

# Instructions for Completing the Application for Participation

**The Application for Participation must be filled in completely.**  
**Applications with blank sections will not be accepted.**

This Application is valid for 3 years from the examination date, regardless of the parent/guardian/Athlete signature date.

**Parent/guardian/adult athlete and medical practitioner signatures must be original and both original signatures must be on the same Application form. Verbal consents will only be accepted if the release (consent) is verified by two witnesses who sign and date below the printed guardian/parent name.**

**If Athlete was listed on the Sex Offender Public Registry but has since been removed, contact the Special Olympics Iowa office for instructions before submitting this application.**

## **ATHLETE INFORMATION AND HEALTH INSURANCE & EMERGENCY INFORMATION**

These two sections must be filled in completely

### **MEDICAL CLEARANCE**

The Medical Clearance section must be completed, signed and dated by a medical practitioner licensed to administer physical examinations by the state in which he/she practices.

This person, by signing the Medical Clearance, is stating that the athlete is in good health and can safely participate in Special Olympics sports training and competition.

### **PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE**

The Parent or Legal Guardian must read, sign and date the Parent/Guardian Authorization and Media Release.

The section must be signed and dated as printed. Deletions or alterations to the section will result in an invalid Application.

Only one of the two signature blocks must be completed. Special Olympics Iowa works under the understanding that this section may be signed by either:

- \* The (biological or adoptive) parent unless the athlete has been designated a ward of the state;
- OR
- \* The legal guardian; this person must be legally assigned for the individual;
- OR
- \* The athlete if he/she is over the age of 18 and has not been designated as needing and having been assigned a legal guardian. A witness signature is required to verify that the athlete is his/her own legal guardian.

### **AFTER COMPLETING THE APPLICATION . . .**

Make a copy for your files and send the **ORIGINAL** copy of the Application for Participation to Special Olympics Iowa, PO Box 620, Grimes, Iowa 50111. The State office will validate the Application for Participation and send a copy of the Application to the appropriate Area Director. An Application for Participation will not be validated until all information is correct and completed on the approved form.

Special Olympics Iowa requires that all Applications for Participation be presented prior to or at the time of the submission of the entry form for the event being entered. All Applications for the event in question must be valid throughout the completion of that competition. **Applications not on file or in receipt of by the specified deadline will not be accepted.**