

YOUNG ATHLETES APPLICATION

Please print clearly and complete all sections in their entirety. Children are eligible for Young Athletes™ provided they are age 2-7. Both children with and without an intellectual disability are encouraged to be part of the Young Athletes™ program.

State Office ONLY:
Delegation: _____

- Updated Form
- New Athlete
- in GMS
- not in GMS

SECTION A: DEMOGRAPHICS

Athlete Name: _____ Male Female

Athlete Address: _____ Date of Birth (month/date/year): ____/____/____

City: _____ State: _____ Zip: _____ Parent Home Phone: (____) _____

Parent/Guardian Name: _____ Parent Work Phone: (____) _____

Emergency Contact (other than Parent/Guardian): _____ Parent E-mail: _____

Health/Accident Insurance Company: _____ Emergency Contact Phone: (____) _____

Policy #: _____ Yes No

Young Athlete is being registered as a:

A. Traditional Young Athlete (diagnosed with intellectual disability) Does the child attend a formal daycare or preschool program?
What is the diagnosis? _____ Does the child attend school? _____
(What grade/year: _____)

B. Peer Partner (doesn't have a diagnosed intellectual disability)

SECTION B: YOUNG ATHLETE PROGRAM LOCATION

What is the location of the Young Athletes program? _____

SECTION C: HEALTH HISTORY

please indicate "yes" or "no" for all areas

Yes No	<input type="checkbox"/> <input type="checkbox"/> Allergies:	Yes No	<input type="checkbox"/> <input type="checkbox"/> Hearing Loss/Hearing Aid
<input type="checkbox"/> <input type="checkbox"/>	Asthma	<input type="checkbox"/> <input type="checkbox"/>	Heart Disease/Heart Defect/High Blood Pressure
<input type="checkbox"/> <input type="checkbox"/>	Blindness/Visual Problems (other than corrective lenses)	<input type="checkbox"/> <input type="checkbox"/>	Heat Stroke/Exhaustion
<input type="checkbox"/> <input type="checkbox"/>	Bone or Joint Problem	<input type="checkbox"/> <input type="checkbox"/>	Immunizations up-to-date
<input type="checkbox"/> <input type="checkbox"/>	Chest Pain	<input type="checkbox"/> <input type="checkbox"/>	Major Surgery or Serious Illness
<input type="checkbox"/> <input type="checkbox"/>	Concussion or Serious Head Injury	<input type="checkbox"/> <input type="checkbox"/>	Non-verbal
<input type="checkbox"/> <input type="checkbox"/>	Contact Lenses/Glasses	<input type="checkbox"/> <input type="checkbox"/>	Seizures/Epilepsy/Fainting Spells
<input type="checkbox"/> <input type="checkbox"/>	Diabetes	<input type="checkbox"/> <input type="checkbox"/>	Sensory Issues (please list below)
<input type="checkbox"/> <input type="checkbox"/>	Easy Bleeding	<input type="checkbox"/> <input type="checkbox"/>	Sickle Cell Trait or Disease
<input type="checkbox"/> <input type="checkbox"/>	Emotional/Psychiatric/Behavioral Problems	<input type="checkbox"/> <input type="checkbox"/>	Special Diet
	If yes, what behavior management strategies are used at home? _____	<input type="checkbox"/> <input type="checkbox"/>	Tobacco use in household
		<input type="checkbox"/> <input type="checkbox"/>	Uses wheelchair or other walking assistive device

additional notes: _____

SIGNATURE OF PARENT/GUARDIAN (REQUIRED): _____ DATE: ____/____/____
Are Sections A, B & C complete? If yes, proceed to reverse side.

SECTION D: CONSENT TO BE COMPLETED BY PARENT/GUARDIAN

I am the parent/guardian of _____, on whose behalf I have submitted the attached Application for Participation in Young Athletes™. I hereby represent that the athlete has my permission to participate in Young Athletes™ 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.

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 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 athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be personally 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, 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 consent, and have explained these provisions to the athlete. Through my signature on this consent form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby grant my permission for the above named athlete to participate in Special Olympics games, recreation programs and physical activity programs.

SIGNATURE OF PARENT/GUARDIAN (REQUIRED): _____ DATE: ___ / ___ / ___
