



Application for Participation in Special Olympics New Hampshire

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



Demographics

Athlete

Name _____

Male Female

Home Address _____

T-Shirt Size:

S M L XL XXL XXXL

Home email _____

Cell Phone _____

Home Phone _____

Work Phone _____

Local Program Name _____

Date of Birth ____ / ____ / ____

Health/Accident Insurance Company _____

Policy No. _____

Parent/Guardian

Name _____

Relationship to athlete _____

Address (if different than athlete) _____

Cell Phone _____

I do not wish to receive mailings from SONH

Home email _____

Emergency Contact

Name _____

Relationship to athlete _____

Address (if different than athlete) _____

Cell Phone _____

Primary Phone _____

Home Email _____

I do not wish to receive mailings from SONH.

Athlete Health Information

to be completed by parent/caregiver

Y N

Uses wheelchair

Y N

Tendency to bleed easily

Blindness / visual problems

Emotional / psychiatric / behavioral problems

Seizures / epilepsy

Serious bone or joint disorder

Diabetes

Sickle cell trait or disease

Chest pain / fainting spells

Hearing aid / hearing loss

Concussion / serious head injury

Contact lenses / eyeglasses

Major surgery / serious illness

Tobacco usage

Heat stroke / exhaustion

Special diet

Heart disease / heart defect / high blood pressure

Asthma

Impaired motor ability

Allergies

Down Syndrome

Medicines _____

Immunizations are up to date

Food _____

Date of last tetanus shot ____ / ____ / ____

Insect stings/bites _____

Medications: Please print medication name, dosage, date prescribed and number of times per day medicine is taken. Please use additional space on page two if needed.

Medication Name	Dosage	Date Prescribed	Times per Day



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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)

Medical Certification

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

Blood pressure _____ / _____

Normal/Abnormal

Weight: _____

Normal/Abnormal

Height: _____

Normal/Abnormal

- Vision
 Hearing
 Oral cavity
 Neck
 Extremities

- Cardiovascular system
 Respiratory system
 Gastrointestinal system
 Genitourinary system
 Skin

- Cranial nerves
 Coordination
 Reflexes

Other _____

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. This 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 _____

Additional medications (continued from page one)

Medication Name	Dosage	Date Prescribed	Times per Day



Application for Participation in Special Olympics New Hampshire



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 radiological 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 anytime after) 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 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 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 athletes health.

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

Signature of Parent/Guardian _____

Date _____

Consent

to be completed by an 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 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 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 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 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 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.) _____