



Special Olympics Southern California

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

[] Check If NEW Athlete (Never participated in Special Olympics before)

CHAPTER OFFICE USE table with Received and ID Number fields

June 2004

SECTION A - ATHLETE HEALTH INFORMATION - Required initially (new athletes) and every three years for all athletes

Area, Athlete Social Security Number, Athlete Name, Address, City, State, Zip, Parent/Guardian Name, Emergency Contact, Health/Accident Company, Local Program, Sex/Gender, Date of Birth, Home Phone, Work Phone, Policy #

Ethnic Background (optional) African Amer. -> [] Anglo -> [] Asian/Pacific Islands -> [] Hispanic -> [] Native Amer. -> [] Other not listed -> []

A physical examination performed by a licensed examiner is required every three (3) years for athletes with YES in items 1-5. An exam is required the first time NEW is checked in items 6-11.

Medical history checklist with Yes/No/Problem columns for items 1-26 including Heart Disease, Diabetes, Down Syndrome, etc.

Medications - Please print medication name, amount, date prescribed and number of times per day medications needs to be taken

Signature/Date required by person completing form (normally parent/guardian or adult athlete).

Signature _____ Date _____

Signature/Date required by adult witness if history signed by Adult Athlete - I have reviewed the health history with the athlete whose signature appears above

Signature _____ Date _____ Relationship to athlete (family member, friends, coach)

IMPORTANT: Any significant change in the athlete's health or condition should be reviewed by a licensed examiner before further participation.

SECTION B - MEDICAL CERTIFICATION - Required initially (new athletes) and every three years for athletes with YES in items #1-5

EXAMINER'S NOTE: If the athlete has Down Syndrome, Special Olympics requires 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 hyperextension, radical flexion or direct pressure on the neck or upper spine.

BRIEF EXAM: HT _____ WT: _____ PULSE: _____ B.P. _____ ENT: _____ HEART: _____ LUNGS: _____ I have reviewed the above health information and examined the athlete named in the application, and certify there is no medical reason available to me which would preclude the athlete's participation in Special Olympics.

RESTRICTIONS _____

Dr's Signature _____ Date: _____

Dr's Name (Print legibly or stamp) _____ Phone (_____) _____

Address _____ City _____ Zip _____