

# APPLICATION FOR PARTICIPATION

SPECIAL OLYMPICS MICHIGAN

AREA \_\_\_\_\_ LOCAL \_\_\_\_\_

## SECTION A ATHLETE PERSONAL DATA

Athlete first name and initial		Athlete last name		Email address		Athlete date of birth (mm/dd/yy) / /	
Home address (number and street)			Apt. no.	Phone number for athlete		Please indicate the athlete's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City or town, state, and zip code				Athlete's health / insurance company		Policy number	
Parent/guardian first name and initial		Parent/guardian last name		Name for an emergency contact			
Parent/guardian address (number and street) if different from above				Phone number for emergency contact			
City or town, state, and zip code				Please indicate the athlete's race/ethnicity (optional): <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____			
Parent/guardian phone		Parent/guardian Employer					

## SECTION B ATHLETE HEALTH DATA

Please check yes or no to the following health conditions:

	Yes	No	
1			Heart disease/ Heart defect/ High blood pressure
2			Chest pain/ Fainting spell/ Heat stroke/ Exhaustion
3			Seizure / Epilepsy Indicate frequency _____
4			Diabetes Please indicate: <input type="checkbox"/> Type I <input type="checkbox"/> Type II
5			Concussion/Serious head injury Date of injury _____
6			Major surgery or serious illness
7			Visual/Hearing impairment or correction (for example, blind or wears glasses/contacts or hearing aids)
8			Bone or joint disorder
9			Allergies (please check box and list specific allergy) <input type="checkbox"/> Medicines _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insect bites/stings _____ <input type="checkbox"/> Other _____
10			Special diet
11			Asthma or exercise-induced wheezing
12			Tendency to bleed
13			Emotional/ Psychiatric/ Behavioral problems
14			Immunizations are up to date Date of last tetanus shot _____
15			Motor impairment requiring special equipment
16			Other or new problems that would interfere with or modify sports participation (for example, wheelchair, other assistive devices)
17			Shunt
18			Blood-borne contagious infection carrier (for example, HIV, Hepatitis B)
19			Down syndrome Have x-rays been taken to check for atlantoaxial instability (AI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of x-ray _____ Was AI present? <input type="checkbox"/> Yes <input type="checkbox"/> No
20			Bed wetter
21			Deformities (for example, curvature of back, one kidney, one testicle, etc.)
22			Urination/bowel problem
23			Are you on the sex offender registry? Published _____ Non Published _____
24			Have you ever been convicted or charged with a felony offense, neglect, abuse or assault?

For any 'yes' responses to questions, please explain:

25 Please indicate intellectual disability diagnosis if known (condition or cause):

## SECTION C ATHLETE RELEASE

By submitting this form, I hereby request permission for the above-named applicant (hereafter referred to as "entrant") to participate in Special Olympics. I represent and warrant that the entrant is physically and mentally able to participate in Special Olympics, and I submit a subscribed medical certificate.

I understand that it is the entrants responsibility to acquire, review and complete the Athlete Code of Conduct form for the safety and health of both the entrant and fellow athletes. I grant permission for Special Olympics to use the likeness, voice, and words of the entrant in TV, radio, newspapers, magazines, and other media for the purpose of communicating the mission and activities of Special Olympics and/or applying for funds to support the mission and activities of Special Olympics. I authorize Special Olympics to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well-being of the entrant in the event that he/she becomes ill or injured at any Special Olympics activity and no responsible adult authorized to act on the entrant's behalf is immediately available to be consulted as to the appropriate medical care for the entrant. I understand that if housing is provided at events, entrants will be sharing rooms with other entrants or volunteers of the same gender.

I have received information on the signs, symptoms & consequences of concussions in accordance with Public Acts 342 and 343 of 2012. By signing below, I acknowledge that I have read, fully understand, and agree to be bound by the provision of this release.

Signature of Parent/Legal Guardian/Own Guardian	Date
Signature of Athlete under 18 years old	Date

## SECTION D MEDICAL CERTIFICATION To be completed by examiner

Skin	Head	Eyes	Ears
Nose	Mouth/Throat	Neck	Lungs
Heart	Abdomen	Extremities	Genital
Athlete height		Athlete weight	
Blood pressure			
List health concerns/conditions that Special Olympics should be aware of for this athlete:			
Please read and check box: <input type="checkbox"/> I have examined the individual named in this application and reviewed the Athlete Health Data in Section B, and I certify that there is no medical evidence available to me which would preclude this athlete from participation in Special Olympics.			
Signature of Examiner			Date
Examiner's Name		Examiner's Title (M.D., D.O., C.N.P., P.A.)	
Address			Phone
SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one) Athlete shows NO EVIDENCE of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability. OR Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and must receive an additional neurological evaluation to rule out additional risk of spinal cord injury prior to clearance for sports participation.			
List medications being taken by athlete. If more than 3 medications, attach a separate sheet listing all medications:			
Medication Name	Dosage	Time(s) Administered	Date Prescribed



**Educational Material for Parents/Legal Guardians and Athletes**  
**(Content Meets MDH Requirements)**

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

**UNDERSTANDING CONCUSSION**

Headache	Pressure in the Head	Nausea/Vomiting	Dizziness
Balance Problems	Double Vision	Blurry Vision	Sensitive to Light
Sensitivity to Noise	Sluggishness	Haziness	Fogginess
Poor Concentration	Memory Problems	Confusion	"Feeling Down"
Not "Feeling Right"	Feeling Irritable	Slow Reaction Time	Sleep Problems Grogginess

**WHAT IS A CONCUSSION?**

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the athlete reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. An athlete who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

**IF YOU SUSPECT A CONCUSSION:**

- SEEK MEDICAL ATTENTION RIGHT AWAY** - A health care professional will be able to decide how serious the concussion is and when it is safe for the athlete to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- KEEPING YOUR ATHLETE OUT OF PLAY** - Concussions take time to heal. Don't let the athlete return to play the day of injury and until a health care professional says it's okay. An athlete who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the athlete for lifetime. They can be fatal. It is better to miss one game than the whole season.
- TELL THE COACH ABOUT ANY PREVIOUS CONCUSSION** - Coaches should know if an athlete had a previous concussion. An athlete's coach may not know about a concussion received in another sport or activity unless you notify them.

**SIGNS OBSERVED BY PARENTS/LEGAL GUARDIANS:**

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood or behavior, or personality changes

**CONCUSSION DANGER SIGNS:**

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awoken
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused,
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

**HOW TO RESPOND TO A REPORT OF A CONCUSSION:**

If an athlete reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Athletes who return to sports after a concussion may need to take rests breaks and be given extra help and time. After a concussion, returning to sports is a gradual process that should be monitored by a health care professional. **If a concussion is diagnosed you must have a release form to return to play.**

Remember: Concussion affects people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

**Parents/Legal Guardians and Athletes (under 18) Must Sign and Return the Application for Participation Form**