

# 2016 Special Olympics Iowa Unified Golf Tournament Registration Packet



INSPIRE FRIENDSHIP UNIFY COURAGE PRIDE JOY ACCEPTANCE TRANSFORM



## 2016 Special Olympics Iowa Unified Golf Tournament Schedule

- 8/13/16 Vinton Unified Mini-Golf – Vinton Skate & Activity Center  
*Address: 1703 C Ave., Vinton, IA 52349*  
9-hole Mini Golf  
**Deadline for Entries/Physicals: 7/22/16**
- 8/14/16 Spencer Unified Golf – Spencer Municipal Golf Course  
*Address: 1320 4<sup>th</sup> Ave. SW, Spencer, IA 51301*  
3, 6 or 9-hole offered  
**Deadline for Entries/Physicals: 7/22/16**
- 8/27/16 Cedar Rapids Unified Golf – Twin Pines Golf Course  
*Address: 3800 42<sup>nd</sup> St. NE, Cedar Rapids, IA 52402*  
3 or 9-hole offered  
**Deadline for Entries/Physicals: 7/29/16**
- 8/27/16 Dubuque Unified Golf – Derby Grange Golf & Recreation  
*Address: 13079 Derby Grange Rd., Dubuque, IA 52002*  
9-hole or Mini-Golf offered  
**Deadline for Entries/Physicals: 8/5/16**
- 9/10/16 Akron Unified Golf – Akron Golf Club  
*Address: 941 Country Club Dr., Akron, IA 51001*  
9-hole offered  
**Deadline for Entries/Physicals: 8/19/16**
- 9/21/16 Davenport Unified Golf – Red Hawk Golf Course  
*Address: 6364 Northwest Blvd, Davenport, IA 52806*  
3 or 9-hole offered  
**Deadline for Entries/Physicals: 8/29/16**
- 9/24/16 Jester Unified Golf – Jester Park Golf Course  
*Address: 11949 NW 118<sup>th</sup> Ave., Granger, IA 50109*  
9-hole offered  
**Deadline for Entries/Physicals: 9/7/16**

# 2016 Special Olympics Iowa Unified Golf Information and Rules

## Unified Partners & Class A Applications

All Unified Partners must have a current Class A Certification in order to compete in the tournament with the exception of those participating in only mini-golf.

If a Unified Partner has not filled one out previously, they must complete the [Class A Application](#) and the [Protective Behavior Quiz](#) prior to the tournament in order to participate. The information to review for the quiz can be found in this packet or on our [website](#).

Once completed, all materials can be sent to [classa@soiowa.org](mailto:classa@soiowa.org) to be processed.

If anyone has a question about their current Class A status, please contact Sally Briggs at [sbriggs@soiowa.org](mailto:sbriggs@soiowa.org) or [Jordan Allen](#) at [jallen@soiowa.org](mailto:jallen@soiowa.org) or by phone at 515-986-5520.

## Athletes & Physicals

All Athletes must have a current physical on file at the Special Olympics Iowa State Office in order to compete in the tournament.

If an Athlete needs to complete a [physical](#) for the first time, or update an existing one, they must have it submitted to the State Office by the registration deadline for the particular tournament they will play in. All materials are included in this packet.

Once completed, all materials can be sent to [physicals@soiowa.org](mailto:physicals@soiowa.org) to be processed.

If anyone has a question if their physical is up-to-date, please contact [Jordan Allen](#) at 515-986-5520.

## Divisioning

Special Olympics Iowa divisions athletes based on skill, age and gender to provide a fair and competitive competition.

Many groups have been playing together for years and if you would like to continue to do so, Special Olympics Iowa will be happy to accommodate your request. Please make sure to indicate this on the registration materials so we can fulfill the requests.

## Equipment

Special Olympics Iowa does not provide golf clubs for any participants. Unified Partners will be asked to share their golf clubs. If you have an extra set of clubs that participants could use, please feel free to bring them.

## Preparation for Tournament

All Unified Partners and Athletes should practice prior to the tournament.

## Alcohol and Smoking

Both alcohol and smoking are prohibited on all golf courses.

# 2016 Special Olympics Iowa Unified Golf Information and Rules

## General Rules

Special Olympics Iowa Unified Golf events are a two-person alternate shot competition.

Unified Partners will tee off on the odd numbered holes and Athletes will tee off on the even numbered holes. Players will hit alternating shots through the remainder of the hole.

If a player has taken 5 strokes and has not reached the green, the player will pick up the ball and drop it on the closest spot on the green. The player will be allowed 5 strokes on the green.

Maximum number of strokes per hole is 10.

Players may move the ball off of cart paths, dirt areas and ground under repair. Players must place balls at the nearest point of relief, one club length away, no closer to the hole.

Athletes will be allowed to use a tee on the fairways.

Teams are asked to be mindful of their pace to make sure the tournament moves at a steady rate.

## Questions or Concerns

Please contact Jordan Allen at the State Office with any questions or concerns.

E-Mail: [jallen@soiowa.org](mailto:jallen@soiowa.org)

Office: 515-986-5520 ext. 119

Cell: 515-689-1228

Address: 551 SE Dovetail Rd, PO Box 620, Grimes, IA 50111

# Special Olympics Iowa Class A Volunteer Information

## Class A Volunteers – Definition

A Class A volunteer is defined as any volunteer who meets any of the descriptions below:

- A volunteer who has regular, close physical contact with Athletes
- A volunteer who is in a position of authority or supervision with Athletes
- A volunteer who is in a position of trust of Athletes
- A volunteer who handles substantial amounts of money or other assets of Special Olympics Iowa

Examples: Unified Partners, Coaches, Chaperones, Committee Members, etc.

## Class A Volunteer Application Information

- Complete the [Class A Volunteer Application](#)
  - This allows Special Olympics Iowa to run the necessary background check
  - Application is included in the packet
- Take the Protective Behavior Training and Quiz
  - Please review the [Protective Behavior Training](#) information prior to taking the quiz
  - You can take the [quiz online](#) or submit the included hard copy. If you take the quiz online you will receive a confirmation email stating your completion. Please keep this email in the event you need to reference it for proof of completion.
- Submit a Color Photo
  - This cannot be your Driver's License photo
  - Please send a .jpg file with the rest of your application

Send all materials to [classa@soiowa.org](mailto:classa@soiowa.org) to be processed

All three of these components must be submitted before your application will be processed.

Class A Volunteers must renew their credential every three years.

Special Olympics Iowa  
Class A Volunteer Application

**OFFICE USE ONLY**

Photo

PBT \_\_\_\_\_

PLEASE PRINT: Date: \_\_\_\_\_

New Class A Application OR  Renewal Class A Application

**Primary Role** (Please check the **one** box that best describes your primary role with your delegation.)  Law Enforcement Torch Run  
 Delegation Manager  Head Coach  Assistant Coach  Unified Partner  Volunteer  Chaperone  Committee Member

**Secondary Role** (Please check **all** boxes that best describe your secondary roles with your delegation.)

Head Coach  Assistant Coach  Unified Partner  Volunteer  Chaperone  Committee Member  Law Enforcement Torch Run

Full Name: \_\_\_\_\_  
Last First (given) Middle

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

**Special Olympics Delegation:** \_\_\_\_\_

County your delegation is located in: \_\_\_\_\_

I have read and understand the expectations and conditions of the Coaches Code of Conduct located at [www.soiowa.org](http://www.soiowa.org)

**ATTACHED IS A COPY OF MY DRIVER'S LICENSE (required):** Yes

Employer/School Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

**A color photograph is required. \*A DRIVER'S LICENSE WILL NOT WORK FOR THE CREDENTIAL. NO BLACK AND WHITE PHOTOS PLEASE\***

**Please indicate how you will be submitting your photo: I will mail a photo (will be returned) \_\_\_\_\_ I will email a .jpg photo \_\_\_\_\_**

**Please answer the following questions:**

Do you use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with neglect, abuse or assault? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to any of the above questions, please explain:

\_\_\_\_\_

**MINORS (17 and under) ONLY:** Please provide two references who are not related to the minor or the minor's legal guardian and one of whom is from the volunteer applicant's school, church, civic group, etc.

1. Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Primary Telephone No: \_\_\_\_\_

2. Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Primary Telephone No: \_\_\_\_\_

By providing the above references, I am authorizing Special Olympics Iowa to contact them in reference to my volunteer application.

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics Iowa (SOIA) may refuse to allow me to volunteer if I provided any incorrect information or omission. I understand that in the course of volunteering for Special Olympics Iowa, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

In consideration of SOIA considering my application, I have given my permission for SOIA to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. Those records may include arrest and conviction date as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my suitability for a volunteer position with SOIA and that as long as I remain a volunteer with SOIA, the criminal history records check and motor vehicle driving records check may be repeated any time. Upon my request, I will have an opportunity to review criminal history and motor vehicle driving records obtained by SOIA.

I fully understand Special Olympics Iowa events involve risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I may incur as a result of my participation. I acknowledge that at any time that if I feel that the event conditions are unsafe, I will discontinue participation immediately. I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Special Olympics Iowa events.

If during my participation in Special Olympics Iowa activities I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary hospitalization.

**I WAIVE, RELEASE AND DISCHARGE** Special Olympics Iowa, its officers, directors, employees, volunteers, agents and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with participating in SOIA events and conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOIA or at my option and that SOIA may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Iowa and Special Olympics, Inc. permission to use my likeness, voice, and words in or on telephone, radio, film, and on SOIA and Special Olympics, Inc.'s website (s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

In signing this application, I have read the foregoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

**I HAVE READ AND UNDERSTAND THIS DISCLOSURE, RELEASE AND WAIVOR OF LIABILITY, ASSUMPTION OF RISK, AND IDEMNITY AGREEMENT AND AUTHORIZATION TO OBTAIN INFORMATION.**

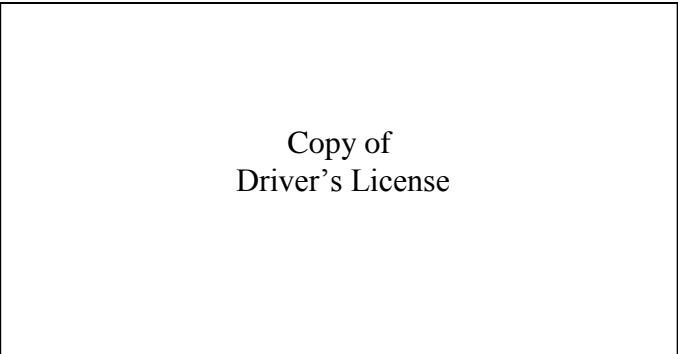
**Volunteer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Signature of Parent or Guardian if Volunteer is a Minor (17 and under): \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Full Name of Parent or Guardian:  
\_\_\_\_\_



**Please return to:**  
Special Olympics Iowa  
PO Box 620  
Grimes, IA 50111  
Tel 515-986-5520  
classa@soiowa.org

# PROTECTIVE BEHAVIOR TRAINING SLIDES



The goal of this presentation is prevention of sexual abuse of Special Olympics athletes. It also addresses physical and emotional abuse.

*(If you take Protective Behavior Training online - After you click Finish, you will be directed to a Confirmation Form to fill out and submit. Once you click submit, both you and the Special Olympics program in your state will receive confirmation that you have taken the test.)*

## **Actions Special Olympics has Taken to Protect Athletes:**

- This protective behavior training
- Volunteer screening requirements in the US
- Codes of conduct for athletes and coaches
- Policy prohibiting volunteers or staff in authority positions from dating athletes

## **Actions Special Olympics has Taken to Protect Athletes:**

### **Special Olympics US Volunteer Screening Policy**

- The foremost goal of the volunteer screening policy is to protect the safety and well-being of athletes
- Special Olympics screens prospective Class A volunteers
- Class A volunteers are re-screened every three years
- If screening reveals criminal history involving certain offenses, the volunteer is prohibited from participation

## **Actions Special Olympics has Taken to Protect Athletes:**

### **Who is a Class A Volunteer?**

#### **Definition:**

- Volunteers who have regular, close, physical contact with athletes
- Volunteers in a position of authority or supervision with athletes
- Volunteers in a position of trust of athletes
- Volunteers who handle substantial amounts of cash or other assets of the Program

#### **Examples:**

- Coaches, Unified Partners, chaperones, overnight hosts, ALPs mentors, drivers of athletes
- May also include Fundraising Event Committee members, board members, and Games Management team members

## **Actions Special Olympics has Taken to Protect Athletes:**

### **Benefits and Limitations of the Volunteer Screening Policy**

- Volunteer screening is a tool Special Olympics uses to help protect athletes, but it is not fool-proof
- Many predators do not have criminal records
- Your job as a volunteer is to be vigilant and report any behavior or activity that does not appear appropriate based on
  - Your personal experience or
  - Warning signs identified in this presentation



## **Actions Special Olympics has Taken to Protect Athletes:**

### **Codes of Conduct**

Codes of Conduct are in effect and enforced for athletes, coaches and volunteers.

- All Special Olympics Programs are required to have a code of conduct for athletes and coaches. The codes below list the minimum standards set by Special Olympics. Please check with your local Special Olympics Program to see if there is a more restrictive code for that Program. To locate the Special Olympics Program near you, use our **Program Locator**
  - **Athlete Code of Conduct**
  - **Coach Code of Conduct**
  - **Volunteer Code of Conduct**
- Each Program is responsible for establishing guidelines for sanctions related to breach of these codes of conduct
- Included in the codes of conduct are references to the **prohibition of volunteers or staff in authority positions dating athletes**

### **Prevention:**

#### **Recognizing Sexual Predators**

A sexual predator could be anyone. There is no “look” or behavior pattern that sets them apart.

Sexual Predators:

- Target vulnerable populations (such as children and individuals with intellectual disabilities);
- Come from all backgrounds;
- Can be male or female;
- Are generally very likeable and have warm personalities;
- May have limited relationships with other adults
- Remind athletes and families that not everyone who comes to a Special Olympics event is a volunteer who has been screened and is assumed to be “safe”

### **Prevention:**

#### **Sexual Abuse**

- For athletes requiring assistance with changing, toileting or showering, it is a best practice if two volunteers are present.
- Private conversations with athletes should be within sight of others who are aware of the conversation
- Hugs should respect both athlete and volunteer limits and never be secretive
- Touching should avoid areas a traditional swimsuit would cover
- Be aware of unusual or inappropriate gifts, trips, affection or attention from a volunteer
- Be aware of relationships between volunteers and athletes that become private or secretive
- Be clear and direct about pointing out inappropriate behavior

### **Prevention:**

#### **Inappropriate Behavior**

Inappropriate gifts, trips, outings, or other gestures of affection from a volunteer include:

- Invitations for sleepovers at a volunteer's house;
- Invitations to parties at a volunteer's house where parents or care providers are not included;
- Excessive displays of interest in a particular athlete or group of athletes (such as all male athletes or only athletes under the age of 13);

### **Prevention:**

#### **Tips for Travel**

- Be sure to separate sleeping rooms by gender
- Try to assign roommates based on similar age, maturity and size
- Establish a plan for checking on each room/athlete
- Clearly explain rules and behavior expectations of both chaperones and athletes before each trip

### **Prevention:**

#### **Emotional Abuse**

- Profanity is never allowed
- Treat athletes with respect and provide encouragement
- Do not allow demeaning nicknames even among teammates
- Discipline should be part of a meaningful behavior modification strategy and never acted on in anger

### **Prevention:**

#### **Physical Abuse**

- Corporal punishment is never allowed no matter who says it is OK
- Withholding food or water is maltreatment and strictly prohibited
- Only give prescribed medications in accordance with state regulations (consult your Special Olympics Program office for those regulations)
- Be aware of athlete sensitivity to temperature, sound and touch

### **How to Recognize Abuse**

- Changes in behavior may offer the only visible clue that an athlete is the victim of abuse. Abuse causes stress and victims often exhibit stress related behavior
  - Depression
  - Withdrawal (including loss of interest in participation in Special Olympics)
  - Thoughts of or attempts at suicide
  - Aggression
  - Immature acts
  - Sleep disturbances
- Uncharacteristic changes in behavior that last for more than a few days indicate a possible need for intervention, but are not a certain indicator of abuse as there are other causes of stress. The absence of behavioral indicators does not indicate a lack of abuse

## How to Recognize Abuse

- Statements by the athlete concerning inappropriate touching or physical harm
- Physical indicators of abuse
  - Questionable injuries such as bruises or lacerations in the soft tissue areas of an athlete's body. Bruises change color during the healing process and bruises of different colors indicate different stages of healing, thereby indicating that the injuries happened on more than one occasion
  - Injuries to genital areas may indicate sexual abuse; for example, cigarette burns on the inside of the upper leg or on the buttocks
  - Tether marks or rope burns and abrasions caused by tying wrists, ankles or the neck are also indicators of probable abuse
- Some athletes are prone to injuries as a consequence of athletic competition. The location of the injury may indicate whether the injury was due to abuse or competition. Injuries that happen due to athletic competition are most likely to be on the shins, knees, elbows, etc. They are less likely to be on the abdomen, across the back, on the backs of the legs, or on facial cheeks
- Possible signs of neglect include
  - Unattended medical needs
  - Inappropriate clothing for the climate and weather conditions
  - Chronic hunger and poor personal hygiene

## Reporting Suspicious Activity

- Suspicious activity should be reported to Special Olympics staff
- Reports will be reviewed and reported as appropriate
- Suspensions may be utilized during investigations
- Special Olympics reserves the right to expel athletes or volunteers as a result of suspected or confirmed physical, sexual or emotional abuse of a Special Olympics athlete

## Be Ready To Say:

- What makes you think this activity is suspicious
- When you witnessed the activity - or first suspected it

## Who To Tell:

- If the activity is during Special Olympics functions, tell local Special Olympics leadership (preferably staff)
- If you suspect that an athlete is in immediate danger, notify the police, and then Special Olympics staff
- If you are a mandatory reporter under your state's laws, report as required by statute in addition to the report you file with Special Olympics
- Reporting is NOT the same as accusing. It just alerts professionals to investigate

## Am I A Mandatory Reporter Under My State's Laws?

- Nearly all states have laws that require some individuals to report suspected abuse (such as teachers, healthcare providers, etc.)
- In some states, everyone is a mandatory reporter
- Utilize the Child Welfare Information Gateway website below to familiarize yourself with your state's reporting requirements. On the site, choose the state that you wish to check and under the "Child Abuse and Neglect" heading, check "Mandatory Reporters of Child Abuse & Neglect" and then click "Go")  
[http://www.childwelfare.gov/systemwide/laws\\_policies/search/index.cfm](http://www.childwelfare.gov/systemwide/laws_policies/search/index.cfm)

**PROTECTIVE BEHAVIOR TRAINING**  
**QUIZ**



1. **Who determines the punishment for violating a Special Olympics Code of Conduct?**
  - a. The state chapter
  - b. The coach
  - c. Any Special Olympics staff member in a position of authority
  - d. Society
  
2. **Which of the following is NOT an indicator of potential inappropriate behavior?**
  - a. Unusual or inappropriate gifts from a volunteer
  - b. Questionable injuries such as bruises or lacerations in the soft tissue areas of an athlete's body
  - c. Two Class A volunteers assisting with changing, showering or toileting
  - d. Relationships between volunteers and athletes that become private or secretive
  
3. **Have you checked to see if you are a mandatory reporter in your State?**
  - a. Yes
  - b. No
  
4. **When is it appropriate to withhold water from an athlete?**
  - a. Only when the athlete is unprepared or uncooperative
  - b. Never
  - c. When the weather is cool and water isn't really needed
  - d. When the athlete is underachieving and could use a "water break" as motivation
  
5. **What is the rule about what area of the body to avoid touching?**
  - a. Avoid all areas; don't make yourself vulnerable to an accusation!
  - b. Avoid areas where he/she doesn't like to be touched
  - c. Set some ground rules early on, so you know where your athlete is okay with being touched
  - d. Avoid areas a traditional swimsuit would cover
  
6. **What should you do if you suspect that an athlete is in immediate danger?**
  - a. **Ask the athlete if he/she has been abused**
  - b. **Notify the police, and then Special Olympics staff**
  - c. **Tell the coach or volunteer to take it easy on the athlete**
  - d. **Notify the athlete's parents**

**7. When is a private meeting with an athlete appropriate?**

- a. When the athlete is misbehaving and needs to be reprimanded
- b. When you have something personal to tell the athlete and you want to be out of earshot of his/her teammates
- c. When it is within sight of others who are aware of the conversation
- d. A private meeting with an athlete is never appropriate

**8. When assigning rooms for an overnight stay, what should you consider?**

- a. What's to consider? Go through your list and group the athletes alphabetically by last name
- b. Try to put athletes who are friends together
- c. Athletes of the same community oftentimes prefer to room together
- d. Separate sleeping rooms by gender and assign roommates based on similar age, maturity and size

**9. Is it permissible for a volunteer in an authority position over an athlete to date that athlete?**

- a. Yes
- b. No
- c. Depends on the circumstances

**10. Is a Unified Partner subject to volunteer screening policies in the US?**

- a. Yes
- b. No

Name (Signature):

Name (Printed):

Date:

Please return to:

Special Olympics Iowa

PO Box 620

Grimes IA 50111

or [classa@soiowa.org](mailto:classa@soiowa.org)

# Special Olympics Iowa Instructions for Application of 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 doctor signatures must be original and both original signatures must be on the same Application form. Faxed signatures, phone consents or verbal consents will not be accepted.

If an 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.

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 of the three:

- The (biological or adoptive) parent unless the athlete has been designated a ward of the state
- The legal guardian; this person must be legally assigned for the individual;
- 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, IA 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 and no later than the established Medical Application deadline of a specific event (i.e., Winter Games, Area Basketball Tournament, Area Spring Games, etc.). All Applications for the event in question must be valid throughout the completion of that competition.

**Applications not on file or in receipt by the specified deadline will not be accepted.**

# APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS IOWA

PLEASE PRINT LEGIBLY

Athlete Name \_\_\_\_\_ Delegation (School/Facility) \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Parent/Guardian (Circle One) \_\_\_\_\_

Athlete Phone (\_\_\_\_\_) \_\_\_\_\_ Parent/Guardian Phone (\_\_\_\_\_) \_\_\_\_\_

Athlete Address \_\_\_\_\_ Parent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## HEALTH INSURANCE & EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

## MEDICAL CLEARANCE

Does athlete have Down Syndrome?  YES  NO If yes, have x-rays of the C1-C2 vertebrae been taken and examined?  YES  NO

Date of x-ray \_\_\_\_\_ Atlantoaxial Instability:  Positive AA  Negative AA

	YES	NO		YES	NO	Blood Pressure _____	Height _____	Weight _____
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Blind	<input type="checkbox"/>	<input type="checkbox"/>	Date of last Tetanus shot _____	Allergies _____	
Epileptic/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Deaf	<input type="checkbox"/>	<input type="checkbox"/>	Other Conditions _____		
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>			
Use Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>			

Current Medication (List)

Dosage

Current Medication (List)

Dosage

I have examined the above-named Athlete and, in my opinion, there is no mental or physical reason why he or she should not participate in Special Olympics sports training and competition. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

Sports athlete is **NOT** allowed to participate in: \_\_\_\_\_

Practitioner's Printed Name \_\_\_\_\_ Practitioner's Signature \_\_\_\_\_ Exam Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

*\*Acceptable signatures are licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic.*

## PARENT AND/OR GUARDIAN AUTHORIZATION & MEDIA RELEASE

I, on my own behalf or as the undersigned parent or legal guardian of the above named applicant (hereafter referred to as the "Athlete"), hereby give permission for the Athlete to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all athletes using the Sex Offender Public Registry and understand that athletes listed on the Registry will be denied participation. I affirm that this Athlete has never been on said Registry or, if Athlete was listed on the Sex Offender Public Registry but has since been removed I will contact Special Olympics Iowa for instructions before submitting this application. I represent and warrant that the Athlete is physically and mentally able to participate in Special Olympics. I understand that if the Athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature result in hyper-extension, radical flexion or pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlantoaxial Instability. I am aware that sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, soccer skills, powerlifting squat and butterfly stroke and diving starts in swimming. On behalf of the Athlete and myself, I acknowledge that the Athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Athlete. In permitting the Athlete to participate, I am specifically granting permission to Special Olympics Iowa to use the likeness, voice and words of the Athlete in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Athlete to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Athlete has no obligation to participate and I understand the Athlete should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Athlete's health. If I am not personally present at Special Olympics activities in which the Athlete is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Athlete. **Housing Policy:** "I acknowledge that Special Olympics events may involve overnight activities and that housing arrangements for each event may differ. I understand that I should contact my State Program Office if I have any questions about housing arrangements for a specific event or the housing policy in general."

I, THE UNDERSIGNED ADULT ATHLETE, have read and fully understand the provisions of the above release and/or have had them explained. I hereby agree that I will be bound thereby and I shall defend Special Olympics Iowa and hold it harmless from disaffirmation thereof.

Athlete Signature \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

I, THE UNDERSIGNED PARENT AND/OR GUARDIAN of the above specified Athlete, have read and fully understand the provisions of the above release and have explained them to the Athlete. I hereby agree that I and said Athlete will be bound thereby, and I shall defend Special Olympics Iowa and hold it harmless from any disaffirmation thereof by said Athlete.

Signature of Parent  
 and/or Legal Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_