

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PARTICIPATION

SECTION A - ATHLETE HEALTH INFORMATION/PARENT GUARDIAN AUTHORIZATION AND MEDICAL RELEASE

All athlete information, emergency information, health and accident insurance information, health information, medications and allergies sections must be completed by a parent, guardian, or adult athlete. THE PERSON PROVIDING THE INFORMATION MUST SIGN AND DATE THE FORM IN THE SPACE PROVIDED. (IF SIGNED BY AN ATHLETE THERE MUST BE A WITNESS SIGNATURE).

SECTION B - MEDICAL CERTIFICATION

The bottom section of the form labeled “Medical Certification” must be completed SIGNED and DATED by a licensed Physician, Physician Assistant or Chiropractor. A HEALTH SCREENING BY A LICENSED EXAMINER IS REQUIRED FOR INITIAL PARTICIPATION IN SPECIAL OLYMPICS.

All signatures, dates, addresses, phone numbers, birth date, health information MUST BE PROVIDED in order for the State office to accept and process the Application. The State office should get the ORIGINAL WHITE COPY and the Local Coordinator should keep the YELLOW COPY.

A vs. AB APPLICATION FOR PARTICIPATION

The following guidelines will be used to determine “A” vs. “AB” applications:

1. An Application will be considered an “A” Application if questions 1-5 of Section A are answered **NO**. When this application is up for renewal (every 3 years) only Section A - Athlete Health Information will need to be completed. No examiner’s signature will be required under Section B - Medical Certification if application is completed before expiration date.
2. An application will be considered an “AB” Application if any questions 1-5 of Section A are answered **YES**. An examiner’s signature is required to have medical clearance of existing conditions. When this Application is up for renewal an examiner’s signature is required.
3. An athlete can have an “A” Application one time and the next time the Application could be an “AB” Application or vice versa. **REMEMBER:** If an application changes from A to AB or vice versa it will require a health screening by a licensed examiner and the examiner’s signature under Section B - Medical Certification.

A parent/guardian or an adult athlete must sign Section A of the Application for Participation. If Section A of the Application is signed by an adult athlete then a family member, friend or coach must also sign Section A of the Application.

The mission of the Special Olympics Healthy Athletes Program is to improve, through better health and fitness, each athlete’s ability to train and compete in Special Olympics. SOGA offers six Healthy Athletes Initiatives during the year in the areas of oral health, vision, hearing, health promotion (nutrition), podiatry and physical therapy. The Healthy Athletes program is not mandatory; any athlete may elect not to go through the screening. Please call 770-414-9390 with questions about the program.