APPLICATION FOR PARTICIPATION

SPECIAL OLYMPICS MICHIGAN **AREA _____ LOCAL _____**

SECTION A — ATHLETE PERSONAL DATA

Athlete first name and initial	Athlete last name	*Email address*	Athlete date of birth (mm/dd/yy) / /
Home address (number and street) / Apt. no.		Phone number for athlete	Please indicate the athlete's gender: ☐ Male ☐ Female
City or town, state, and zip code		Athlete's health / insurance company	Policy number
Parent/guardian first name and initial	Parent/guardian last name	Name for an emergency contact	
Parent/guardian address (number and street) if different from above		Phone number for emergency contact	
City or town, state, and zip code		Please indicate the athlete's race/ethnicity (optional): ☐ American Indian ☐ Black or African American ☐ Asian ☐ Hispanic or Latino ☐ White ☐ Other _____	
Parent/guardian phone	Parent/guardian Employer		

SECTION B — ATHLETE HEALTH DATA

Please check yes or no to the following health conditions:

	Yes	No	
1			Heart disease/ Heart defect/ High blood pressure
2			Chest pain/ Fainting spell/ Heat stroke/ Exhaustion
3			Seizure / Epilepsy Indicate frequency _____
4			Diabetes Please indicate: ☐ Type I ☐ Type II
5			Concussion/Serious head injury Date of injury _____
6			Major surgery or serious illness
7			Visual/Hearing impairment or correction (for example, blind or wears glasses/contacts or hearing aids)
8			Bone or joint disorder
9			Allergies (please check box and list specific allergy) ☐ Medicines _____ ☐ Foods _____ ☐ Insect bites/stings _____ ☐ Other _____
10			Special diet
11			Asthma or exercise-induced wheezing
12			Tendency to bleed
13			Emotional/ Psychiatric/ Behavioral problems
14			Immunizations are up to date Date of last tetanus shot _____
15			Motor impairment requiring special equipment
16			Other or new problems that would interfere with or modify sports participation (for example, wheelchair, other assistive devices)
17			Shunt
18			Blood-borne contagious infection carrier (for example, HIV, Hepatitis B)
19			Down syndrome Have x-rays been taken to check for atlantoaxial instability (AI)? ☐ Yes ☐ No Was AI present? ☐ Yes ☐ No Date of x-ray _____
20			Bed wetter
21			Deformities (for example, curvature of back, one kidney, one testicle, etc.)
22			Urination/bowel problem
23			Dental concerns (for example, dentures, braces, chipped teeth, bridges)
24			Have you ever been convicted or charged with a criminal offense, neglect, abuse, or assault?

For any 'yes' responses to questions, please explain:

25 Please indicate intellectual disability diagnosis if known (condition or cause):

SECTION C — ATHLETE RELEASE

By submitting this form, I hereby request permission for the above-named applicant (hereafter referred to as "entrant") to participate in Special Olympics. I represent and warrant that the entrant is physically and mentally able to participate in Special Olympics, and I submit a subscribed medical certificate.

I understand that it is the entrants responsibility to acquire, review and complete the Athlete Code of Conduct form for the safety and health of both the entrant and fellow athletes. I grant permission for Special Olympics to use the likeness, voice, and words of the entrant in TV, radio, newspapers, magazines, and other media for the purpose of communicating the mission and activities of Special Olympics and/or applying for funds to support the mission and activities of Special Olympics. I authorize Special Olympics to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well-being of the entrant in the event that he/she becomes ill or injured at any Special Olympics activity and no responsible adult authorized to act on the entrant's behalf is immediately available to be consulted as to the appropriate medical care for the entrant. I understand that if housing is provided at events, entrants will be sharing rooms with other entrants or volunteers of the same gender.

I have received information on the signs, symptoms & consequences of concussions in accordance with Public Acts 342 and 343 of 2012. By signing below, I acknowledge that I have read, fully understand, and agree to be bound by the provision of this release.

Signature of Parent/Legal Guardian/Own Guardian	Date
Signature of Athlete under 18 years old	Date

Note to entrant (or parent of entrant) with Down Syndrome: If a radiological exam certifies the presence of atlantoaxial instability, the entrant and two physicians must complete the "Special Release for Athletes with Atlantoaxial Instability" to participate in sports that may cause hyper-extension, radial flexion, or direct pressure on the neck or upper spine.

SECTION D — MEDICAL CERTIFICATION

To be completed by examiner

Skin	Head	Eyes	Ears
Nose	Mouth/Throat	Neck	Lungs
Heart	Abdomen	Extremities	Genital

Athlete height	Athlete weight	Blood pressure

List health concerns/conditions that Special Olympics should be aware of for this athlete:

Please read and check box:

☐ I have examined the individual named in this application and reviewed the Athlete Health Data in Section B, and I certify that there is no medical evidence available to me which would preclude this athlete from participation in Special Olympics.

Signature of Examiner	Date
Examiner's Name	Examiner's Title (M.D., D.O., C.N.P, P.A.)
Address	Phone

Note to examiner: If the athlete has Down Syndrome, Special Olympics requires that a full radiological exam be conducted which certifies the absence of atlantoaxial instability before the athlete may participate in sports or events which may result in hyperextension, radial flexion, or direct pressure on the neck or upper spine.

List medications being taken by athlete. If more than 3 medications, attach a separate sheet listing all medications:

Medication Name	Dosage	Time(s) Administered	Date Prescribed

This form is not valid without the dated signature of a Parent/Legal Guardian and a Medical Examiner or if altered in any way. This form is valid for three years from the medical exam date. Updated 3/5/14

Special Olympics Michigan

Educational Material for Parents and Students (Content Meets MDH Requirements)

Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Headache	Pressure in the Head	Nausea/Vomiting	Dizziness
Balance Problems	Double Vision	Blurry Vision	Sensitive to Light
Sensitivity to Noise	Sluggishness	Haziness	Fogginess
Poor Concentration	Memory Problems	Confusion	"Feeling Down"
Not "Feeling Right"	Feeling Irritable	Slow Reaction Time	Sleep Problems Grogginess

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

1. **SEEK MEDICAL ATTENTION RIGHT AWAY -** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, repot it. Ignoring symptoms and trying to "tough it out" often makes it worse.

2. **KEEPING YOUR STUDENT OUT OF PLAY -** Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for lifetime. They can be fatal. It is better to miss one game than the whole season.

3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** –Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood or behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awaken
- A headache that gets worse
- Weakness, numbness, or deceased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused,
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer

To learn more, go to www.cdc.gov/concussion.

Parents and Students (under 18) Must Sign and Return the Application for Participation Form