



APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS ILLINOIS

Valid Application for Participation is mandatory for all competitors

605 E. Willow St. · Normal, IL 61761-2682 · 309-888-2551

SOILL Rev. 6-15-20

Region

MEDICAL CLEARANCE

PLEASE CHECK MEDICAL INFORMATION

Does athlete have Down Syndrome?

Yes No

If yes, have x-rays of the C1-C2 vertebrae been taken and examined?

Yes No

Date of x-ray _____

Is the athlete clear of Atlantoaxial Instability?

Yes No

Does the athlete have or is the athlete:

Heart Problems Yes No

Diabetic Yes No

Epileptic/Seizures Yes No

Blind Yes No

Deaf Yes No

Hepatitis Yes No

Other _____

Current Medication _____ Dosage _____

Allergies to medication, if any: _____

Date of last Tetanus shot: _____

I have examined the above-named Entrant and, in my opinion, there is no mental or physical reason why he or she should not participate in the Special Olympics sports training and competition program. Further information will be forwarded if required.

Current medication, if any, is specified with dosage on this application.

Examination Date _____

Doctor's Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

ATHLETE INFORMATION

Athlete Name (last name, space, first name)

Birthdate

Agency Name

Sex (M or F)

Athlete's Mailing Address

Parent's/Guardian's (Please Circle One) Home Address

Athlete's City

Parent's/Guardian's City

State

Zip Code

State

Zip Code

Ethnicity White Black/African American Asian Hispanic/Latino Other _____

Parent's/Guardian's Home Telephone _____ - _____ - _____

HEALTH INSURANCE & EMERGENCY INFORMATION (Required for Processing)

Person to be contacted

in case of emergency _____

Emergency

Contact Phone (____) _____

Medical Insurance Company _____

Policy Number _____

PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all entrants using the Sex Offender Public Registry and the Child Murder and Violent Offender Against Youth Registry and understand that entrants listed on either Registry will be denied participation. I affirm that this Entrant has never been on said Registries or, if Entrant was listed on either Registry but has since been removed, I will contact Special Olympics Illinois for instructions before submitting this application.

I represent and warrant to you that the Entrant is physically and mentally able to participate in Special Olympics, and I submit herewith a subscribed medical certificate. 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 established the absence of Atlantoaxial Instability. I am aware that the sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, soccer skills, powerlifting squat, and butterfly stroke and diving starts in swimming.

On behalf of the Entrant and myself, I acknowledge that the Entrant will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Entrant.

In permitting the Entrant to participate, I am specifically granting permission to Special Olympics Illinois to use the likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Entrant to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Entrant has no obligation to participate and I understand the Entrant should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Entrant's health.

If I am not personally present at Special Olympics activities in which the Entrant is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.

I, **THE UNDERSIGNED ADULT ENTRANT**, have read and fully understand the provisions of the above release and/or have had them explained. I hereby agree that I will be bound thereby and I shall defend Special Olympics Illinois and hold it harmless from disaffirmation thereof.

Entrant _____

Athlete is own guardian

Witness _____ Date _____

Athlete's Email Address _____

I, **THE UNDERSIGNED PARENT AND/OR GUARDIAN** of the above specified Entrant, have read and fully understand the provisions of the above release and have explained them to said Entrant. I hereby agree that I and said minor will be bound thereby, and I shall defend Special Olympics Illinois and hold it harmless from any disaffirmation thereof by said minor.

Signature of Parent
and/or Legal Guardian _____
(Check appropriate box)

Print Name _____ Date _____

Parent's Email Address _____

APPLICATION FOR PARTICIPATION IS VALID FOR 3 YEARS FROM EXAM DATE

Instructions for Completing the Application for Participation

This Medapp is valid for 3 years from the date of the examination regardless of the parent/guardian/entrant signature date. Parent/Guardian and Doctor signatures must both be on the same Medapp form.

An athlete's parent/guardian and/or the athlete, if an adult without a guardian, is solely responsible for the accurate completion and timely submission (prior to any relevant deadline) of the Medapp to Special Olympics Illinois.

Failure of the athlete to have an accurate, fully completed Medapp on file with Special Olympics Illinois prior to any relevant deadline will result in the athlete being denied participation in Special Olympics Illinois competitions, programs and events. The Medapp must be valid throughout the completion of the competition, program or event.

Special Olympics Illinois strongly suggests that all athletes update their Medapp annually during their annual physicals in order to make certain they are able to participate in all Special Olympics Illinois competitions, programs and events.

Falsification of the Medapp could result in disciplinary action and possible criminal charges.

Out-of-state Special Olympics Medapp will not be accepted for participation with Special Olympics Illinois.

The Application for Participation (Medapp) must be completely filled in; forms with blank sections will not be accepted.

1. The Athlete Information, Health Insurance and Emergency Information Sections must be completely filled in. The optional ethnicity information is requested to assist in organizational outreach efforts. The information in the gray box is strictly voluntary. Medapps are not returned if this box is not completed.
2. The Parent or Legal Guardian must read, sign and date the Parent/Guardian Authorization and Media Release Section. **Verbal consents or phone consents will not be accepted by Special Olympics Illinois.**
 - a. The section must be signed and dated as printed. Deletions or alterations to the section will result in an invalid Medapp. (Exception for individuals of Christian Science faith: deletion of the last paragraph regarding medical treatment and attachment of a letter of explanation from a minister of church of Christian Science).
 - b. Only one of the two signature blocks must be completed. Special Olympics Illinois works under the understanding that this section may be signed by either:
 - i. The parent (biological or adoptive), unless the athlete has been designated a ward of the state; OR
 - ii. The legal guardian; this person must be legally assigned as guardian for the individual; OR
 - iii. The athlete, if he or she is over the age of 18 and has not been designated as needing and having been assigned a legal guardian. A witness signature is necessary if the athlete's signature is unrecognizable (for example, the athlete's signature is an "X").
3. The Medical Clearance section must be completed, signed, and dated by a medical practitioner licensed to administer physicals by the state in which he or she practices. **This person, by signing the Medical Clearance, is stating the athlete is in good health and can safely participate in Special Olympics sports training and competition. It is strongly suggested that the person administering the physical examination possess the following:**
 - a. Background and preparation in giving sports physical examinations.
 - b. Qualifications to administer examinations that would not compromise his or her area of specialty.
4. The Medapp must be sent to the Region Office who will forward it to the Special Olympics Illinois State office for review and processing. Special Olympics Illinois will validate the Medapp. A Medapp will not be validated until all information is correct and completed. The state office will upload Medapp with an "Approved" stamp to an online file and email file link to the Region Director and the Special Olympics Athletic Director (SOAD). The link is valid for 30 days.
5. Special Olympics Illinois requires that all Medapps and *Unified Sports Partner Applications* be presented by the established registration deadline for any Region, Sectional or State competition. **All Medapps and Unified Sports Partner Applications for the event in question must be valid throughout the completion of that competition.**
6. **Medapps or Unified Sports Applications not on file or in receipt by the specified deadline will not be accepted.**
 - a. An athlete not entered in/scratched from the event may attend the event as a spectator only. He or she will not be allowed to serve as an official member of their team's delegation, therefore, housing and meals will be the individual's responsibility.
 - i. EXAMPLE: John is scratched from Winter Games. John attends the event. John may not assume the room space or meals he would have had if he had remained an official member of his team's delegation. Therefore, John must make other housing and meal arrangements.
7. The only Medapps that will be accepted will be the revised forms dated 4/1/08, 8/1/10, 8/1/16 or 8/1/17, or 6/15/20.
8. The Special Olympics Athletics Director (SOAD) is required to check athlete's Medapp for completeness, checking the Parent/Guardian Date and the Doctor's Date for the expiration of the Medapp. **Failure to have a valid Medapp or Unified Sports Partner Application at the time of the registration deadline will result in the athlete or Unified Partner being denied participation in a competition.**
9. An individual who participates in the Unified Sports program as a Unified Sports partner must complete and sign the Unified Sports Partner Application for Participation Form. The Unified Sports Partner Application for Participation Form is maintained by the Special Olympics Illinois State Office. The submission and validation deadlines and processes for the Unified Sports Partner Application for Participation form will follow the same guidelines as those established for the Medapp. A Unified Partner must also have completed a Class A Volunteer Registration Form, Protective Behaviors and Concussion Awareness trainings and a criminal background check (not applicable to minors).