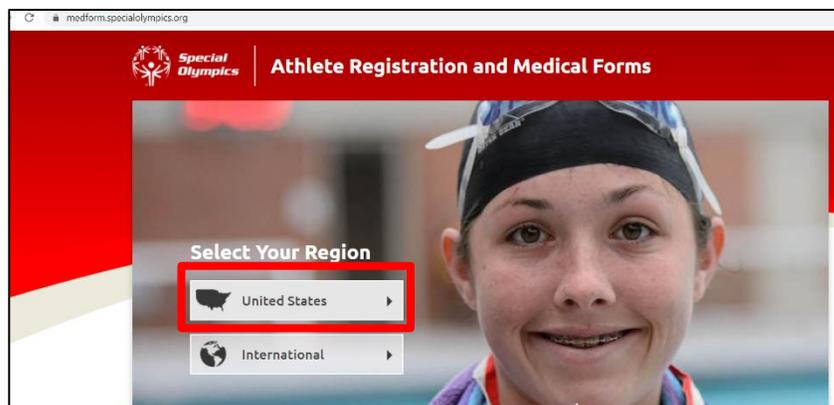




## How to Complete the Online Health History and Release Forms for Registration

If you are a Special Olympics athlete or the parent/guardian/caregiver of a Special Olympics Athlete, these instructions are designed to help you electronically complete the Registration and Release forms as well as the Health History portion of the medical form before you attend a MedFest or go to your own doctor for the medical exam. If you have any trouble, please contact [somiforms@som.org](mailto:somiforms@som.org).

1. Go to: <https://medform.specialolympics.org/>
2. Select "United States"

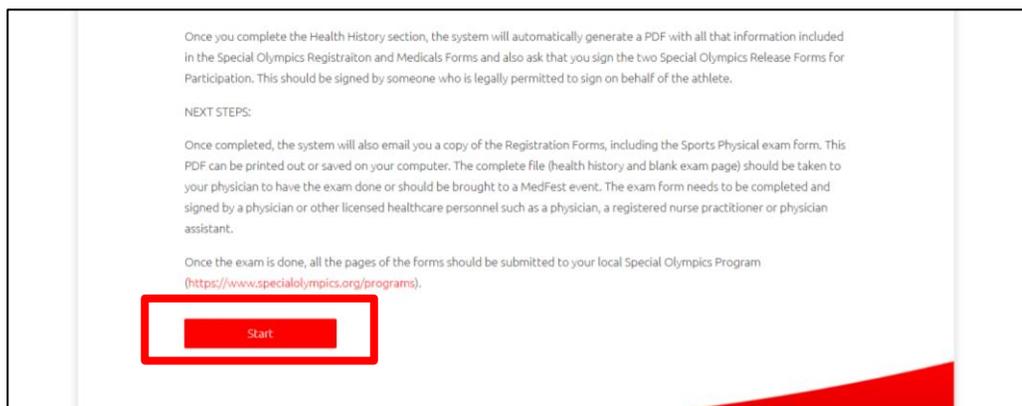


3. Read the page that appears and gives "Special Olympics Online Registration Form-Instructions."

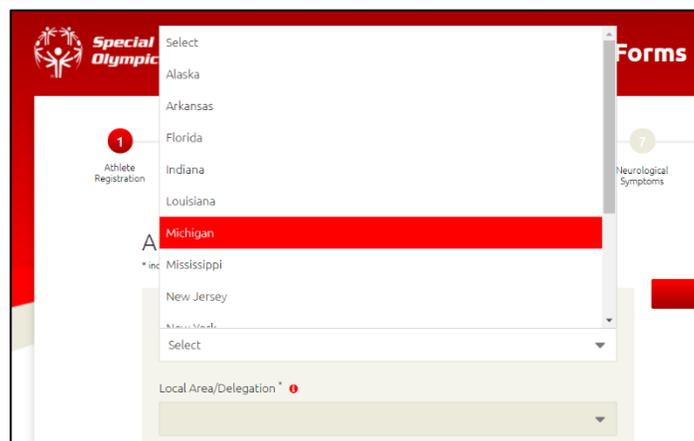
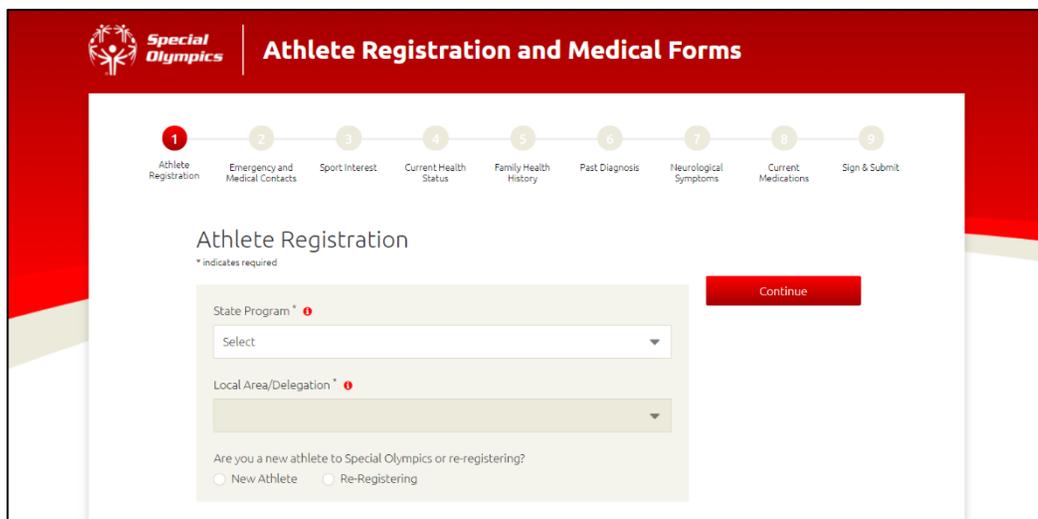




Read about how to complete the online version of the form, and the next steps to complete after you have completed online steps. Then press “Start.”



4. Start the process by selecting your state and local program. Always choose Michigan as your State Program.





5. Then select your local program, which is your area or delegation number. If you do not know your local program you can check on our website (somi.org) or select “Do not know.”

A screenshot of the 'Athlete Registration' form. The 'State Program' dropdown is set to 'Michigan'. The 'Local Area/Delegation' dropdown is open, showing a list of areas from Area 28 to Area 39, with 'Area 29' highlighted in red. A 'Continue' button is visible in the top right corner.

6. You will select if you are a new or returning athlete.

A close-up screenshot of the 'Athlete Registration' form. The 'Local Area/Delegation' dropdown is set to 'Area 11'. Below it, a red box highlights the question 'Are you a new athlete to Special Olympics or re-registering?' with two radio button options: 'New Athlete' (selected) and 'Re-Registering'. A 'Continue' button is visible in the top right corner.

7. The next section is basic athlete information: name, birthdate, home address, contact information.

A screenshot of the 'Athlete Information' form. It contains several input fields: 'First Name', 'Middle Name', 'Last Name', 'Preferred Name', 'Date of Birth' (with Month, Day, and Year dropdowns), 'Address (Street)', 'City', 'State' (with a dropdown menu), 'Zip Code', 'Phone', and 'Email Address'. A 'Continue' button is in the top right corner. At the bottom, there is a 'Gender' field and a note 'If other gender, please list:'.



8. All boxes that have “\*” next to the title of what to add is a required field to complete. If you leave a required field blank, then this message will appear.

A screenshot of a registration form. The 'Email Address' field is highlighted in yellow and has a red border around it. Below the field, the text 'This field is required.' is displayed in red. Other fields visible include 'Zip Code \*', 'Phone', 'Gender \*' (with radio buttons for Male, Female, and Other), 'Race/Ethnicity \*' (a dropdown menu), 'If Hispanic or Latino, please specify origin group:', and 'Language (select all that apply)' (with checkboxes for English, Spanish, and Other).

9. At the bottom of the Athlete Information section, you will notice this question “Does the athlete have the capacity to consent to medical treatment on his or her own behalf.” ONLY check “Yes” if the athlete is their own guardian. If you are the athlete’s parent/guardian and you will be signing the consent for them then you have to check “No”, if the athlete is a minor- select “No”.

A screenshot of a question on a form: 'Does the athlete have the capacity to consent to medical treatment on his or her own behalf? (e.g. is the athlete their own guardian) \*'. Below the question are two radio buttons: 'Yes' and 'No'. The 'No' radio button is selected.



10. Parent/Guardian information is the next section required. If you have the same contact information, just check “Yes”, this will automatically update the sections. This section is required if the athlete is not their own guardian. When it is entered select “Continue”.

A screenshot of the 'Parent & Guardian' registration form. At the top, there are radio buttons for 'Yes' and 'No'. A red box highlights a red 'Continue' button. The form title is 'Parent & Guardian' with a red asterisk. Below the title, it says 'Required if minor or otherwise has a legal guardian.' The form contains several input fields: 'Name' and 'Relationship', 'Same contact information as athlete?' with 'Yes' and 'No' radio buttons, 'Address (Street)', 'City' and 'State' (a dropdown menu), 'Zip Code' and 'Phone', and 'Email Address'.

11. Emergency and Medical Contacts- this is the section to add the person to contact in case of emergency for that athlete. If this information is the same as the parent/guardian then check “Yes”, this will automatically update the sections. This is also where you add your physician’s name and contact information as well as your insurance information, enter if known. When it is entered select “Continue”.

A screenshot of the 'Emergency and Medical Contacts' registration form. At the top, there is a progress bar with 8 steps: 1. Athlete Registration (checked), 2. Emergency and Medical Contacts (highlighted with a red circle), 3. Sport Interest, 4. Current Health Status, 5. Family Health History, 6. Past Diagnosis, 7. Neurological Symptoms, 8. Current Medications, and 9. Sign & Submit. A red box highlights a red 'Continue' button and a white 'Back' button. The form title is 'Emergency and Medical Contacts' with a red asterisk. Below the title, it says '\* indicates required'. The form contains several input fields: 'Is emergency contact same as parent or guardian?' with 'Yes' and 'No' radio buttons, 'Emergency Contact Name \*' and 'Emergency Contact Phone \*', 'Emergency Contact Relationship to Athlete \*', 'Physician Name \*' and 'Physician Phone', and 'Insurance Company', 'Insurance Policy Number', and 'Insurance Group Number'.



12. The next section include a space for athletes to share what sports they are interested in participating in. You must click on the down arrow to choose their sports. When it is entered select "Continue".

A screenshot of a web form titled "Sport Interest" with a progress bar at the top. The progress bar shows steps 1 through 9, with step 3 "Sport Interest" highlighted in red. The form contains a dropdown menu with a red circle around the down arrow, a red "Continue" button, and a white "Back" button. Below the dropdown is a text input field for "Add Another Sport" and a radio button question: "Has a doctor ever limited the athlete's participation in sports?" with "Yes" and "No" options.

Some sports on this list are not offered by Special Olympics Michigan (example: cricket), please choose which sports the athlete wishes to participate in local programs can connect them to the correct teams.

A close-up screenshot of the sports dropdown menu. The list includes: Select, Alpine Skiing, Athletics, Badminton, Basketball, Bocce (highlighted in red), Bowling, Cricket, Cross Country Skiing, Cycling, and another Select option. A red "Add Another Sport" button is visible at the bottom.



13. At this point you start getting into the athlete's medical history. Complete the sections on allergies, dietary restrictions, any and all assisted devices used, surgeries, infections, vaccines, if there is a seizure history, and finally mental health history. When it is entered, and all sections completed select "Continue".

A screenshot of a web form titled "Current Health Status". At the top, a progress bar shows steps 1 through 9. Step 4, "Current Health Status", is highlighted in red. The form contains a section "Does the athlete have:" with radio buttons for Autism, Down syndrome, Fragile X Syndrome, Cerebral Palsy, Fetal Alcohol Syndrome, and Other syndrome. Below this is a text input field labeled "Please specify:". Another section is titled "Allergies & Dietary Restrictions" with a sub-section "Is the athlete allergic to any of the following:" and radio buttons for "No Known Allergies", "Lactose", and "Medications", each with "Yes" and "No" options. A red box highlights the "Continue" and "Back" buttons on the right side of the form.

14. Next, list any medical conditions that run in the athlete's family if known. When it is entered select "Continue".

A screenshot of a web form titled "Family Health History". The progress bar at the top shows step 5, "Family Health History", highlighted in red. The form includes two questions: "Has any relative died of a heart problem before of age 50?" and "Has any family member or relative died while exercising?", each with "Yes" and "No" radio buttons. Below these is a text input field labeled "List all medical conditions that run in the athlete's family:". A red box highlights the "Continue" and "Back" buttons on the right side of the form.

15. The Past Diagnosis section is related to any conditions the athlete has experienced or been diagnosed with in the past. When it is entered select "Continue".

A screenshot of a web form titled "Past Diagnosis". The progress bar at the top shows step 6, "Past Diagnosis", highlighted in red. The form contains a section "Has the athlete ever been diagnosed with or experienced any of the following conditions:" with radio buttons for "Yes" and "No". Below this are three questions: "Loss of Consciousness", "Dizziness during or after exercise", and "Headache during or after exercise", each with "Yes" and "No" radio buttons. A red box highlights the "Continue" and "Back" buttons on the right side of the form.



If you have any questions on what a condition is, you can click on the red “i” mark to get more information describing the condition. Seen here → 

A screenshot of a medical questionnaire. The questions listed are: High Cholesterol, Vision Impairment, Hearing Impairment, Enlarged Spleen, Single Kidney, Osteopenia, Sickle Cell Disease, and Sickle Cell Trait. Each question has radio buttons for 'Yes' and 'No'. A red 'Continue' button is at the top right, and a 'Back' button is below it. A tooltip box points to the 'Osteopenia' question with the text: "It is the first sign and stage of the worse version of the disease, Osteoporosis (described above)".

16. Complete the neurological symptoms section, when it is completed select “Continue”.

A screenshot of the 'Neurological Symptoms' section. At the top, a progress bar shows steps: Athlete Registration, Emergency and Medical Contacts, Sport Interest, Current Health Status, Family Health History, Past Diagnosis, Neurological Symptoms (highlighted with a red circle), Current Medications, and Sign & Submit. The main question is: "Has the athlete ever been diagnosed with or experienced any of the following conditions?". Below are several conditions with 'Yes' and 'No' radio buttons: Difficulty controlling bowels or bladder, Numbness of tingling in legs, arms, hands or feet, Weakness in legs, arms, hands, or feet, Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs, or feet, Head Tilt, Spasticity, and Paralysis. A red box highlights the 'Continue' button at the top right.

17. The next section includes the place to add in medication lists. To add multiple medications, click “+ Add Another” and more sections will be added.

A screenshot of the 'Current Medications' section. The progress bar at the top shows steps up to 'Neurological Symptoms' (7) and 'Current Medications' (8, highlighted with a red circle). The main instruction is: "Please list any medication, vitamins or dietary supplements below (includes inhalers, birth control or hormone therapy)". Below is a table with columns: Medication, Vitamin or Supplement; Dosage; and Times per Day. An example row shows: ex. Medicine Name, ex. 250mg, ex. 2. A red box highlights the 'Continue' button. Below the table is a "+ Add Another" link and a question: "Is the athlete able to administer his or her own medications?".

Medication, Vitamin or Supplement:	Dosage	Times per Day
ex. Medicine Name	ex. 250mg	ex. 2
ex. Medicine Name	ex. 250mg	ex. 2
ex. Medicine Name	ex. 250mg	ex. 2
ex. Medicine Name	ex. 250mg	ex. 2
ex. Medicine Name	ex. 250mg	ex. 2

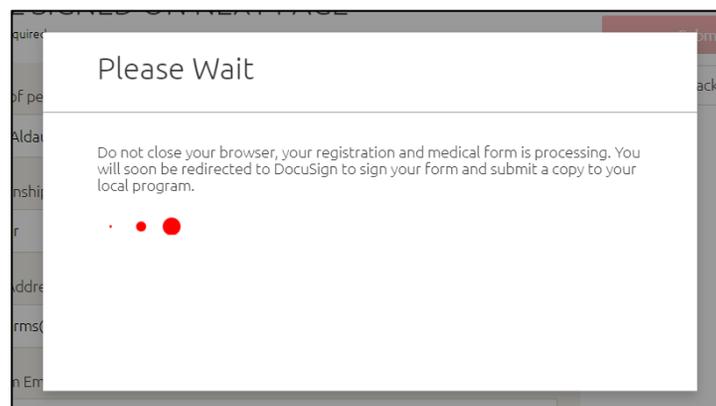
+ Add Another

Is the athlete able to administer his or her own medications? \*  
 Yes  No



18. The next step includes information on who is completing the form. A valid email address for the athlete or parent/guardian is needed. **YOU ARE NOT DONE HERE. Do not close the browser.** When the information is entered, click “Continue”.

While your page is re-directed to the next step you will see this message.



19. Your computer or device will be re-directed to Docu-sign a website to electronically sign the consent. Check the box agreeing to use electronic signatures, then “Continue”.



20. Review the pages and make any necessary corrections by clicking “Next” or scrolling through the pages.

Documents below.

(If yes is checked for either of those fields above):

List any other ongoing or past medical conditions:

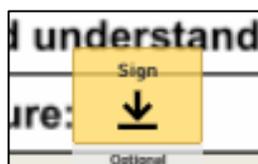
**Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability**

Difficulty controlling bowels or bladder	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Numbness or tingling in legs, arms, hands or feet	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Weakness in legs, arms, hands or feet	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Head Tilt	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Spasticity	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Paralysis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is this new or worse in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes

PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW  
(includes inhalers, birth control or hormone therapy)

21. There are two places you will be asked to sign/initial (Athlete Likeness Release, and Athlete Release Form). The first time you sign you will be asked to adopt a signature; this automates a signature based on the name of the person completing the form.

To add a signature press →



Then choose the signature you wish to use or make your own. Then click “Adopt and Sign”.

Adopt Your Signature

Confirm your name, initials, and signature.

\* Required

Full Name\*  Initials\*

[SELECT STYLE](#) [DRAW](#) [UPLOAD](#)

PREVIEW [Change Style](#)

DocuSigned by:  

AAAB6CB06AB74CA...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

**ADOPT AND SIGN** CANCEL



22. The date and signature will be added to those sections.

• Privacy Policy. Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at [www.SpecialOlympics.org/Privacy-Policy](http://www.SpecialOlympics.org/Privacy-Policy).

Athlete Name:	Mery	Aldaugh
<b>ATHLETE SIGNATURE</b> (required for adult athlete with capacity to sign legal documents)		
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.		
Athlete Signature:		Date:
<b>PARENT/GUARDIAN SIGNATURE</b> (required for athlete who is a minor or lacks capacity to sign legal documents)		
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.		
Parent/Guardian Signature:	<i>Mery Aldaugh</i>	Date:
Printed Name:	Mery Aldaugh	Relationship:
		Father

Once all lines are signed click “Finish” (note: the finish button can be found in two spots and will not appear if a required field is not completed).

sted document.

aware that the participant is suspected of sustaining a concussion.

**Return to Play**

A participant who has been removed from practice, play or competition due to a suspected concussion may not participate in Special Olympics sports activities until either of the following occurs (1) at least seven (7) consecutive days have passed since the participant was removed from play and a currently licensed, qualified medical professional provides written clearance for the participant to return to practice, play and competition or (2) a currently licensed, qualified medical professional determines that the participant did not suffer a concussion and provides written clearance for the participant to return to practice play immediately. Written clearance in either of the scenarios above shall become a permanent record.

The Centers for Disease Control website [www.cdc.gov/concussion](http://www.cdc.gov/concussion) provides additional resources relative to concussions that may be of interest to participants and their families.

A1 Athlete Registration - Updated November 2020

2020.11.3 A1 Athlete Registration Pack (English US).pdf 4 of 4

**FINISH**

**FINISH**

23. YOU ARE NOT DONE YET! This form will be sent to the valid email given in step 18. Check the email you gave, download the form, and print it off. Page 3 and Page 4 of the medical form will need to be completed by a doctor.

Mery Aldaugh's Athlete Registration - Part 1 - Next Steps Below

Special Olympics Michigan via DocuSign <66a\_na2@docuSign.net> 9:07 AM (0 minutes ago)

To get a copy of your forms to take to your doctor, click below:

**VIEW FORMS**

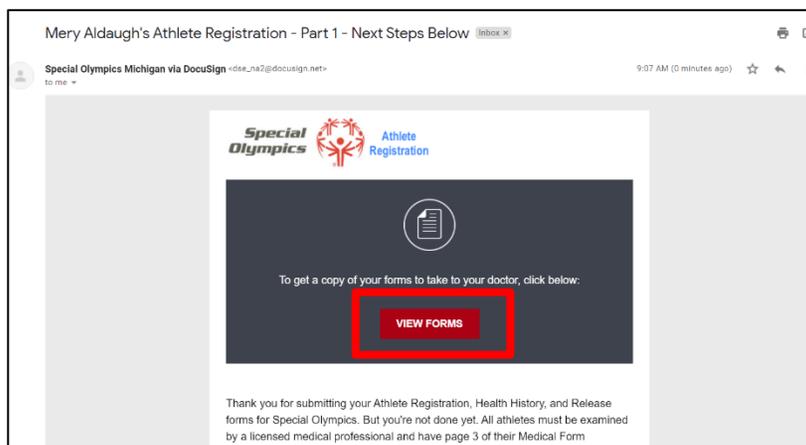
Thank you for submitting your Athlete Registration, Health History, and Release forms for Special Olympics. But you're not done yet. All athletes must be examined by a licensed medical professional and have page 3 of their Medical Form



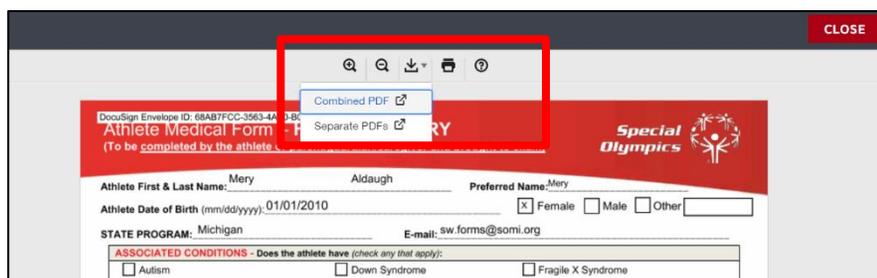
## How to download your new medical form

Until the completed page 3 of the medical (medical exam by a health care professional) are received by Special Olympics Michigan, the athlete is not registered for Special Olympics.

1. Go to the email it was sent to and click “View form”.



2. When the form opens you will see a download and a print button from that page. If you wish to save it, choose download, or you can print right from that screen to take it to a doctor.



3. When a doctor has completed page 3, send that to your regional forms email.
  - a. Northern/UP areas: [somiforms@somi.org](mailto:somiforms@somi.org)
  - b. Southwest areas: [sw.forms@somi.org](mailto:sw.forms@somi.org)
  - c. Southeast areas: [se.forms@somi.org](mailto:se.forms@somi.org)