



Dear Parents/Guardian or Friend:

Thank you for taking the time to enroll someone you care about into the Special Olympics program.

Special Olympics is a **FREE** year-round sports training and competition program for children and adults with intellectual disabilities. Through Special Olympics your child/consumer has the opportunity to improve physical fitness, meet new people, learn sports skills and experience the joy of winning through sports. Our athletes gain self-esteem, confidence, and discipline, which can carry over into work, school, and the home. Special Olympics is not just about sports, it is about socialization and acceptance into the community and among peers.

**BY FOLLOWING THESE 4 EASY STEPS YOUR CHILD/CONSUMER WILL BE ENROLLED
IN THE SPECIAL OLYMPICS PROGRAM!**

Enclosed is the Athlete Application for Participation/Medical Form and the Athlete Interest Form

- | | |
|--------|--|
| Step 1 | • Medical Form - Please complete all information as well as the medical history. Be sure to include an email address so we can contact you. |
| Step 2 | • Have your Physician review the medical and sign at the bottom of the form to clear your child/consumer to participate. |
| Step 3 | • Sign the Release form on the back page of the Medical Form and be sure to complete all sections of the Athlete Interest Form! |
| Step 4 | • Mail, fax or email the completed Athlete Application (Medical Form) and Athlete Interest Form to Michelle Cordell. <i>Contact info listed below.</i> |

Please contact me at 215-671-5021 or mcordell@specialolympicspa.org with any questions or concerns.

Mail to: Special Olympics PA-Philadelphia, 2900 Southampton Road, Philadelphia, PA 19154
Or Fax: 215-671-5033

Sincerely,

Michelle Cordell

Michelle Cordell
Sports Director

Enclosures

Special Olympics Philadelphia Fact Sheet



Our Mission – Special Olympics Philadelphia provides year-round athletic training and competition in 10 Olympic-type sports for individuals with intellectual disabilities and provides them with continuing opportunities to develop physical fitness skills, express courage, and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.



Benefits – A 1995 study by Yale University confirmed that Special Olympics contribute to the physical, social and psychological development of people with intellectual disabilities. Through successful experiences in sports, they gain confidence and build a positive self-image that carries over into the classroom, the home, the job, and the community.

Funding – Special Olympics Philadelphia is a nonprofit, tax-exempt organization that raises the funds through the generosity of individuals, companies, and foundations.

Check out our Website for more information about what Special Olympics Philadelphia has to offer!

www.sopaphilly.org

SPECIAL OLYMPICS PA – PHILADELPHIA



ATHLETE INTEREST FORM

PLEASE RETURN THIS FORM TO SOPA - PHILADELPHIA VIA MAIL, FAX OR EMAIL

SPECIAL OLYMPICS PA – PHILADELPHIA

2900 Southampton Road

Philadelphia, PA 19154

Phone: (215) 671-5069 Fax: (215) 671-5033

Email: mcordell@specialolympicspa.org Website: www.sopaphilly.org

PLEASE PRINT CLEARLY AND LEGIBLY

Participant Name: _____ DOB _____ Gender: M F

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Parent Email: _____ Participant's Email: _____

Please check the box that applies to you: ☐ Athlete ☐ Partner

Please check off any and all sports that you would like to play.

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Aquatics – Please check below |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track & Field | ____ Beginner (does not know
how to properly swim) |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | ____ Advanced (can swim
without assistance) |
| <input type="checkbox"/> Flag Football – Emerging Sport | | | |

Please check any ALP's program below that you would like to be trained in:

- ☐ **Athlete Representative** – The goal of Athlete Leadership Programs is to empower athletes to develop leadership skills and utilize their voices and abilities to assume meaningful leadership roles, influence change within the Special Olympics movement, and create inclusive communities around the world.
- ☐ **Global Messenger** – You will be trained in public speaking and asked to represent Special Olympics at meetings, special events, and competitions where you will speak on Special Olympics and how it has impacted your life and what it means to you.
- ☐ **Athletes as Volunteers** – When you are not competing or training come out and help out. Volunteer at competitions, special events, and fundraising events.

Please provide Email addresses so we can contact you: _____

Athlete ID or Social Security #	APPLICATION FOR ATHLETE PARTICIPATION IN SPECIAL OLYMPICS Philadelphia COUNTY _____ School or Agency _____		Please check appropriate box:	
Male _____ Female _____			<input type="checkbox"/> Special Olympics Athlete	<input type="checkbox"/> Unified Teammate / Partner
Date of Birth _____ / _____ / _____				
Height _____ Weight _____				
Name of Athlete:	Home Phone:	Cell Phone:		
Address:	City:	State:	Zip:	
Parent or Guardian:	Home Phone:	Cell Phone:		
Address:	City:	State:	Zip:	

EMERGENCY INFORMATION				
Emergency Contact Person:	Home Phone:	Cell Phone:		
Address:	City:	State:	Zip:	

HEALTH AND ACCIDENT INSURANCE INFORMATION	
Company Name: Must be filled in (Athletes without insurance, write NONE)	Policy Number: Must be filled in

HEALTH INFORMATION					
You must circle either YES or NO			You must circle either YES or NO		
Please Circle Appropriate:					
Down Syndrome	YES	NO	Fainting Spells	YES	NO
Atlanto-axial instability Evaluation by X-ray (circle YES for positive, NO for negative and NONE for no X-Ray available)	YES	NO	Heat illness or Cold Injury	YES	NO
	NONE		Hernia or Absence of 1 Testicle	YES	NO
HISTORY OF			Recent Contagious Disease or Hepatitis	YES	NO
Diabetes	YES	NO	Kidney problems or loss of function in one kidney	YES	NO
Heart Problems	YES	NO	Pregnancy	YES	NO
Seizures	YES	NO	Bone or Joint problems	YES	NO
Legally Blind	YES	NO	Contact Lens / Glasses	YES	NO
Vision problems and/or less than 20/20 vision in one or both eyes	YES	NO	Dentures / False Teeth	YES	NO
Legally Deaf	YES	NO	Emotional problems	YES	NO
Hearing Aid / Hearing problems	YES	NO	Special Diet needs	YES	NO
Requires Wheelchair	YES	NO	Asthma	YES	NO
Motor impairment requiring special equipment	YES	NO	High / Low Blood Pressure	YES	NO
			Other		
Non-Verbal Individual	YES	NO	Blood Pressure: _____ / _____	Pulse: _____	
Bleeding Problem	YES	NO			

COMMENTS - SEE BACK			
MEDICATIONS			
Medication Name:	Amount:	Time:	Date Prescribed:
Allergies to Medication:			

IMMUNIZATIONS			
Tetanus: Yes No	Date of Last Tetanus Shot:	Polio: Yes No	
Signature Required _____ Signature of Person Who Completed Health Information (Normally signed by Parent, Guardian or Adult Athlete)			
SIGNATURE:		DATE:	

MEDICAL CERTIFICATION	
NOTICE TO PHYSICIAN: If the athlete has Down Syndrome, Special Olympics requires that the athlete have a full radiological examination establishing the absence of Atlanto-axial instability before he/she may participate in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing and soccer.	
CHECK: <input type="checkbox"/> I have reviewed the above health information and examined the named in the application, and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics.	
THIS CERTIFICATION IS VALID UP TO 3 YEARS	

Athlete Restrictions:			
Physician's Name:		Phone Number ()	
Address:	City:	State:	Zip:
PHYSICIAN'S SIGNATURE:		DATE:	

May be signed by :
MD / DO / CRNP / PA

Created by The Joseph P. Kennedy, Jr. Foundation
Authorized and Accredited by Special Olympics Inc. for the Benefit of Persons with Intellectual Disability

Second Side MUST be
Signed and Dated

Doctor's Comments: _____

PLEASE SIGN AND DATE EITHER SECTION "1" OR "2"

(1) RELEASE TO BE COMPLETED BY ADULT ATHLETE

(1) I, _____ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which by their nature result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I have had a full radiological examination which establishes the absence of Atlanto-axial instability. I am aware that I must have this radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

Special Olympics has my permission, both during and anytime after, to use my likeness, name, voice, or words in either 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, during my participating in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

(1) Signature of Adult Athlete _____ Date ____/____/____

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

(1) Name (Print): _____

(1) Relationship to Athlete _____

(1) Parent/Guardian-Email: _____

OR

(2) RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF A MINOR ATHLETE

(2) I am the parent/guardian of _____ a minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that 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 activities. With my approval, a licensed physician has reviewed the health information set forth in 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 a full radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

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 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.

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 activities programs.

(2) Signature of parent/guardian _____ Date ____/____/____

(2) Parent/Guardian-Email: _____

► **MAIL OR EMAIL COMPLETED, SIGNED & DATED FORM TO:**

**Special Olympics Philadelphia, 2900 Southampton Road
Philadelphia, PA 19154 or mcordell@specialolympicspa.org**

**You may also Fax
form to 215-671-5033**