

SECTION D: CONSENT TO BE COMPLETED BY PARENT/GUARDIAN

I am the parent/guardian of, _____, I completed the Application for Participation in Young Athletes™ for child. I give my permission for child to participate in Special Olympics Young Athletes™ activities.

I further represent and warrant that to the best of my knowledge and belief, the child is physically and mentally able to participate in Special Olympics activities. **(Do you have more than one child participating? See below.)**

I grant my permission, (both during and anytime after), to Special Olympics to use child's likeness, name, voice and words in 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 child's participation in any Special Olympics activities, at a time when I am not personally present so as to be personally consulted regarding the child's care, I give Special Olympics permission, to do whatever is necessary to get child the care and any emergency medical treatment they need. I understand Special Olympics will make the decision to do what is best to protect the child's health and well-being.

I am the parent/guardian of the child named in this application. I have read and understand this document. I signed this consent form to show I agree to the conditions of the document for me and for my child.

I give my permission for child to participate in Special Olympics Young Athletes games, recreation programs and physical activity programs.

I give my permission to _____ **Program Location Name** _____ to give Special Olympics Minnesota my child(ren)'s; name,

gender, date of birth, address and athlete status (athlete: is a child diagnosed with an intellectual disability. Peer partner: is a child that is not diagnosed with an intellectual disability).

** Child is defined as the person who will be participating in Special Olympics Young Athletes™*

Please print your name: _____

I would like to receive more information about Special Olympics programs.

Address: _____
Street City State Zip

Phone: (_____) _____

Email address: _____

CHILDREN PARTICIPATING:

1. _____
2. _____
3. _____
4. _____
5. _____

SIGNATURE OF PARENT/GUARDIAN (REQUIRED): _____ **DATE:** ____ / ____ / ____