



Special Olympics Southern California

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

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

Complete & return to: NORTHERN SANTA BARBARA SPECIAL OLYMPICS 615 S. McClelland, Santa Maria, CA 93454

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: NORTHERN SANTA BARBARA SPECIAL OLYMPICS. Local Program: Athlete Social Security Number, Athlete Name, Address, City, State, Zip, Parent/Guardian Name, Address, City, State, Zip, Emergency Contact, Health/Accident Company, Sex/Gender, Date of Birth, Home Phone, Work Phone, Home Phone, Home 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 columns. Items include: Heart Disease, Chest Pain, Seizures, Diabetes, Down Syndrome, Cervical spine x-rays, Parent/Sibling heart disease, Vision/blindness, Kidney/testicle, Concussion, Major surgery, Heat stroke, Motor ability, Wheelchair use, Allergies, Special Diet, Exercise induced wheezing, Bleeding tendency, Emotional/psychiatric problems, Bone/joint disorder, Sickle cell, Hearing aid, Contact lenses, Dentures, Immunizations, Tetanus shot.

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. The sports and events for which such a radiological examination is required are: equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift, and football team competition (soccer).

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 _____