

I N S P I R E G R E A T N E S SSM

Welcome to Special Olympics! You are about to become part of an exciting organization that will provide you with many memorable experiences. Just follow these easy steps.

Special Olympics is a year round sports program designed for children & adults with intellectual disabilities (mental retardation) or closely related developmental disabilities to improve fitness, learn sport skills, meet new people & experience the joy of succeeding through sports.

The program offers training for athletes of all ability levels in a variety of sports throughout our county. Competitions are held at either the local or regional level for all athletes and at the state level for most participants.

Enclosed in this Athlete Enrollment Kit are all the information and forms needed for athlete enrollment in Special Olympics Oregon.

To enroll as an individual athlete – just follow these steps:

- Simply fill out the enclosed form page 1 (front) Section A and page 2 (back) Official Special Olympics Release Form and make your physical examination appointment with your doctor.
- Have your doctor fill out and sign Section B of page 1 (front). We recommend that you wait for the doctor to complete and sign Section B. When you leave the form for the doctor to do later, we've found that the forms often get lost.
- Send the completed form back to us at the address below.
- Expect future communication/information from your local program.
- Through Special Olympics, athletes can gain physical stamina, self-esteem, discipline and social skills, which can carry over into work, school & home life!
- Thank you for taking the time to join Special Olympics!

“Let me win; but if I cannot win, let me be brave in the attempt.”

Sincerely,

Gary Paxton
Local Program Coordinator



Special Olympics
Oregon

CLACKAMAS COUNTY

P.O. BOX 592 | GLADSTONE, OR 97027

PHONE: 503-675-3550 | E-MAIL: GPAXTON6@COMCAST.NET | WWW.SOOR.ORG

Created by the Joseph P. Kennedy Foundation. Authorized and Accredited by Special Olympics, Inc. for the Benefit of Persons with Intellectual Disabilities

STATE OFFICE: 5901 SW MACADAM AVE., SUITE 100 | PORTLAND, OR 97239 | PHONE: 800.452.6079



Instructions for Special Olympics Applicants

There are **2 forms** & both are **required for participation**.

Form 1 is *The Application for Participation in Special Olympics*.

Form 2 is *The Special Olympics Release*.

For your convenience we have placed both forms on 1 sheet of paper.

Both forms are **required** for any individual to be considered a Special Olympics athlete.

Once completed, the application is valid for 3 years. **If either form is incomplete – it is considered invalid.**

Here are some instructions & helpful tips to aid you in completing the forms.

Form 1

Application for Participation in Special Olympics [Two Sections] –

Section A –

This is the essential information part of the application, medical history & related information. This section needs to be completed by an adult athlete [18 & over] or the athlete's parent or legal guardian. **ALL** Athlete health information [Section A] **MUST** be complete!

Health insurance information needs to be provided. If an athlete is not covered by medical insurance, please write "NONE" in the blank provided.

Physical exam is **required** if this is the athlete's first participation with Special Olympics. When renewing a **physical exam** is required if an athlete answers "YES" to any of the items numbered **1-5 &/or 6b**. A physical exam is also required if the athlete checks "**new problem**" in **questions 7-13**. The examiner's original signature **MUST** be included, accompanied by the printed name, address, phone number & **date** of the examination.

Section B –

This is the medical certification. This is the section the physician fills in & signs. Athletes only need to get a physician's clearance if this is a first time participation in Special Olympics or if "YES" has been checked in questions 1-5 &/or 6b OR "new problem" has been checked in questions 7-13.

Form 2

Official Special Olympics Release –

If the athlete is 18 years of age or older, the top portion **MUST** be completed and signed. If the athlete is younger than 18, the parent/guardian **MUST** complete and sign the bottom portion of the form.

OTHER SPECIAL FORMS

The following forms are available if needed. They are not included in this packet.

FORM 3 – is *Special Release for Athletes with Atlanto-Axial Instability* –

If the athlete has **Down Syndrome**, a full radiological examination establishing the absence of Atlanto-Axial Instability is **only required** if the athlete wants to participate in the following sports – Equestrian, Gymnastics, Diving, Pentathlon, Butterfly Stroke in Aquatics, Diving Starts in Swimming, High Jump, Alpine Skiing, Squat Lift & Soccer.

In this case, call our office to get a copy of Form 3 - *Special Release for Athletes with Atlanto-Axial Instability*.

FORM 4 – is *Special Provisions Regarding Medical Treatment* –

Special Olympics respects the religious beliefs of all its athletes. Our application form requires each athlete to give permission to Special Olympics to arrange for emergency medical treatment. This emergency treatment is under circumstances where neither the athlete nor the parent or guardian is available to consent to emergency treatment. If athletes or their parents or guardians have **religious objections** to approving this provision, please cross it out & initial it on the application form.

In addition, call our office to get a copy of Form 4 - *Special Provisions Regarding Medical Treatment* in order for the medical to be valid.



Eligibility for Participation in Special Olympics

General Statement of Eligibility Special Olympics training and competition is open to every person with intellectual disabilities (mental retardation) who is at least eight years of age and who registers to participate in Special Olympics, utilizing the Application for Participation form.

Age Requirements There is no maximum age limitation for participation in Special Olympics. The minimum age requirement is eight years of age. Children who are at least six years old are permitted to participate in age-appropriate Special Olympics training programs or in specific age-appropriate cultural or social activities offered during the course of a Special Olympics event. Such children may be recognized for their participation in such training or other non-competition activities through certificates of participation, or through other types of recognition approved by SOI which are not associated with participation in Special Olympics competition. However, no child may participate in a Special Olympics competition (or be awarded medals or ribbons associated with competition) before his or her eighth birthday.

Degree of Disability Participation in Special Olympics training and competition is open to all persons with intellectual disabilities (mental retardation) who meet the age requirements regardless of the level or degree of that person's disability, and whether or not that person also has other mental or physical disabilities, so long as that person registers to participate in Special Olympics, utilizing the Application for Participation form.

Identifying Persons with Intellectual Disabilities (Mental Retardation) A person is considered to have intellectual disabilities (mental retardation) for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies any one of the following requirements:

- (1) The person has been identified by an agency or professional as having intellectual disabilities (mental retardation) as determined by their localities; or
- (2) The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing or other measures which are generally accepted within the professional community in the Accredited Program's nation as being a reliable measurement of the existence of a cognitive delay; or
- (3) The person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, self-direction, or self care). However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to volunteer for Special Olympics as partners in Unified Sports® if they otherwise meet the separate eligibility requirements for participation in Unified Sports® which are set forth in the SOI Sports Rules.

Preserving Flexibility in Identifying Eligible Athletes An Accredited Program may request limited permission from SOI to depart from the eligibility requirements identified above if the Accredited Program believes that there are exceptional circumstances which warrant such a departure, and so notifies SOI in writing. SOI will consider such requests promptly, but shall have the final authority in determining whether any departure or exception is appropriate.

I N S P I R E
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Athlete, Parent/Guardian/Caregiver:

Enclosed is an Application for Participation in Special Olympics form. This is a renewal form. Please complete & sign where indicated on the front & back of the form.

Per your previous medical:

Your doctor **must** complete & sign Section B

Your doctor does **not** need to complete & sign Section B unless any of the following now applies:

A physical examination performed by a licensed examiner is required every 3 years with YES in items 1-5 &/or 6b. An exam is required the first time NEW is checked in items 7-13. If either of these apply, please have the Medical Certification section completed & signed by the licensed examiner who performed the physical exam.

If the athlete sees their doctor on a regular basis, often the doctor is able to complete & sign this section with information from the athlete's medical chart. The doctor may date his/her signature with the last time the athlete was seen. We recommend that you take the renewal form to your doctor & wait while it is completed. Many doctor's seem to put this form on the bottom of their "to do" stack, unless you are there waiting for it.

Thanks for returning your completed medical: as soon as possible By _____

You cannot participate in any sports practices after the date of your current medical expiration until we have your up-to-date medical form.

Sincerely,

Gary Paxton
Local Program Coordinator



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Oregon

Dear Physician:

In your examination of this athlete, the following information may be helpful.

Eligibility: Persons are eligible for Special Olympics if they are at least eight years old (there is no maximum age limitation) and are considered to have intellectual disabilities (mental retardation) or a closely related developmental disability.

The Program: Special Olympics is a year-round sports training and competition program offering athletes opportunities in team and individual sports. Sports offered include:

Softball, Aquatics, Long Distance Running and Walking, Soccer, Bowling, Basketball, Golf, Alpine Skiing, Cross Country Skiing, Snowboarding, Snowshoeing, Track & Field, Volleyball, Powerlifting, Gymnastics.

Individuals with Down Syndrome: In light of medical research indicating that up to 15% of individuals with Down Syndrome have a mal-alignment of the C-1 and C-2 cervical vertebrae, known as Atlanto-axial instability, exposing them to possible injury if they participate in activities that radically flex the neck or upper spine, Special Olympics prohibits individuals with Down Syndrome to participate in activities that may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine until they have been found clear of AAI through an x-ray. Prohibited activities include: butterfly stroke and diving starts, high jump, pentathlon, squat lifts, artistic gymnastics, soccer and alpine skiing. The athlete with Down Syndrome will be permitted to participate in the above activities if an examination and x-ray finds that the individual is clear of AAI. If an individual is diagnosed as having AAI, he/she will be permanently restricted from participating in the above mentioned activities.

We thank you for your assistance and care.



APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

Questions??? 503.248.0600 ext 30
RETURN TO: SOOR - Clackamas County
2650 Lookout Ct.
Lake Oswego, OR 97034

SECTION A - ATHLETE HEALTH INFORMATION

Local Program: Clackamas County - #201
Athlete Name
Address
City State Zip
Athlete Social Security Number
E-mail
Parent/Guardian Name
Address (if different than athlete)
Emergency Contact Name
Health/Accident Insurance Company
Policy Number

Sex/Gender Male Female
Date of Birth - - Age
Home Phone ()
Work Phone ()
School/Caregiver Program
E-mail
Home Phone ()
Work Phone ()
Emergency Phone ()
Physician's Name
Physician's Phone ()

- 1. Heart Disease/Heart Defect/High Blood Pressure
2. Chest Pain or Fainting Spells
3. Seizures/Epilepsy
4. Diabetes
5. Parent/Sibling (under 40) died of heart disease
6. Down Syndrome
a. Have cervical spine (neck bone) x-rays been done?
b. Does athlete have Atlanto-axial Instability?
7. Absence of vision/blind in one eye
8. Absence of one kidney or testicle
9. Concussion or serious head injury
10. Major surgery or serious illness
11. Heat stroke/exhaustion
12. Other problem that could interfere with sports participation
Please attach explanation
13. Impaired motor ability

- 14. Uses a wheelchair
15. Allergy to the following (list specific)
Medicine
Foods
Insect Sting/Bite
16. Special diet
17. Exercise induced wheezing
18. Tendency to bleed easily
19. Emotional/psychiatric/behavioral problems
Please attach explanation
20. Serious bone or joint disorder
21. Sickle cell trait or disease
22. Hearing aid/Hearing loss
23. Contact lenses/Eyeglasses
24. Dentures/False teeth
25. Immunizations (shots) are up-to-date
26. Date of last tetanus shot - -

A physical examination performed by a licensed examiner is required every three (3) years for athletes with YES in items 1 - 5, and/or 6b.
An exam is required the first time NEW PROBLEM is checked in items 7 - 13. A physical exam is also required for first-time participants.
MEDICATIONS: Does athlete regularly take medications? YES NO Medications & doses change frequently. Coaches must know up-to-date medication information.
List Medications:
Person completing form (usually parent/guardian or adult athlete)

Signature Date

If above signature is an adult athlete - I have reviewed the health history with the athlete.

Signature Date Relationship to athlete (family member, friend, coach)

The following information is optional. It is wanted only for statistical purposes.
Racial/Ethnic: African American Asian Caucasian Hispanic Native American Pacific Islander Other

IMPORTANT: If there is any significant change in the athlete's health, the athlete's condition must be reviewed by a licensed examiner & permission by that examiner given before further participation.

A physical examination (Section B) performed by a licensed examiner is required for initial participation

SECTION B - MEDICAL CERTIFICATION

EXAMINER'S NOTE: If the athlete has Down Syndrome, Special Olympics 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 hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports & events for which such radiological examination is required are: equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

I have reviewed the above health information on and examined the athlete named in this application, and certify that there is no medical evidence available to which would preclude the athlete's participation in Special Olympics.

Restrictions
Examiner's Signature Date
Examiner's Name
Address
Phone ()

ATHLETE NAME _____

OFFICIAL SPECIAL OLYMPICS RELEASE FORM
RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, _____ am at least 18 years old 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 health examiner 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 and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability", available from the Special Olympics Chapter program in my state, or I have had a full radiological examination which establishes the absence of Atlanto-Axial instability. 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, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

Special Olympics has my permission, (both during and anytime 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 these 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 that 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, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Adult Athlete _____

Date _____

I hereby certify that I have reviewed this 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 _____
(e.g. family member, teacher, coach, etc.)

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor 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 activities.

I further 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. With my approval, a licensed health examiner has reviewed the health information set forth in the athlete's application, and has certified, based on an independent medical examination, that there is no medical evidence which would preclude the athlete's participation. 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 I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability", available from the Special Olympics Chapter program in my state, or the athlete has had a full radiological examination which establishes the absence of Atlanto-Axial instability. 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, the athlete must have the radiological examination before he/she can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's 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 these purposes and activities.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that 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 am the parent (guardian) of the athlete named in this application, I have read and fully understand the provisions of the above release, and have explained these provisions with 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 _____

Date _____



SPECIAL OLYMPICS OREGON - ATHLETE CODE OF CONDUCT

Special Olympics Oregon is constantly striving to provide high quality sports training and competition. To ensure the safety and well being of all involved, athletes are expected to abide by the code of conduct and standards of behavior established by Special Olympics Oregon.

As an athlete representing Special Olympics Oregon, I will do my best at all times to meet the following standards while participating in training, competition, or while in transit.

1. I will abide by the rules and policies of Special Olympics Oregon.
2. I will exhibit good sportsmanship.
3. I will attend practices and competitions as scheduled, arriving on time.

I understand that participating in any of the following unacceptable behaviors during practice, competition or any associated activity will result in disciplinary measures:

Category A

- **Use of alcohol, illegal drugs or any controlled substance**
- Unwanted physical or verbal sexual overtures
- Physical abuse or any unwelcome physical contact
- Violent or disruptive behavior
- Possession of harmful weapons
- Felony or misdemeanors (or any other illegal or socially unacceptable behavior which seriously disrupts or impedes participation of others).

Category B

- **Use of profanity or verbal abuse**
- Use of tobacco in restricted areas
- Frequent unexcused absences
- Exhibition of poor sportsmanship
- Poor personal hygiene

Disciplinary Measures:

Category A: Special Olympics Oregon may immediately suspend any athlete who has been indicted or is under an official police investigation.

Category B: Special Olympics Oregon will begin with a verbal warning to the athlete, and follow it up with a personal meeting with the athlete. If an athlete is under 18, the parent/guardian/caseworker will accompany them. The meeting will be documented in writing and copies of documentation distributed to the athlete, LPC, State Program Office, Head Coach, and parent/guardian/caseworker. If no improvement is seen, the athlete may be suspended.

Athlete Signature

Date

Parent/Guardian Signature

Date