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@somi.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.”

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

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

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”.

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”.

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”.
12. The next section includes 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”.

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.
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”.

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

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”.
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 →

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

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.
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”.

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**Please Review & Act on These Documents**

*Special Olympics Michigan*

Thank you for submitting the Registration and Release form for your athlete as a Special Olympics athlete. All the time and effort you are investing through your participation will be shown by Brower of the release form. Your signature will provide the initial confirmation of your commitment to participate in the activities. Please review the documents thoroughly before signing.

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

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

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).

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.
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
   b. Southwest areas: sw.forms@somi.org
   c. Southeast areas: se.forms@somi.org