

# SRSNLC - 2015 Registration Form

Name:	Age:	Birthdate:	Gender:
Address:		House/Apt. #	
City:		Zip:	

**Please make checks payable to your local Park District.**

Home Phone: ( )	Emergency Phone: ( )	E-mail:			
PROGRAM NAME	NUMBER/LOCATION CODE	FEE*	GUARD. PAYMENT	ENT. COMP	AMT. PAID

Office  
use  
only

**PARTICIPATION WILL BE DENIED – If the signature of adult participant or parent/guardian and date are not on this waiver.**

<b>TOTAL DUE:</b>	
<b>TOTAL ENCLOSED:</b>	

## READ CAREFULLY

**\* Non-resident Fee add 50% (see reg. policies)**

Recreation Services of Northern Lake County to guarantee absolute safety.

### IMPORTANT INFORMATION

The Special Recreation Services of Lindenhurst, Round Lake, Waukegan and Zion Park Districts is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Special Recreation Services of Northern Lake County continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Special

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities (above), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Special Recreation Services of Northern Lake County including Lindenhurst, Round Lake, Waukegan and Zion Park Districts, its officials, agents, volunteers and employees (hereinafter collectively referred as SRSNLC).

I do hereby fully release and forever discharge the SRSNLC from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

In the event of an emergency, I authorize SRSNLC Staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

**I have read and fully understand the above important information, warning of risk, assumption or risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for the and have the same legal effect as an original form signature.**

\_\_\_\_\_  
Parent / Adult Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature (participant must sign if he/she is own legal guardian)

\_\_\_\_\_  
Date

### FOR CREDIT CARD PAYMENT

☐ Visa ☐ MasterCard

Card Holder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

☐ Charge Full Fee \$ \_\_\_\_\_ ☐ Charge Deposit Only \$ \_\_\_\_\_

Signature \_\_\_\_\_

# SRSNLC CODE OF CONDUCT

## Behavior Expectations

SRSNLC promotes the concept of “equal fun for everyone.” However, certain rules have been established to ensure the safety and enjoyment of all people. The following guidelines have been developed to help make SRSNLC programs safe and enjoyable for all participants. SRSNLC participants are expected to demonstrate appropriate behavior during programs. The basic behavior code of conduct insists that participants shall:

1. Show respect to all participants and staff, and take direction from staff.
2. Refrain from using abusive or foul language.
3. Refrain from causing bodily harm to self, other participants, or staff.
4. Show respect to equipment, supplies, and facilities.

A positive approach will be utilized regarding discipline. Individual behavior management plans may be developed on the advice of parents, staff or other professionals. If inappropriate behavior occurs, prompt resolution will be sought, specific to each individual situation. **SRSNLC reserves the right to dismiss a participant whose behavior endangers the safety of him/her self or others.**

## Consequences of Unacceptable Behavior

Participants may be subject to any of the following actions for unacceptable behavior. Below is a guideline for progressive discipline; however, the progression may be accelerated or slowed based on the severity and frequency of the unacceptable behavior.

Unacceptable Behavior	Warning	Time Out	Conference Loss of Privileges	Suspension	Expulsion
Improper use of materials or equipment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disrespect of participants, staff, or the public.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Objectionable gestures; profane, vulgar or objectionable language.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fighting		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Damage or destruction of Park District property or property of others.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Theft			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Smoking; possession or use of alcohol or illegal drugs.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Harassment or abuse of fellow participants or staff			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Possession of weapons				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other acts which may be determined to be unacceptable by the program supervisor		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

For issues that are not major we may issue a participant progress report. This is in no way a behavioral warning; it is simply to inform you of something that may have happened during a program. For example, a participant may soil their pants. We will issue a progress report to inform the parent/guardian of the incident and how it was handled.

# SRSNLC Annual Information Form

## 2015

☐ Lindenhurst
 ☐ Round Lake
 ☐ Waukegan
 ☐ Zion

This information will be used for all programs during 2015.

Please contact your local office if any information changes throughout the year.

Name: _____		Age: _____	Birth Date: _____
Address: _____		City: _____	State _____ Zip: _____
E-mail: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	T-Shirt Size _____
School/ Workshop: _____	Teacher/ Supervisor: _____ Phone: ( ) _____		
Physician's Name: _____		Physician's Phone: ( ) _____	
Address: _____		City: _____	State _____ Zip: _____
Main Contact: _____		Relationship: _____	
Primary Phone Number: ( ) _____		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Secondary Phone Number: ( ) _____		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Alternate Contact: _____		Relationship: _____	
Primary Phone Number: ( ) _____		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Secondary Phone Number: ( ) _____		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

### EMERGENCY CONTACT (Within 20 mile radius) Other than parent/guardian

Name: _____	Relationship: _____
Address: _____	Home Phone: ( ) _____
City: _____ State: _____ Zip: _____	Work/Cell Phone: ( ) _____

### PARTICIPANT DISABILITY (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder: <b>(ADD)</b> ..... | <input type="checkbox"/> Emotionally Distressed <b>(ED)</b> .....     |
| <input type="checkbox"/> Autism <b>(A)</b> .....                        | <input type="checkbox"/> Learning Disorder <b>(LD)</b> .....          |
| <input type="checkbox"/> Behavior Disorder <b>(BD)</b> .....            | <input type="checkbox"/> Multiply Challenged <b>(MC)</b> .....        |
| <input type="checkbox"/> BiPolar <b>(BP)</b> .....                      | <input type="checkbox"/> Physically Challenged <b>(PC)</b> .....      |
| <input type="checkbox"/> Brain Injury <b>(BI)</b> .....                 | Yes / No • are orthopedic devices worn? _____                         |
| <input type="checkbox"/> Deaf/Hard of Hearing <b>(D/HH)</b> .....       | Yes / No • can transfer into van seat or stadium seat.....            |
| <input type="checkbox"/> Developmental Disability <b>(DD)</b> .....     | <input type="checkbox"/> Severe Mental Handicap <b>(SMH)</b> .....    |
| <input type="checkbox"/> Down Syndrome <b>(DS)</b> .....                | <input type="checkbox"/> Trainable Mental Handicap <b>(TMH)</b> ..... |
| <input type="checkbox"/> Early Childhood <b>(EC)</b> .....              | <input type="checkbox"/> Visually Impaired <b>(VI)</b> .....          |
| <input type="checkbox"/> Educable Mental Handicap <b>(EMH)</b> .....    |   |

**If Down Syndrome**, has participant been tested for atlanto axial instability? Yes / No

Does your participant have atlanto axial instability? Yes / No

### Photo/Video Authorization and Consent & Emergency Treatment Permission:

I hereby authorize and give my consent to SRSNLC to photograph/video my child (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of SRSNLC, including, but not limited to its website, Facebook page, promotional materials, brochures, fliers and other publications without consideration of any kind. **I have read and fully understand the above photo/video authorization and consent.**

I acknowledge that SRSNLC does not carry medical insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of every participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached. I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform the SRSNLC staff of any changes in the above information.

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

☐ I do not authorize or give photo consent.

## MEDICATION

Does the participant receive any medication? ☐ Yes ☐ No

Medication

Dosage

Purpose

Side Effects


## HEALTH ISSUES

Does the participant seizure? ☐ Yes ☐ No

Comments: \_\_\_\_\_

Does the participant have asthma? ☐ Yes ☐ No

Does the participant have allergies? ☐ Yes ☐ No

## DIETARY ISSUES

Does participant require assistance eating or drinking? ☐ Yes ☐ No

Comments: \_\_\_\_\_

- have any food restrictions? ☐ Yes ☐ No Comments: \_\_\_\_\_
- have any food dislikes? ☐ Yes ☐ No Comments: \_\_\_\_\_
- have any specific food likes? ☐ Yes ☐ No Comments: \_\_\_\_\_
- is participant Diabetic? ☐ Yes ☐ No Comments: \_\_\_\_\_

## BEHAVIOR ISSUES

Does participant display unusual fears?

☐ Yes ☐ No

Comments: \_\_\_\_\_

- comply with verbal requests? ☐ Yes ☐ No Comments: \_\_\_\_\_
- respond to specific directions? ☐ Yes ☐ No Comments: \_\_\_\_\_
- have any known situations that cause behaviors? ☐ Yes ☐ No Comments: \_\_\_\_\_

What actions are to be taken if a particular behavior is presented? \_\_\_\_\_

- respond to any reinforcement devices? ☐ Yes ☐ No Comments: \_\_\_\_\_

- respond to any behavior improvement techniques? ☐ Yes ☐ No Comments: \_\_\_\_\_

## SAFETY ISSUES

Does participant need assistance orientating to:

people \_\_\_\_\_ place \_\_\_\_\_ time \_\_\_\_\_

Does participant need assistance protecting:

self \_\_\_\_\_ anticipating safety needs \_\_\_\_\_

Does participant need assistance toileting:

independent \_\_\_\_\_ monitor \_\_\_\_\_

diapering \_\_\_\_\_ other: \_\_\_\_\_

## GENERAL ISSUES

Does participant use:

wheelchair \_\_\_\_\_ stroller \_\_\_\_\_ walker \_\_\_\_\_

cane \_\_\_\_\_ canadian crutches \_\_\_\_\_

If participant is non-verbal do they use: sign language \_\_\_\_\_

communication board/book \_\_\_\_\_

Does participant swim/enjoy water? ☐ Yes ☐ No

# SRSNLC SEIZURE QUESTIONNAIRE

Please complete this form if the participant has ever experienced a seizure. **Please update this form whenever there is a change in the seizure plan and submit it with your registration.** You will be asked to review this once a year and provide any necessary updates.

Participant's name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Medication: Name  
(including dosage)

\_\_\_\_\_  
\_\_\_\_\_

Dosage

\_\_\_\_\_  
\_\_\_\_\_

Time of intake

\_\_\_\_\_  
\_\_\_\_\_

Please note: SRSNLC will not administer rectal diastat.

Seizure type:

- |   |   |
|---|---|
| <input type="radio"/> Absence (staring spell) | <input type="radio"/> Atonic (drop)           |
| <input type="radio"/> Simple Partial          | <input type="radio"/> Generalized (grand-mal) |
| <input type="radio"/> Complex Partial         | <input type="radio"/> Other (Explain): _____  |

When was the date of your/your child's last seizure? \_\_\_\_/\_\_\_\_/\_\_\_\_

How long does the seizure last? \_\_\_\_\_

How long was the longest seizure? \_\_\_\_\_

Are there any triggers that cause the onset of your/your child's seizures? (I.e. strobe lights, heat, sudden movements, noise)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any symptoms prior to the onset of your/your child's seizure? (I.e. smells, stomach pain, fear, sounds)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Seizure Plan

Please list below the necessary steps you would like SRSNLC to take in the event of a seizure:

1. Call 911 for a seizure over \_\_\_\_ minutes.
2. \_\_\_\_\_
3. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

It is important that we follow a consistent procedure for responses to seizures, therefore if your child has a seizure plan in place for school/workshop/prescribed by a doctor, a copy of that should be submitted in addition to this form.

# SRSNLC ATHLETE-SPORTSMANSHIP CONTRACT

## General Information

*The following Sportsmanship Contract is to be signed by all SRSNLC - Athletes for all Special Olympic sport seasons.*

*The Sportsmanship Contract is a code of conduct that all athletes must follow while participating in all Special Olympic sports. This contract must be signed and dated by the athlete*

*and returned to the coach at the beginning of EACH sport season. The athlete will not be allowed to compete/participate until the contract is signed. Coaches will document any violations of the contract on a tracking form for each athlete.*

## SRSNLC Athlete - SPORTSMANSHIP CONTRACT

*The Sportsmanship Contract is an agreement of sportsmanlike conduct that athletes will follow while participating in SRSNLC Special Olympics. Please take a moment to review this form, sign it and return to your coach. This contract is in place to ensure that all athletes are treated with respect and so that they feel like an important part of the team.*

1. I will respect others, including my teammates, coaches, and opponents. This means I will treat others the way I would want to be treated.
2. I will encourage my teammates on the court, on the bench, and on the van/bus. I will encourage them with kind words and cheer on my team on the court, on the bench, and on the van/bus.
3. I will listen when the coaches speak and will not question their coaching decisions (i.e. player positions). This means I will pay attention when a coach is speaking or explaining directions. I will ask a coach if I have any questions.
4. I will try my best while on the court, giving 100% at all times. This means I will pay attention and take the game/practice seriously (i.e. no goofing off).
5. I will trust in my teammates and my own playing abilities on and off the court. This means that I will not talk bad about their playing abilities or yell at them if they have a "bad game" or "bad play."
6. I will tell the coaches if I hear or see unsportsman-like conduct from other teammates. I will not be considered a "tattle teller" if I do this. I must be honest when telling the coaches about what I have seen or heard.
7. I will return my entire uniform within two weeks of the end of the sports season. Failure to do so will result in a fine of \$60 per uniform and potential suspension from future SRSNLC programs.

### "Positives" of following this contract are as follows:

- Team has better chance of winning
- You and your team will have more fun

### The consequences for not following contract are as follows:

1. If any unsportsman-like conduct is seen/reported during a game, on the van/bus or at practice, the athlete will receive a warning and a brief time out.
2. If unsportsman-like conduct is seen/reported for a 2<sup>nd</sup> time during a game, practice or van/bus ride, the athlete will be benched for the rest of the game (or half of the next game he/she is present at, if during a practice or on bus).
3. If unsportsman-like conduct is seen/reported for a 3<sup>rd</sup> time in a game, practice or on the van/bus, the athlete will be benched for the entire next game he/she is present at. The athlete will be encouraged to cheer on the team, but is otherwise expected to sit in silence.
4. If the athlete continues to show unsportsman-like conduct after the 1st game suspension, he/she will continue to be suspended from play until the undesired conduct has stopped.
5. If the athlete is suspended from more than 3 games, he/she will be suspended for the rest of the Season.
6. If several athletes do not follow the Sportsmanship Contract, the coaches have the authority and right to forfeit games and tournaments.

*I agree to follow the above Sportsmanship Contract.*

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Instructions for Completing the Application for Participation

The Application for Participation (App) must be filled in completely. Apps with blank sections or attachments (exception: letter from State Office of Guardianship, 2a below) will not be accepted.

This App is valid for 2 years from the date of the examination date, regardless of the parent/guardian/Entrant signature date.

Parent/guardian and doctor signatures must be original and both original signatures must be on the same App form. Faxed signatures, phone consents or verbal consents will not be accepted.

If Entrant was listed on the Sex Offender Public Registry or the Child Murder and Violent Offender Against Youth Registry but has since been removed, contact the Special Olympics Illinois office for instructions before submitting this application.

## ATHLETE INFORMATION AND HEALTH INSURANCE & EMERGENCY INFORMATION

1. The first two sections must be filled in completely. The ethnicity information is requested to assist in the organizational outreach efforts.

## PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

2. The Parent or Legal Guardian must read, sign and date the Parent/Guardian Authorization and Media Release.

a. The section must be signed and dated as printed. Deletions or alterations to the section will result in an invalid App. (Exception: Deletion of the last paragraph regarding medical treatment and attachment of a letter of explanation and 24-hour emergency telephone numbers from the State Office of Guardianship. **As of January 1, 1987, the letter of explanation must be attached.**)

b. Only one of the two signature blocks must be completed. Special Olympics Illinois works under the understanding that this section may be signed by either:

- ♦The (biological or adoptive) parent unless the athlete has been designated a ward of the state;

OR

- ♦The legal guardian; this person must be legally assigned for the individual;

OR

- ♦The athlete if he/she is over the age of 18 and has not been designated as needing and having been assigned a legal guardian. A witness signature is necessary if the athlete's signature is unrecognizable (for example, if the athlete's signature is an "X.")

## MEDICAL CLEARANCE

3. The Medical Clearance section must be completed, signed and dated by a medical practitioner licensed to administer physical examinations by the state in which he/she practices. **As of September 1, 1990, the Special Olympics Illinois Application for Participation is the only Medical Clearance form which will be accepted as valid by Special Olympics Illinois.**

This person, by signing the Medical Clearance, is stating that the athlete is in good health and can safely participate in Special Olympics sports training and competition. It is strongly suggested that the person administering the physical examination possess the following:

- ♦Background and preparation in giving sports physical examinations.
- ♦Qualifications to administer examinations that would not compromise his/her area of specialty.

## AFTER COMPLETING THE APPLICATION ...

4. Send the original copy of the Application for Participation to the Area Director who will send the App to the Special Olympics Illinois Chapter office. The Chapter office will validate the Application for Participation and send a copy of the App with an approved stamp back to the SOAD (Special Olympics Athletic Director). An Application for Participation will not be validated until all information is correct and completed on the approved form.

5. Special Olympics Illinois requires that all Applications for Participation be presented prior to and no later than the established Medical App deadline of a Chapter championship level event (Winter Games, State Basketball Tournament, Summer Games, Outdoor Sports Festival, Fall Games, Floor Hockey or State Bowling Tournament). All Apps for the event in question must be valid throughout the completion of that Chapter competition.

Applications for Participation for athletes participating in District Tournaments and Sectional Tournaments must be received before the entry deadline or with registration materials.

Applications not on file or in receipt by the specified deadline will not be accepted.



**Special Olympics**  
Illinois



# APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS ILLINOIS

Valid Application for Participation is mandatory for all competitors  
605 E. Willow St. • Normal, IL 61761-2682 • 309-888-2551

SO ILL Rev. 8-1-10

## ATHLETE INFORMATION

Athlete Name (last name, space, first name)		Birthdate	
<div></div>		<div>M M D D Y Y</div>	
Agency Name		Sex (M or F)	
<div></div>		<div><input type="checkbox"/> <input type="checkbox"/></div>	
Athlete's Mailing Address		Parents/Guardian's (Please Circle One) Home Address	
<div></div>		<div></div>	
Athlete's City		Parents/Guardian's City	
<div></div>		<div></div>	
State		State	
<div></div>		<div></div>	
Zip Code		Zip Code	
<div></div>		<div></div>	
Ethnicity		Parents/Guardian's Home Telephone	
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian		<div></div>	
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other		<div></div>	

## HEALTH INSURANCE & EMERGENCY INFORMATION (Required for Processing)

Person to be contacted in case of emergency	Emergency Contact Phone ( )
Medical Insurance Company	Policy Number

## PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all entrants using the Sex Offender Public Registry and the Child Murder and Violent Offender Against Youth Registry and understand that entrants listed on either Registry will be denied participation. I affirm that this Entrant has never been on said Registries or, if Entrant was listed on either Registry but has since been removed, I will contact Special Olympics Illinois for instructions before submitting this application.

I represent and warrant to you that the Entrant is physically and mentally able to participate in Special Olympics, and I submit herewith a subscribed medical certificate. 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 a full radiological examination establishes the absence of Atlantoaxial Instability. I am aware that the sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, soccer skills, powerlifting squat and butterfly stroke and diving starts in swimming.

On behalf of the Entrant and myself, I acknowledge that the Entrant will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Entrant.

In permitting the Entrant to participate, I am specifically granting permission to Special Olympics Illinois to use the likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Entrant to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Entrant has no obligation to participate and I understand the Entrant should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Entrant's health.

If I am not personally present at Special Olympics activities in which the Entrant is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.

I, **THE UNDERSIGNED ADULT ENTRANT**, have read and fully understand the provisions of the above release and/or have had them explained. I hereby agree that I will be bound thereby and I shall defend Special Olympics Illinois and hold it harmless from disaffirmation thereof.

Entrant	
Witness	
Athlete's Email Address	

Signature of Parent <input type="checkbox"/> and/or Legal Guardian <input type="checkbox"/>	
(Check appropriate box)	
Print Name	
Parent's Email Address	

Original parent/guardian and doctor signatures are required by the office of Special Olympics Illinois. Faxed signatures will *not* be accepted.

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
SO ILL OFFICE ONLY					

## MEDICAL CLEARANCE

### PLEASE CHECK MEDICAL INFORMATION

Does athlete have Down Syndrome?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have x-rays of the C1-C2 vertebrae been taken and examined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of x-ray	
Is the athlete clear of Atlantoaxial Instability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the athlete have or is the athlete:	
Heart Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetic	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epileptic/Seizures	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deaf	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	

Current Medication Dosage

Allergies to medication, if any:

Date of last Tetanus shot:

I have examined the above-named Entrant and, in my opinion, there is no mental or physical reason why he or she should not participate in the Special Olympics sports training and competition program. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

Examination Date	
Doctor's Signature	
Print Name	
Address	
City	State Zip
Phone ( )	