



ATHLETE APPLICATION/MEDICAL RENEWAL INSTRUCTIONS

- **Athlete Applications (pages 1-2) expire every three years from the DATE OF EXAM**
- **New athletes are required to complete pages 1-4 of the Athlete Application**
- **Renewing athletes are required to complete pages 1-2 of the Athlete Application**
- **ALL athletes must complete the new communicable disease waiver (page 4)**
- **Athlete consent forms (page 3) expire when an athlete turns 18**

PAGE 1 Section A: Demographics REQUIRED FIELDS

- Athlete name, gender, address, phone number, date of birth
- Parent/guardian name and phone number *OR* emergency contact name and phone number

PAGE 1 Section B: Health History REQUIRED FIELDS

- ALL yes/no boxes must be filled out **including the concussion check box.**
 - Criminal history box must be checked. If “yes” then the athlete will need a background check and an email to complete the background check will be sent from the state office.
- Parent/guardian signature and date
 - If the athlete is their own guardian, they must sign and date this page.

PAGE 2 Section C: Physical Examination REQUIRED FIELDS

NOTE: This page must be completed by their doctor. The athlete's last physical exam can be used if they had one within the last year. The date of exam should always be used.

- ALL normal/abnormal boxes must be filled out.
- Specific questions regarding intellectual disability, Down Syndrome and certification of participation must be completed by the doctor.
 - If the doctor marks no to the intellectual disability box, the applicant is not eligible to participate as an athlete with SOMN. They could still participate as a Unified Partner or coach.
 - Atlantio-Axial Instability section only needs to be completed for Down Syndrome athletes.
- Doctor's signature, date of exam, doctor's name, address and phone number are all required.

PAGE 3 Athlete Consent Form SECTION A OR SECTION B REQUIRED

- Section A is to be completed if the athlete is over 18 and is their own guardian. This needs to have the athlete's signature and date, and an adult witness signature and date.
- Section B is to be completed if the athlete is under 18 and/or is NOT their own guardian. This needs to have the guardian's signature & date.

PAGE 4 Communicable Disease Waiver REQUIRED

- This is a new requirement for insurance coverage. If the participant is their own guardian, they can sign and date this page. If the participant is NOT their own guardian, then their parent/guardian needs to sign and date this page.

PAGE 5 Healthy Athlete Consent Form THIS PAGE IS OPTIONAL

- If this page is completed, we need the athlete's name, signature and date filled out. Healthy Athletes are additional opportunities offered at various competitions throughout the year that require this additional consent.

Return completed forms via one of the options below:

- **EMAIL:** Scan the application pages for each athlete as one PDF file, attach to an email and send to athletepaperwork@somn.org
- **FAX** to 612-333-8782 and include a cover page with contact information
- **MAIL** to 900 2nd Ave S, Suite 300, Minneapolis, MN 55402 – if you choose to mail please make a copy first for your records

