

**APPLICATION FOR PARTICIPATION IN YOUNG ATHLETES PROGRAM**  
 Special Olympics Delaware - 619 South College Ave. - Newark - DE - 19716 - Fax(302)831-3483

This form expires 3 years from the date of the signature or when the child turns 8 years old. Any changes or updates in the status of this applicant's information must be reported, or if there is any significant change in the child's health then the child should be checked before further participation.

ALL information is required and confidential.  
**Please type or print all information legibly**

SODE Community Program and/or School Program: \_\_\_\_\_

Athlete  Peer Partner

ATHLETE INFORMATION	
Name	_____
Address	_____
City	_____ State _____ Zip Code _____
Primary Phone:	_____
Email Address:	_____
Gender	Date of Birth
<input type="radio"/> Female	Month _____ Day _____ Year _____
<input type="radio"/> Male	
Health Insurance Company:	_____
Policy Number:	_____
Emergency Contact: (other than parent/ guardian)	_____
Primary Phone:	_____
School/Employer/Agency:	_____
Phone Number	_____

PARENT/GUARDIAN INFORMATION	
Is person completing this form a:	<input type="radio"/> Parent
	<input type="radio"/> Guardian
	<input type="radio"/> Other Please Specify _____
Is this athlete his/her own legal guardian:	<input type="checkbox"/>
Name	_____
Address	_____
City	_____ State _____ Zip Code _____
Primary Phone:	_____
Email Address:	_____
Father Employer:	_____
Mother Employer:	_____
Guardian Employer:	_____

**HEALTH HISTORY**  
**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**  
*A physical examination is not required to complete this form*

**Is there presence or history of any of the following:**  
 Check all that apply (a check indicates a "yes" answer):

<input type="checkbox"/> HEART DISEASE/ HIGH BLOOD PRESSURE/ HEART DEFECT	<input type="checkbox"/> BLINDNESS/ SEVERE VISUAL PROBLEM	<input type="checkbox"/> EASY BLEEDING
<input type="checkbox"/> CHEST PAIN	<input type="checkbox"/> CONTACT LENSES/ GLASSES	<input type="checkbox"/> EMOTIONAL/ PSYCHIATRIC/ BEHAVIORAL PROBLEM
<input type="checkbox"/> SEIZURES/ EPILEPSY/ FAINTING SPELLS	<input type="checkbox"/> HEARING LOSS/ HEARING AID	<input type="checkbox"/> DENTURES/ FALSE TEETH
<input type="checkbox"/> CONCUSSION/ SERIOUS HEAD INJURY	<input type="checkbox"/> BONE OR JOINT PROBLEM	<input type="checkbox"/> USES A WHEELCHAIR
<input type="checkbox"/> MAJOR SURGERY OR SERIOUS ILLNESS	<input type="checkbox"/> SICKLE CELL TRAIT OR DISEASE	<input type="checkbox"/> TOBACCO USE
<input type="checkbox"/> HEAT STROKE/ EXHAUSTION	<input type="checkbox"/> ASTHMA/ BREATHING PROBLEMS WITH EXERTION	<input type="checkbox"/> IMMUNIZATIONS UP TO DATE

Date of last Tetanus Shot: \_\_\_\_\_

**List any specific allergies to the following:**

Food: \_\_\_\_\_ Insect Bites/Stings: \_\_\_\_\_

Medication: \_\_\_\_\_

List any other conditions that may restrict athlete's ability to participate: \_\_\_\_\_

MEDICATIONS							
Print MEDICATION NAME, DOSAGE, DATE PRESCRIBED & NUMBER OF TIMES PER DAY for each medication athlete is currently taking							
Medication Name	Dosage	Date Prescribed	Times Per Day	Medication Name	Dosage	Date Prescribed	Times Per Day
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**BY SIGNING BELOW YOU ARE AGREEING THAT ALL OF THE ABOVE INFORMATION IS TRUE, ACCURATE AND UP-TO-DATE; AND THAT YOU WILL MAKE SPECIAL OLYMPICS DELAWARE AWARE OF ANY CHANGES MADE TO THE INFORMATION IN THE ABOVE SECTIONS AS SOON AS POSSIBLE.**

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

### Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participating in the Special Olympics Young Athlete Program, I represent that I understand the nature of the event and that my minor child is qualified, in good health, and in proper physical condition to participate in Young Athlete Program events. I fully understand the event involves risks of serious bodily injury, which may be caused by my minor child's actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, cost, and/or damages I (and/or my minor child) may incur as a result of my minor child's participation. I acknowledge that if at any time I (and/or my minor child) feel that the event conditions are unsafe, my minor child will discontinue participation immediately.

If during my participation in Special Olympics activities my minor child should need emergency medical treatment and I am not able to give consent for or make my own arrangements for that treatment because of my absence or other reasons, I authorize Special Olympics to take whatever measures are necessary to protect my minor child's health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Young Athlete Programs participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in Young Athlete Program events and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement', I (and/or my minor child), or anyone on my behalf, makes a claim against any of the Releasees, I (and/or my minor child) will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

Special Olympics has my permission, (both during and anytime after), to use my minor child's likeness, name, voice or words in either television, radio, film, newspapers, magazines and other media, in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

I hereby give permission for the athlete named above to participate in Special Olympics Young Athlete event, recreation programs, physical activity programs and health education and screening activities.

By signing below, I acknowledge I have read the "Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement" and fully understand and agree to it.

\_\_\_\_\_  
**Signature of Parent/ Guardian**

\_\_\_\_\_  
**Date**

Printed name of Person Signing Above: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_