

**About the Participant:**

**Participant's Name:** \_\_\_\_\_  
(Last/Family) (First/Given)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code/Zip Code:** \_\_\_\_\_

**Gender:** ☐ Male ☐ Female **Birth Date:** Month\_\_\_\_ Day\_\_\_\_ Year\_\_\_\_

**T- Shirt Size:**

☐ Child Small ☐ Child Medium ☐ Child Large ☐ Child X-Large

**Basic Health Information:**

Heart Problems ☐ Yes ☐ No

Visual Impairment ☐ Yes ☐ No

Diabetic ☐ Yes ☐ No

Hearing Impairment ☐ Yes ☐ No

Epileptic / Seizure ☐ Yes ☐ No

Hepatitis ☐ Yes ☐ No

Down Syndrome ☐ Yes ☐ No If Yes -----> Clear AAI ☐ Yes ☐ No

Other: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Is there anything else about your child that you think we should know before he/she participates in Young Athletes?**

\_\_\_\_\_  
\_\_\_\_\_

**The type of program the child will attend is:**

☐ A group site (attended by multiple families at a school, center, etc.)

☐ At home (implemented by you or a family member at home)

**Does the child attend a formal daycare or preschool program?** ☐ Yes ☐ No

**Does the participant attend school?** ☐ Yes (What grade/year: \_\_\_\_\_)  
☐ No

**About the Parents/Guardians:**

**Name of Parents/Guardians of Participant:** \_\_\_\_\_  
Last/Family First/Given

**Address (If different from Participant)** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**What is your relationship to the Participant you are registering?**

☐ Parent/Guardian ☐ Sibling ☐ Other family member ☐ OTHER (please specify): \_\_\_\_\_

**Instructions for those with Religious Objections for emergency medical treatment:**

Cross out Paragraph 3, initial the document, and request and complete the Religious Objections Form

*ANY CHANGES OR ADDITIONS TO THE FORM BELOW MUST BE APPROVED BY Special Olympics*

## Young Athletes Release Form

### TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of \_\_\_\_\_, the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, internet 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 those purposes and activities. I also understand that group data collected from the Young Athletes Program will be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant's health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND REQUEST THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM.)** PLEASE NOTE: IF YOU HAVE RELIGIOUS OBJECTIONS FOR EMERGENCY MEDICAL TREATMENT, YOU OR A DESIGNATED FAMILY MEMBER MUST BE PRESENT AT ALL TIMES IN ORDER FOR THE PARTICIPANT TO PARTICIPATE IN ANY ACTIVITIES.

I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

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

\_\_\_\_\_  
Date

### Program Information (Completed by Office Staff)

**Please return a copy of this completed form to the Program Manager of your local program or to Young Athletes Program, 200 Cedar Ridge Drive, Suite 214, Pittsburgh, Pa 15205 or fax to (724) 375-9183.**

Local Program (county/area of participation): \_\_\_\_\_  
(County/Area)

Date this form was completed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date of Young Athletes Participant Release Form: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Enter date of submission of the completed Participant Release Form which contains a release to be signed by a parent/guardian of a minor participant, medical matters and permissions for publicity).

Name of person completing this form: \_\_\_\_\_