



APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS **INSTRUCTIONS**

Before the athlete can participate in Special Olympics, the attached "Application For Participation" form must be completed correctly, postmarked by the appropriate medical deadline date for whichever sport the athlete is participating in (see dates below) and approved by the Program Office. Please contact the Agency Manager or coach to confirm when an existing athlete's Application For Participation form will expire. You may also check the expiration date for the athlete at http://www.specialolympicswisconsin.org/family_athlete_lookup.aspx. Application For Participation forms may not be faxed to the Program Office.

DEMOGRAPHICS:

Please fill in all of the blanks. Contact the Agency Manager or Coach for the correct Agency name and number.

HEALTH HISTORY:

Every question must be answered either "yes" or "no". A parent/guardian, caregiver or adult athlete's signature and date are required.

ATLANTO-AXIAL INSTABILITY ASSESSMENT:

This section is to be completed ONLY for athletes with Down syndrome.

PHYSICAL EXAMINATION:

A licensed physician must complete, sign and date. The physician's printed name, medical title, address and phone number should appear in the space provided.

Acceptable signatures include: Doctor of Medicine (MD), Doctor of Osteopathy (DO), Physician Assistant (PA) and Nurse Practitioner (NP). In the case of a PA or NP, they should print their name and title, as well as the Physician's name, title, address and phone.

IF THE REQUIRED INFORMATION IS MISSING, THE FORM WILL BE REJECTED AND RETURNED TO THE AGENCY MANAGER

Mail the Application Form to:

Special Olympics Wisconsin
2310 Crossroads Dr., Suite 1000
Madison, WI 53718

MEDICAL DEADLINE DATES: (There will be no exceptions to these dates)

Bowling & Volleyball	OCTOBER 1
Skiing, Skating, Snowshoeing & Snowboarding	DECEMBER 1
Basketball & Gymnastics	FEBRUARY 1
Aquatics, Athletics, Soccer & Powerlifting	APRIL 1
Softball, Tee Ball, Tennis, Golf & Bocce	JUNE 1

