



This is a permanent form that must be completed before a student participates in Unified Champion Schools training or events.

Return to:: Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278;
Fax +1 317 328 2018; or Email: entries@soindiana.org Retain a copy for school files. Use pen and print legibly.

SECTION A: GENERAL INFORMATION

STUDENT NAME: _____ GENDER: MALE FEMALE

SCHOOL: _____ DATE OF BIRTH: ____/____/____
MONTH DAY YEAR

CURRENT GRADE LEVEL: _____ GRADUATION YEAR: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

CITY/STATE/ZIP: _____ HOME PHONE: (____) _____

EMAIL: _____ CELL PHONE: (____) _____

WOULD YOU LIKE MORE INFORMATION ON THE LOCAL SPECIAL OLYMPICS PROGRAM IN YOUR COMMUNITY? YES NO

EMERGENCY CONTACT INFORMATION (IF OTHER THAN PARENT/GUARDIAN)

NAME: _____ CELL PHONE: (____) _____

RELATIONSHIP: _____

SECTION B: ELIGIBILITY STATEMENT

Students are Special Olympics athletes provided they have been identified by a school, an agency, or medical professional as having an intellectual disability or having a closely related developmental disability such as those who have functional limitations, both in general learning and adaptive skills such as recreation, work, independent living, self-direction, or self-care. (Note: Students with functional limitations based solely on a physical, behavioral, emotional, specific learning disability, or sensory disability are considered Unified Partners.)

Does this student receive special education services? Yes No

SECTION C: CONSENT / RELEASE STATEMENT

I, the parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant") or adult Entrant in Special Olympics, hereby submit this application to participate in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, the Entrant is physically and mentally able to participate in Special Olympics activities. I also represent that a licensed medical professional has reviewed the health information contained in the Entrant's application and has certified, based on an independent medical examination, that there is no medical evidence that would preclude the Entrant from participating in Special Olympics.

Special Olympics has permission forever to use the Entrant's likeness, name, voice or words in either 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 these purposes and activities.

I understand that by signing below the Entrant consent to participate in the Special Olympics Healthy Athletes Program, which 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.). The Entrant understands 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. The Entrant understands there is no obligation to participate in the Healthy Athletes Program and that he/she may decide not to participate. Provision of these health services is not intended as a substitute for regular care. The Entrant also understands that he/she should seek his/her own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not through the provision of these provisions responsible for my health.

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for each event may differ. I understand that I should contact the Special Olympics Program in the Entrant's jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

If, during my participation in Special Olympics activities, the Entrant should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment for any reason, I authorize Special Olympics to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization. (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.)

SECTION D: SIGNATURES

I have read and fully understand the provisions of the release. I understand that by signing this application, I am saying that I agree to the provisions of this release and to observe and abide by the rules of Special Olympics Incorporated and Special Olympics Indiana.

Name (Print) Relationship to Student

Signature of Parent/Guardian (for students under age 18) Date

CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.