or Chiropractor. A HEALTH SCREENING BY A LICENSED EXAMINER IS REQUIRED FOR INITIAL PARTICIPATION IN SPECIAL OLYMPICS.

All signatures, dates, addresses, phone numbers, birth date, health information MUST BE PROVIDED in order for the State office to accept and process the Application. The State office should get the ORIGINAL WHITE COPY and the Local Coordinator should keep the YELLOW COPY.

A vs. AB APPLICATION FOR PARTICIPATION

The following guidelines will be used to determine “A” vs. “AB” applications:

1. An Application will be considered an “A” Application if questions 1-5 of Section A are answered NO. When this application is up for renewal (every 3 years) only Section A - Athlete Health Information will need to be completed. No examiner’s signature will be required under Section B - Medical Certification if application is completed before expiration date.
2. An application will be considered an “AB” Application if any questions 1-5 of Section A are answered YES. An examiner’s signature is required to have medical clearance of existing conditions. When this Application is up for renewal an examiner’s signature is required.
3. An athlete can have an “A” Application one time and the next time the Application could be an “AB” Application or vice versa. **REMEMBER:** If an application changes from A to AB or vice versa it will require a health screening by a licensed examiner and the examiner’s signature under Section B - Medical Certification.

A parent/guardian or an adult athlete must sign Section A of the Application for Participation. If Section A of the Application is signed by an adult athlete then a family member, friend or coach must also sign Section A of the Application.

SPECIAL OLYMPICS GEORGIA HOUSING POLICY

Special Olympics Georgia provides allotted housing for official delegates. Some Special Olympics programs do not provide housing for their agencies to attend state games. Instead rooms are blocked and agencies call, reserve rooms and pay for their own housing.

Special Olympics Georgia totals the number of athletes/unified partners and coaches registered in the games. We then review the paperwork and the breakdown of males and females. We supply each agency allotted rooms based on that quota. When determining allotted room numbers, we allocate and provide up to 5 persons per room depending on the number of bed spaces in each hotel or dorm room. Athletes/partners/coaches and general volunteers may not share a room with athletes/partners/coaches and general volunteers of the opposite sex.

It is the responsibility of each agency to call the community hotels to secure and pay for additional housing for their use.

The mission of the Special Olympics Healthy Athletes Program is to improve, through better health and fitness, each athlete’s ability to train and complete in Special Olympics. SOGA offers six Healthy Athletes Initiatives during the year in the areas of oral health, vision, hearing, health promotion (nutrition), podiatry and physical therapy. The Healthy Athletes program is not mandatory; any athlete may elect not to go through the screening. Please call 770-414-9390 with questions about the program.

www.specialolympicssa.org