



Howard County

New Athlete Application Packet

PLEASE READ BEFORE COMPLETING

Athlete Application for Participation

- A permanent form that must be completed and on file with the local program and state office prior to an athlete's participation in Special Olympics training and/or competition.
- Please use a black/blue pen. Print legibly.
- Please be sure to read and complete every section of the two page application. An incomplete application will be returned and will delay an athlete's participation.
- Please be sure each party signs and dates the first page of the application.

Athlete Medical Form

- The medical form must be on file with the local program.
- Please use a black/blue pen. Print legibly.
- The medical form **MUST** be completed, signed and dated by the athlete's physician.
- The medical form is valid for three years, unless there is a significant change.
- An incomplete medical form will be returned and will delay an athlete's participation.

Medication Form

- The medication form can be completed by an adult athlete, parent/guardian or caregiver.
- Please use a black/blue pen. Print legibly.
- Please complete all sections. An incomplete form will be returned and will delay an athlete's participation.

Special Release for Athletes with Atlanto-Axial Instability

- Special Olympics requires temporary restriction of individuals with Down Syndrome from participation in sports training that pose potential risk. This restriction may be lifted once an x-ray is produced showing no evidence of instability on the C-1 vertebrae. Such sports training and competition activities include: butterfly stroke and diving starts in aquatics, squat lifts, high jump, equestrian, artistic gymnastics, flag football, soccer, alpine skiing, and exercise placing undue stress on the head and neck.
- Please use a black/blue pen. Print legibly.
- Please complete all sections. An incomplete form will be returned and will delay an athlete's participation.

Athlete and Parent Code of Conducts

- Please read and review with your athlete.
- Please sign and date.

Please return all completed and signed documents to: Special Olympics Indiana – Ripley Ohio Dearborn Counties, 429 Manchester Street, Aurora, IN 47001