

ATHLETE POLICIES

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STATEMENT OF ELIGIBILITY FOR SPECIAL OLYMPICS WISCONSIN

Special Olympics Wisconsin (SOWI) was created, and exists today, to give individuals with cognitive disabilities¹ the opportunity to train and compete in year-round sports activities.

To be eligible to participate as a registered SOWI athlete², a person must meet the following criteria:

1. Be at least 8 years of age. There is no maximum age limit. Individuals ages 2-7 may inquire about SOWI's Young Athletes Program (YAP).
2. Be identified by an agency or professional as having:
 - a. A cognitive disability¹; or
 - b. A cognitive delay³ as determined by standardized measures such as intelligence quotient (IQ) or other generally acceptable measures; or
 - c. A closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning⁴ and adaptive skills⁵ such as recreation, work, independent living, self direction or self care. However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability are not eligible to participate as Special Olympic athletes, but may be eligible to volunteer for SOWI.
3. Agree to abide by the Official Special Olympics Sports Rules and the SOWI Athlete Code of Conduct.
4. Persons with multiple disabilities may participate in SOWI as long as they also meet the noted criteria above.

NOTE: No person shall, on the grounds of sex, race, religion, color or national origin, be excluded from participation in, be denied benefits of, or otherwise subjected to discrimination under any program or activity of SOWI.

¹ A synonym for mental retardation. May also be used synonymously with mental or intellectual disability.

² To be a registered SOWI athlete, eligible persons must complete an Application for Participation (medical form) and a release form and register under one of over 200 SOWI accredited agencies.

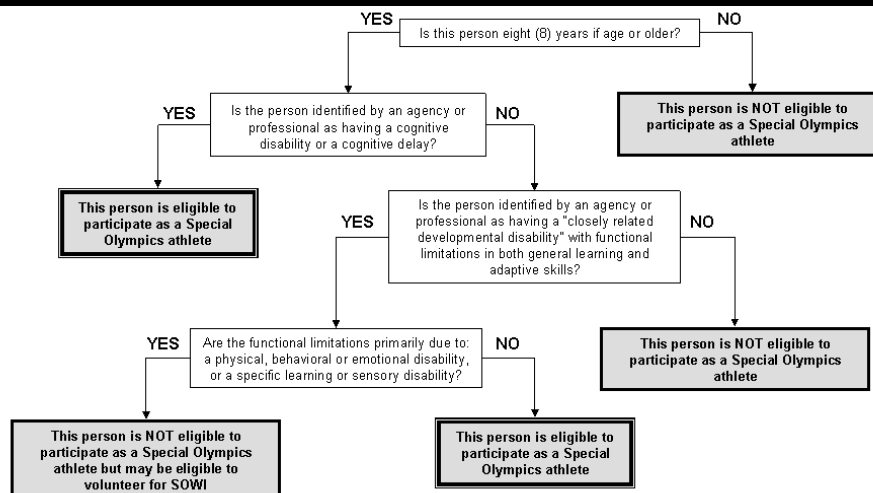
³ Learning slower than ones typical peers and requiring specially designed instruction.

⁴ General learning limitation refers to substantial deficits in conceptual, practical and social intelligence that will result in performance problems in academic learning and/or general life functioning.

⁵ Adaptive skill limitations refers to an on-going performance deficit in skill areas considered essential to successful life functioning.

Source: Article 6.01, Special Olympics Official General Rules, Revised 2004.

WHO IS THE SPECIAL OLYMPICS ATHLETE?



ATHLETE REGISTRATION - OFFICIAL SPECIAL OLYMPICS WISCONSIN RELEASE FORM AND APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

The *Official Special Olympics Wisconsin Release Form* and *Application for Participation in Special Olympics* serves as an athlete's registration for Special Olympics and must be completed before an athlete participates in any Special Olympics training program. They provide for a photo release, necessary medical information, secondary insurance coverage by Special Olympics International, and emergency medical treatment in the event a parent or guardian cannot be reached.

Athletes who are new to Special Olympics must submit both the *Official Special Olympics Release Form* and the *Application for Participation in Special Olympics* postmarked by the appropriate medical deadline date. An athlete must be eight years old by the medical deadline date for whichever sport the athlete is training. **Medical deadline dates are strictly enforced. There will be no exceptions to the medical deadline policy.** Completed medical forms may not be faxed to the SOWI Headquarters office.

THE SPECIAL OLYMPICS WISCONSIN REGISTRATION POLICY IS:

If an athlete's *Application for Participation in Special Olympics* expires prior to the last day of the state competition for which the athlete is registered, a new *Application for Participation in Special Olympics* must be completed correctly, mailed to the Headquarters office, postmarked by the appropriate medical deadline date for that sport and approved. The athlete's *Release Form* must also be on file by the medical deadline date. (Example: An athlete whose *Application* expires on January 25, 2012 wishes to compete in alpine skiing. The last day of the state competition is January 29, 2012; therefore, a new *Application for Participation in Special Olympics* **must** be postmarked by the December 1 medical deadline date.) The medical deadline dates also apply to partners and they must submit the *Unified Sports® Partner Form*.

If an athlete's medical will expire prior to the last day of the state competition for which s/he is registered and the medical deadline for the state competition has passed, the athlete may practice and compete until the date their medical expires. If the athlete's medical expires after Regional competition but prior to District or Sectional competition, the athlete may participate in the Regional competition but is unable to advance to the District or Sectional competition. If the athlete's medical expires after a District or Sectional competition but prior to the State tournament, s/he may participate in all of the Regional, District and Sectional competitions but is unable to advance to the State tournament. Please use discretion when allowing an athlete to compete if his or her medical expires prior to District, Regional, Sectional and/or State competition.

The *Application for Participation in Special Olympics* must be completed every three years unless otherwise stated by the physician, or if the athlete has a significant medical condition change during the three-year period for their medical. **The *Application for Participation in Special Olympics* may be completed yearly if the parents/guardians wish to have the form completed when the athlete has an annual examination.**

The *Official Special Olympics Release Form* only needs to be completed once unless there is a change in guardianship for the athlete.

Official Special Olympics Release Forms and *Application for Participation in Special Olympics* forms are available from the Regional or Headquarters office, the SOWI website and via email – please contact the Headquarters office to obtain forms via email. (Samples are included in this section of the handbook, but they are not for duplication.)

LATE REGISTRATION/RENEWALS

With the exception to the Winter Games season, *Application for Participation in Special Olympics* forms and *Official Special Olympics Release Forms* received postmarked after the medical deadline date for new athletes and returning athletes with expired medicals will not be entered until one month or more after the medical deadline date. Late medicals received for new athletes will have their medical and release information entered after the last event entry deadline for the Regional competition for that sports season. Late medicals received for returning athletes who choose to compete in the Regional and/or Sectional competitions but whose medicals expire prior to the State tournament for that sports season will not have their medicals updated until divisioning has been completed for the Sectional and/or state tournament. This policy prevents current athletes from being advanced to the next level of competition who are not eligible due to the fact that their updated *Application for Participation in Special Olympics* was received past the medical deadline date.

ATHLETE MEDICAL RESTRICTIONS

Athletes who wish to compete in a sport they are restricted from must have their restriction lifted prior to training and competition in that particular sport. The following healthcare providers may lift a sports restriction: Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O), Nurse Practitioner (N.P.), and Physician Assistant (P.A.). Releases from medical restrictions may be mailed or faxed to the Headquarters Office. Medical deadline dates do not apply when lifting medical restrictions.

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OFFICIAL SPECIAL OLYMPICS RELEASE FORM



2310 CROSSROADS DR.
SUITE 1000
MADISON, WI 53718
(608) 222 - 1324

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

Agency Name: _____ Agency Number: _____

TO BE COMPLETED BY ADULT ATHLETE (for minor athlete see below)

I, _____, am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release For Athletes With Atlanto-axial Instability" Form, available from the Special Olympics Program in my state or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release For Athletes With Atlanto-axial Instability" Form which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in Judo, Equestrian Sports, Gymnastics, Diving, Pentathlon, Butterfly Stroke and Diving Starts in Swimming, High Jump, Alpine Skiing, Snowboarding, Squat Lift and Football Team competition (Soccer).

Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent 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, the athlete, agree to be held accountable for the standards outlined in the Athlete Code of Conduct. I am aware the standards may change slightly from year to year, and understand it is my responsibility to stay up-to-date on the current standards. In addition, I understand that Special Olympics reserves the right to conduct a background screening when deemed appropriate.

My signature on this Form grants permission to participate in Healthy Athlete Screenings, including but not limited to vision, dental and hearing screenings. In agreeing to participate, permission is granted to use data collected during the course of any Healthy Athlete Screening for research purposes.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

SIGNATURE OF ADULT ATHLETE _____

DATE _____

I, hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print): _____

Relationship to Athlete: _____
(e.g. family member, teacher, coach, etc.)

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that, to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. 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 direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release For Athletes With Atlanto-axial Instability" Form, available from the Special Olympics Program in my state, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release For Athletes With Atlanto-axial Instability" Form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in Judo, Equestrian Sports, Gymnastics, Diving, Pentathlon, Butterfly Stroke and Diving Starts in Swimming, High Jump, Alpine Skiing, Snowboarding, Squat Lift and Football Team competition (Soccer).

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

In permitting the athlete to participate, I understand the athlete agrees to be held accountable for the standards outlined in the Athlete Code of Conduct. I am aware the standards may change slightly from year to year, and understand it is the athlete's responsibility to stay up-to-date on the current standards. In addition, I understand that Special Olympics reserves the right to conduct a background screening on the athlete when deemed appropriate.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this Release Form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I specifically grant permission for the athlete to participate in Healthy Athlete Screenings, including but not limited to vision, dental and hearing screenings. In agreeing to participate, permission is granted to use data collected during the course of any Healthy Athlete Screenings for research purposes.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation program, and physical activity programs.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

SPECIAL OLYMPICS - Created by The Joseph P. Kennedy, Jr. Foundation. Authorized and Accredited by Special Olympics, Inc., for the Benefit of Persons with Cognitive Disabilities.

DO NOT DETACH

THIS FORM ONLY NEEDS TO BE COMPLETED ONCE UNLESS THERE'S A CHANGE IN GUARDIANSHIP.

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APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS FORM SAMPLE



2310 CROSSROADS DR., SUITE 1000
MADISON, WI 53718
(608) 222 - 1324

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS (For individuals with cognitive disabilities)

DEMOGRAPHICS																																	
ATHLETE INFORMATION																																	
Agency Name: _____					Agency Number: _____																												
Athlete Name: _____																																	
Date of Birth: ____/____/____																																	
Social Security Number: _____			Home Phone: (____) _____		Race: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																										
Address: _____																																	
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Emergency Contact (if other than parent/guardian): _____ Phone: (____) _____																																	
Health/Accident Insurance Company: _____					Policy Number: _____																												
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Name: _____																																	
Address (if different): _____																																	
Cell Phone: (____) _____		Home Phone: (____) _____			Email: _____																												
HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER																																	
YES NO <input type="checkbox"/> <input type="checkbox"/> *Heart Disease/Heart Defect/High Blood Pressure <input type="checkbox"/> <input type="checkbox"/> *Chest Pain <input type="checkbox"/> <input type="checkbox"/> *Seizures/Epilepsy/Fainting Spells <input type="checkbox"/> <input type="checkbox"/> *Diabetes <input type="checkbox"/> <input type="checkbox"/> *Concussion or Serious Head Injury <input type="checkbox"/> <input type="checkbox"/> *Major Surgery or Serious Illness <input type="checkbox"/> <input type="checkbox"/> Heat Stroke/Exhaustion <input type="checkbox"/> <input type="checkbox"/> *Blindness/Visual Problem <input type="checkbox"/> <input type="checkbox"/> Contact Lenses/Glasses <input type="checkbox"/> <input type="checkbox"/> Hearing Loss/Hearing Aid <input type="checkbox"/> <input type="checkbox"/> Bone or Joint Problem Date of most recent tetanus immunization: ____/____/____ (*) Requires physical examination if significant change in athlete's health.					YES NO Allergies: _____ Medicines: _____ Food: _____ Insect Stings/Bites: _____ <input type="checkbox"/> <input type="checkbox"/> Special Diet <input type="checkbox"/> <input type="checkbox"/> *Asthma <input type="checkbox"/> <input type="checkbox"/> Tobacco Use <input type="checkbox"/> <input type="checkbox"/> Easy Bleeding <input type="checkbox"/> <input type="checkbox"/> Emotional/Psychiatric/Behavioral <input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait or Disease <input type="checkbox"/> <input type="checkbox"/> Immunizations Up To Date <input type="checkbox"/> <input type="checkbox"/> Other: _____																												
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PHYSICIAN'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability and the completion of the Special Examination Form before he/she may participate in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: Judo, Equestrian sports, Gymnastics, Diving, Pentathlon, Butterfly stroke and Diving Starts in Swimming, High Jump, Alpine Skiing, Snowboarding, Squat Lift, and Football Team Competition (Soccer).																																	
YES NO <input type="checkbox"/> <input type="checkbox"/> Has an x-ray evaluation for Atlanto-axial Instability been done? <input type="checkbox"/> <input type="checkbox"/> If yes, was it positive for Atlanto-axial Instability? (Positive indicates that the atlanto-dens interval is 5mm or more) <input type="checkbox"/> <input type="checkbox"/> Has the Special Olympics Wisconsin Special Examination Form been completed?																																	
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ATHLETE REGISTRATION – *SPECIAL EXAMINATION FORM*

Athletes with Down syndrome may be required to complete an additional form called the *Special Examination Form*.

Medical research indicates that up to 15% of individuals with Down syndrome have a condition known as Atlantoaxial Instability, which is a malalignment of cervical vertebrae C-1 and C-2 in the neck. This condition exposes individuals with Down syndrome to the possibility of injury if they participate in activities that hyperextend or radically flex the neck muscles.

Athletes with Down syndrome who are participating in the following sports are required to have x-rays taken and the *Special Olympics Special Examination Form* completed and returned to the Headquarters office before the athlete starts training: artistic gymnastics, diving, pentathlon, butterfly stroke in swimming, diving start in swimming, high jump, soccer, alpine skiing, equestrian, squat lift, judo, snowboarding and any warm-up exercises placing undue stress on the head and neck muscles.

If an athlete does not have Down syndrome and the healthcare provider has completed the section for Athletes with Down syndrome by mistake on the *Application for Participation in Special Olympics*, the athlete will be assumed to have Down syndrome and will be restricted from the sports listed above. A signed and dated note from a healthcare provider stating that the athlete does not have Down syndrome will need to be submitted to the Headquarters office in order to lift the sports restrictions.

MEDICAL RESTRICTIONS FOR ATHLETES WITH DOWN SYNDROME

Down Syndrome athletes who wish to compete in a sport they are restricted from must have their restriction lifted prior to training and competition in that particular sport by either having a signed and dated note by a healthcare provider and/or having the *Special Olympics Special Examination Form* completed. The following healthcare providers may lift a sports restriction: Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O), Nurse Practitioner (N.P.), and Physician Assistant (P.A.). Releases from medical restrictions may be mailed or faxed to the Headquarters office. Medical deadline dates do not apply when lifting medical restrictions.

The *Special Examination Form* needs to be completed only once. The form is available from the Regional or Headquarters office, the SOWI website and via email – please contact the Headquarters office to obtain the form email. (A sample is included in this section of the handbook, but it is not for duplication.)

SPECIAL EXAMINATION FORM SAMPLE



2310 CROSSROADS DR.
STE. 1000
MADISON, WI 53718
(608) 222 - 1324

ATHLETES WITH DOWN SYNDROME SPECIAL EXAMINATION

ATHLETE INFORMATION			PLEASE PRINT	AGENCY INFORMATION	
LAST NAME	FIRST NAME	DATE OF BIRTH		AGENCY NAME	AGENCY #
STREET ADDRESS					
CITY			ZIP CODE		
ATHLETE PHONE NUMBER			AGE	GENDER	RACE
			INSURANCE CO./MEDICAL ASSISTANCE		POLICY NUMBER

MEDICAL RELEASE FOR INDIVIDUALS WITH DOWN SYNDROME PARTICIPATING IN DESIGNATED SPORTS AND OTHER RELATED ACTIVITIES OF SPECIAL OLYMPICS, INC.

This Form must be completed and signed by the examining physician for each individual with Down syndrome who is expected to participate in the following activities:

Gymnastics	Diving Start in Swimming
Diving	High Jump
Equestrian	Alpine Skiing
Pentathlon	Soccer
Squat Lift	Butterfly Stroke in Swimming
Judo	Snowboarding

And any warm-up exercises placing undue stress on the head and neck.

Note to Examining Physician:

There is evidence from medical research that up to 15 percent of individuals with Down syndrome have a malalignment of the cervical vertebrae C-1 and C-2 in the neck. This condition exposes individuals with Down syndrome to the possibility of injury if they participate in activities that hyper-extend or radically flex the neck or upper spine. Special Olympics, Inc. requires that any athletes competing in the above listed sports must be examined for this condition. The examination must include x-ray views of full extension and flexion of the neck.

Physician Statement:

On examination of cervical spine x-rays including full flexion and full extension views, I find that the above named athlete has:

CHECK ONE:

- No evidence of Atlanto-axial Instability
- Positive or equivocal evidence of Atlanto-axial Instability

SIGNATURE OF PHYSICIAN	DATE			
Print Physician's Name & Title				
Address	Street	City	State	Zip Code
Telephone Number				

SPECIAL OLYMPICS – Created by The Joseph P. Kennedy, Jr. Foundation. Authorized and Accredited by Special Olympics, Inc., for the Benefit of Persons with Cognitive Disabilities.

DO NOT DETACH

8/10

ATHLETE REGISTRATION – SPECIAL OLYMPICS UNIFIED SPORTS® PARTNER FORM

Special Olympics Unified Sports® is a program which provides individuals with cognitive disabilities (athletes) and individuals without cognitive disabilities (partners) the opportunity to train and compete together as a team. (see the *Outreach* section of the Agency Manager Handbook for more details about this program and other inclusive opportunities). All individuals participating as partners in the Special Olympics Unified Sports® program are required to submit the *Special Olympics Unified Sports® Partner Application Form* which must be completed correctly, mailed to the Headquarters office and postmarked by the appropriate medical deadline date for that sport and approved. **There will be no exceptions to the medical deadline policy.** Completed forms may not be faxed to the Headquarters office.

If a person completes a Unified Sports® Partner Application form and is screened and approved, they will automatically become a registered Class A volunteer. However, being a Class A volunteer does not automatically make one a Unified Sports® Partner.

Unified Sports® Partners are required to complete the Protective Behaviors Training (online at www.specialolympicswisconsin.org) and be re-screened every three years as required of all Class A volunteers. Please refer to the Volunteer Policies section for more information on Class A volunteers.

The *Special Olympics Unified Sports® Partner Application Form* needs to be completed by Class A volunteers wishing to become a Unified® Partner only once. Forms are available from the Regional or Headquarters office. (A sample is included in this section of the handbook, but it is not for duplication.)

Reference Number One Information

Reference Number One Signature _____ Date _____

Reference Number One Printed Name _____

Relationship to Applicant (how you know applicant) _____

Organization/Institution Name and Phone Number _____

Reference Number Two Information

Reference Number Two Signature _____ Date _____

Reference Number Two Printed Name _____

Relationship to Applicant (how you know applicant) _____

Organization/Institution Name and Phone Number _____

Photo identification verification:

- I have attached a photocopy of my photo ID (State driver's license or state issued ID, passport, student ID, military ID),
- OR I have had an Agency Manager or SOWI staff verify my identity (Agency Manager or SOWI staff must sign below):

Agency Manager or SOWI Staff Signature _____ Date _____

Agency Manager or SOWI Staff Printed Name _____

- All five questions below must be answered truthfully or you will automatically be disqualified:**
- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you use illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a criminal offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been charged with neglect, abuse, assault, sexual assault or crimes involving violence or threat of violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your driver's license ever been suspended or revoked in any state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been convicted of, or plead guilty to, three or more moving violations within the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE READ CAREFULLY BEFORE SIGNING—I understand that:

- the information I have provided may be verified, and I give permission to Special Olympics to conduct a check of criminal and/or driver's license records, and to make inquiry of others concerning my suitability to act as a Special Olympics Unified Sports® Partner;
- I release SOWI from any and all liability which may be incurred as a result of the volunteer screening process;
- in the course of participating for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between Special Olympics and Unified Sports® Partners is an "at will" arrangement, and that it may be terminated at any time without cause by either the Unified Sports® Partner or Special Olympics;
- I grant Special Olympics permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics;
- I, the Unified Sports® Partner, agree to be held accountable for the standards outlined in the Athlete and Volunteer Codes of Conduct. I am aware the standards may change slightly from year to year, and understand it is my responsibility to stay up-to-date on the current standards.

I affirm that I have read the above and that the information I have given is true and complete.

Signature of Unified Sports® Partner* _____ Date _____

Signature of Parent/Guardian* _____ Date _____

*If Unified Sports® Partner is under the age of 18, signature of both Unified Sports® Partner AND Parent/Guardian are required.

Special Olympics Wisconsin is an equal opportunity volunteer organization and will not discriminate on the basis of race, color, religion, gender or national origin. Information regarding race and gender is requested solely for the purpose of conducting driver's license and criminal records checks. Strict confidentiality is maintained with all information given.

RETURN COMPLETED FORM TO:

Special Olympics Wisconsin
2310 Crossroads Dr.
Ste. 1000
Madison, WI 53718
(608) 222-1324

FOR OFFICE USE ONLY	
<input type="radio"/> Approved	
<input type="checkbox"/> No Restrictions	
<input type="checkbox"/> Restriction 1 – No driving on behalf of SOWI	
<input type="checkbox"/> Restriction 2 – No financial duties for SOWI	
<input type="checkbox"/> Restriction 3 – No contact with SOWI athletes,	
<input type="checkbox"/> Restriction 4 – No chaperoning duties.	
<input type="radio"/> Disapproved	
Date: _____	Initials: _____

SPECIAL OLYMPICS – Created by the Joseph P. Kennedy Jr. Foundation. Authorized and Accredited by Special Olympics, Inc., for the Benefit of Persons with Cognitive Disabilities.

ATHLETE CODE OF CONDUCT

Special Olympics Wisconsin (SOWI) prides itself in sponsoring high quality sports training and competitions for people with cognitive disabilities. The primary purpose of this code of conduct is to establish a high standard of athlete behavior, which will ensure the safety and well being of all athletes involved in training and competition. All athletes (including Unified Sports® Partners) are expected to abide by the Athlete Code of Conduct as established by SOWI. Athletes should be reminded that **participation in Special Olympics is a privilege, not a right, and that the Agency manager has the authority to make immediate accommodations until final decisions can be made.**

By agreeing to abide by the Special Olympics Wisconsin Code of Conduct, each athlete agrees to adhere to the following athlete behavior:

- Uphold the mission, philosophy, principles and policies of Special Olympics, Inc. and Special Olympics Wisconsin
- Behave in a manner consistent with Special Olympics Wisconsin's core values of mutual respect, positive attitude, accountability, teamwork and dedication

SPORTSMANSHIP

I will practice good sportsmanship.

I will act in ways that bring respect to me, my coaches, my team and Special Olympics.

I will not use bad language.

I will not swear or insult other persons.

I will not fight with other athletes, coaches, volunteers or staff.

TRAINING AND COMPETITION

I will train regularly.

I will learn and follow the rules of my sport.

I will listen to my coaches and the officials and ask questions when I do not understand.

I will always try my best during training, divisioning and competitions.

I will not "hold back" in preliminary competition just to get into an easier finals competition division.

RESPONSIBILITY FOR MY ACTIONS

I will not make inappropriate or unwanted physical, verbal or sexual advances on others.

I will not smoke in non-smoking areas.

I will not drink alcohol or use illegal drugs at Special Olympics events.

I will not take drugs for the purpose of improving my performance.

I will obey all laws and Special Olympics rules, the International Federation and the National Federation/Governing Body rules for my sport(s).

ATHLETE STANDARDS OF BEHAVIOR

The following athlete behavior is unacceptable while participating in Special Olympics training or competition, including, but not limited to, practice, in transit, and at the competition venue:

- Profanity or verbal abuse
- Tobacco use in restricted areas
- Use of alcohol
- Physical or verbal sexual overtures
- Physical abuse*
- Use of illegal drugs or any controlled substance*
- Felony or misdemeanors (or any other illegal or socially unacceptable behavior) which seriously disrupts or impedes the participation of athletes or others*
- Frequent unexcused absences
- Exhibition of poor sportsmanship
- Violent or disruptive behavior
- Any unwelcome physical contact
- Possession of harmful weapons*
- Public forum posts that degrade the organization

**Criminal offenses regardless of where it occurs may result in immediate suspension from any and all Special Olympics activities.*

Guidelines for limiting or denying an athlete's involvement in SOWI

SOWI may limit or deny an athlete's participation in SOWI based on the following, as determined by SOWI in its sole discretion.

- a. Admission or adjudication of involvement in abuse, neglect, sexual assault, or conduct involving violence or threat of violence (for example, assault and battery or armed robbery)
- b. Record of being charged with abuse, neglect, conduct involving violence or threat of violence (for example, assault and battery or armed robbery), or sexual assault with corroborating information
- c. Extreme or repeated violations of the SOWI Code of Conduct
- d. Current use of illegal drugs
- e. If the safety of other athletes is at risk

Not all situations or circumstances can be addressed in these guidelines. SOWI will address each situation on a case-by-case basis.

SOWI recommends all Special Olympics athletes and Unified Sports® Partners review, understand and sign the Athlete Code of Conduct before sports training begins. If an athlete or Unified Sports® Partner participates in multiple sports seasons, he/she need only submit one form per SOWI sports year (i.e., October - September). The Agency manager should forward all signed forms to the Regional office before training begins and retain a copy in the Agency files throughout the SOWI sports year.

Athlete/Unified Sports® Partner's Signature _____ **Date** _____

Print Athlete's Name _____

Agency #: _____ Agency Name: _____

Parent/Guardian Signature (If athlete is a minor or not their own guardian.) _____

ATHLETE CODE OF CONDUCT DISCIPLINARY STEPS

The following steps may be taken by the Agency Manager or a staff member from the Regional or Headquarters office:

- Verbal warning given to the athlete
- Written warning given to the athlete with a copy to the Region office and parent/guardian or caseworker
- Personal meeting with the athlete to review unacceptable behavior and work out a plan for improvement
- If the athlete is under 18, or over 18 and not their own guardian, he/she will be accompanied by his/her parent/guardian or caseworker. If the athlete is over 18 and is his/her own guardian, he/she may choose to have another adult present. The meeting will be documented in writing and copies distributed to the athlete, Regional office, Headquarters office, Agency file, and parent/guardian or caseworker.
- Suspension from practices or competition during the specific sport season
- The Regional office must be contacted before an Agency manager suspends an athlete. The Regional office will discuss the circumstances and approve the action. The action will be documented in writing and presented to the athlete and parent/guardian (or caseworker) and a copy will be sent to the Headquarters office.

Any further action must be referred to the Region office. The Region office and Program staff member responsible for Regional management will approve any further action to be taken.

Further action could be, but is not limited to:

- Suspension for more than one sport season
- Expulsion for one year or more
- Permanent expulsion

Appeal Process

The athlete has the right to appeal any disciplinary actions with the Region office. The athlete or representative must submit a written request for a meeting to appeal the decision within 30 days of being notified of the disciplinary action. SOWI will review the request and determine whether to uphold the decision of the Region office or hold an appeal meeting to obtain additional information.

If deemed necessary, the appeal will be heard by a Regional and/or Headquarters staff representative, and an Agency manager (either the manager from that Agency or if deemed necessary a manager not involved with the situation). A decision to reverse, amend or affirm a disciplinary action will be submitted in writing to the Agency manager and should include a plan of action for the athlete to correct the unacceptable behavior that led to the disciplinary action.

Special Olympics Wisconsin prides itself in sponsoring high quality sports training and competitions for people with cognitive disabilities. The primary purpose of this code of conduct is to establish a high standard of athlete behavior, which will ensure the safety and well being of all athletes involved in training and competition. All athletes (including Unified Sports® Partners) are expected to abide by the Athlete Code of Conduct as established by Special Olympics Wisconsin.

By agreeing to abide by the Special Olympics Wisconsin Code of Conduct, each athlete agrees to adhere to the following athlete behavior:

- Uphold the philosophy, principles and policies of Special Olympics, Inc. and Special Olympics Wisconsin
- Behave in a manner consistent with Special Olympics Wisconsin's core values of mutual respect, positive attitude, accountability, teamwork and dedication.

Each athlete further agrees and acknowledges that participation in SOWI is voluntary and SOWI may terminate an athlete's participation if athlete fails to follow SOWI rules and policies, including the athlete code of conduct.