



2022 Team Maine USA Games Athlete Application

Name: Gender:
Date of Birth: Age:
Primary Mailing Address:
Primary Phone Number:
Email Address:
Special Olympics Maine Local Program/Team/School:

Part I - Parent/Legal Guardian/Official Contact Information

Athlete Parent/Legal Guardian Name:
Athlete Parent/Legal Guardian Address:
Athlete Parent/Legal Guardian Phone Number:
Athlete Parent/Legal Guardian Email Address:
Is the Athlete's Official Emergency Contact Person different from above?

Athlete Official Emergency Contact Person Name:
Athlete Official Emergency Contact Person Address:
Athlete Official Emergency Contact Person Primary Phone Number:
Athlete Official Emergency Contact Person Email Address:

Part II - Athlete Sports Background

Which sport are you applying for?
Which Category/Level?
If you're applying for a Unified Team position (Bocce Unified /Bowling Unified), do you have a Unified Partner also applying?
If yes to question above, please list First and Last Name of Unified Partner:
Number of years athlete spent training in this sport(s):
Has athlete competed at the World Games or National Games level before?
If yes to question above, please specify which games attended:

Does the athlete have a current "Application for Participation in Special Olympics" on file with Special Olympics Maine?
Is athlete willing and able to commit to a training program as prescribed by a USA Games coach?
Can athlete attend a training camp that will require you to be away from home and work?
Is athlete prepared and capable of spending approximately 10 days away from home and work?
Will athlete have transportation provided to training sessions & competitions within the state as required?

Part III - Athlete Inventory

Physical
Strength:
Speed:

Coordination:
General Fitness:
Can Athlete Swim?

Toileting

Toileting:

Self-Help Skills

Mealtime Skills:

Grooming Skills:

How long does the athlete take to groom & dress each morning (number of minutes)?

Dressing Skills:

Behavior Problems:

Other Behavior Problems (Not listed):

Please list methods for resolving behavior difficulties:

Can the athlete relate to an unfamiliar coach, volunteer and other athletes?

If athlete can't relate, please explain:

Part IV - Athlete Medical Overview

Medical Conditions:

Other not listed medical conditions: What and When:

Does the athlete have Down syndrome?

If yes, has athlete had an x-ray to evaluate Atlanto-Axial Instability?

If yes, was the x-ray positive for Atlanto-Axial Instability?

Does the athlete take any medications?

Please list all medication:

Is the athlete susceptible to colds, infections, etc.?

If yes, please explain situation:

Part V - Travel Experience

Has the athlete ever traveled by bus for a long period of time?

Has the athlete ever traveled by airplane?

Does the athlete experience discomfort while traveling?

If yes, please explain discomfort:

Part VI - Additional comments about/from athlete

Please feel free to share additional information you feel would be helpful for coaches who will be chaperoning this athlete/partner for ten days:

Part VII - References

Sport Coach Reference Name:

Sport Coach Reference Email Address:

Sport Coach Reference Mailing Address:

Sport Coach Reference Phone Number:

Number of years Sport Coach Reference has coached athlete:

Athlete Other Reference 2 Name:

Athlete Other Reference 2 Email Address:

Athlete Other Reference Mailing Address:

Athlete Other Reference 2 Phone Number:

Number of years Other Reference 2 has coached athlete:

Part VIII - Electronic Confirmation of Agreement

By checking the box(s) below I(we) agree the information presented in this application is true and accurate to the best of my(our) knowledge