



Young Athletes™ Registration Form

Personal Information (please complete a separate form for each child participating)

Special Olympics Program: Maine

Name (Last): _____ (First): _____

Address: _____

City: _____ State: _____ Postal Code _____

Email Address: _____

Gender: Male Female Birth Year: _____

Date this form was completed: day/month/year ___/___/___ By: _____

Coach/Teacher
 Parent/Guardian
 Other _____

Have you or any member of your family been involved with Special Olympics prior to this program? YES NO

If Yes, please indicate when and how you previously participated



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Young Athletes Release Form

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. The athlete has my permission to participate in Special Olympics 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. With my approval, a licensed medical professional has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. 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 I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability." Available from the Special Olympics Program in my jurisdiction, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and football team competition (soccer). In permitting the athlete to participate, I am specifically granting my permission, forever, 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 publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I understand that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs. By signing below, I am also permitting the Athlete to participate in the Special Olympics Healthy Athletes Program that provides individual 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 (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for the Athlete to participate in the Healthy Athlete Program and that I may decide that the Athlete will not participate. I understand that provision of these health services is not intended as a substitute for regular care. I also understand that the Athlete should seek his/her own medical advice and assistance irrespective of the provision of these services and that Special Olympics through the provision of these services is not making itself responsible for Athlete's health. 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 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, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM)**

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above. I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian

Date



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RELIGIOUS OBJECTIONS FORM SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FOR ATHLETES HAVING RELIGIOUS OBJECTIONS TO STANDARD FORM TO ATHLETES AND THEIR PARENTS

Special Olympics respects the religious beliefs of all its athletes. Our standard application form normally requires each athlete (or his/her parent, if the athlete is a minor) to give Special Olympics permission to arrange for emergency medical treatment, including hospitalization, for any athlete if a medical emergency arises during his/her participation in Special Olympics under circumstances in which neither the athlete nor his/ her parents is available to consent to that emergency treatment. If you have religious objections to approving that provision, please cross it out and initial it on the application form, and submit the application along with this page, after reading and signing it below.

TO BE COMPLETED BY PARENT OF MINOR ATHLETE

On the attached official Special Olympics Release form, I have crossed out and rejected, on behalf of _____ (name of athlete), the provision that authorizes Special Olympics to make arrangements for emergency medical treatment for the athlete if the athlete is injured and his/her parent are unable to consent to that treatment. I am withholding this permission on behalf of the athlete on religious grounds. However, on behalf of myself and the athlete named in this Application, I do agree to and confirm the following:

1. I agree to be present with the athlete at all times at the site of any Special Olympics training or competitive event in which the athlete participates, including during travel to and from the training or competition, in the dormitories, meal time, and during competition, training and practice sessions, so that I can be readily available to take personal responsibility for the athlete if a medical emergency arises. I understand that if I am not present at all times, the athlete will not be permitted to participate in that event, and that no exception will be made.
2. I also agree on behalf of myself and the athlete to release Special Olympics and its employees and volunteers from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics' failure to take measures to provide the athlete with emergency medical treatment during Special Olympics' events and activities. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take such emergency measures, and I am expressly directing Special Olympics not to do so on religious grounds.

Signature of Parent/Guardian

Date