

ATHLETE ELIGIBILITY

According to the World Health Organization, intellectual disability is a condition of arrested or incomplete development of the mind characterized by impairment of skills and overall intelligence in areas such as cognition, language, and motor and social abilities. Intellectual disability can occur with or without any other physical or mental disorders. Although reduced level of intellectual functioning is the characteristic feature of this disorder, the diagnosis is made only if it is associated with a diminished ability to adapt to the daily demands of the normal social environment (Visit www.who.int for more information).

Special Olympics' range of services, from the Motor Activities Training Program to Unified Sports®, addresses the needs of individuals at their current functional level. Special Olympics is a valuable support system that recognizes differences and celebrates individual accomplishments.

Eligibility For Participation

Special Olympics was created and developed to give individuals with intellectual disabilities the opportunity to train and compete in sports activities. No person shall, on the grounds of sex, race, religion, color or national origin, be excluded from participation in, be denied the benefits of, and/or be otherwise subjected to discrimination under any program or activity of Special Olympics.

Athletes must compete in the area program and events within the geographical boundaries where they live. Coaches may petition their area program staff if they would like to compete in events outside their area boundaries. Athletes may not substitute their area's competition for another. Competing in another area's event is an option only to add additional competition opportunities. The area program staff will assist coaches in locating the next closest competition. An athlete must compete at the area level before advancing in the same sport to the chapter level.

Athletes must play to the best of their abilities, to provide for fair and equitable competition, and must adhere to sportsmanlike conduct.

Age

- People are eligible for Special Olympics provided that they are 2 years of age or older. People age 2 through 7 are considered Athletes in Training (see page B-3 for more details).
- Only people 8 years of age and older are eligible for competition. Athletes must be a minimum of 12 years old by the first day of the games to participate in chapter-level competition.

Definition of Eligibility

- Eligibility is limited to people who have closely related developmental disabilities such as those who have functional limitations, both in general learning and in adaptive skills such as recreation, work, independent living, self-direction or self-care. When the term "intellectual disabilities" or other similar descriptor is not used to identify the person in a local area, eligibility should be determined by whether or not the person has functional limitations in both general learning and adaptive skills. "Developmental disability" is the term most often used to describe persons with both limitations. Other terms that may be used synonymously with developmental disability are developmental handicap, developmental delay or severe disabilities.
- General learning limitations refers to substantial deficits in conceptual, practical and social intelligence that will result in performance problems in academic learning and/or general life functioning. Learning limitations may be assessed by standardized tests (e.g., intelligence or achievement tests) or through criterion-referenced measures (e.g., teacher/parent observations or actual performance samples).





- Adaptive skill limitations refers to ongoing performance deficits in skill areas considered essential to successful life functioning. These adaptive skill areas include: communication, self-care, home-living, social skills, community use, self-direction, health and safety, functional academics, recreation/leisure and work. Adaptive skills limitations may be measured by standardized tests (e.g., adaptive behavior scales or checklists) or through criterion-referenced measures (e.g., teacher/parent observations or actual performance samples).
- People with functional limitations based solely on a physical, behavioral, emotional, specific learning disability or sensory disability are not eligible.
- Some flexibility is left to accredited programs and subprograms for determining, in exceptional circumstances, the individual eligibility of a participant because of the variety of situations, needs and definitions that exist in the many localities where Special Olympics has been and will be instituted. The accredited program must inform Special Olympics, Inc. (SOI), in writing and with appropriate evidence, of these potential exceptions, and the program's determination of eligibility is subject to SOI's approval. Coaches should contact the Vice President of Field Services at the chapter office for more information.
- People who have multiple disabilities may participate in Special Olympics provided they meet the eligibility requirements.

Atlantoaxial Instability (AAI)

Participation by Individuals with Down Syndrome Who Have Atlantoaxial Instability

In light of medical research indicating that up to 15 percent of individuals with Down syndrome have Atlantoaxial Instability, exposing them to possible injury if they participate in activities that hyper-extend or hyper-flex the neck or upper spine, all accredited programs must take the following precautions before permitting athletes with Down syndrome to participate in certain physical activities:

- 1) Athletes with Down syndrome and confirmed Atlantoaxial Instability may participate in most Special Olympics sports training and competition, but shall not be permitted to participate in any activities which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless the requirements of subsections 2) and 3) below are satisfied. Such sports training and competition activities include: butterfly stroke and diving starts in aquatics, diving, pentathlon, high jump, squat lifts, equestrian, artistic gymnastics, soccer, alpine skiing, snowboarding, and any warm-up exercise placing undue stress on the head and neck.
- 2) An athlete with Down syndrome may be permitted to participate in all Special Olympics training and competition activities described in subsection 1) above if that athlete is examined (including x-ray views of full extension and flexion of neck) by a physician who is briefed on the results of that examination, and the athlete does not have an Atlantoaxial Instability condition.
- 3) An athlete with Down syndrome who is diagnosed by a physician as having an Atlantoaxial Instability condition may nevertheless be permitted to participate in the activities described in subsection 1) if the athlete, or the parent or guardian of a minor athlete, confirms in writing his or her decision to proceed with these activities notwithstanding the risks created by the Atlantoaxial Instability and two licensed medical professionals certify in writing that they have explained these risks to the athlete and his/her parent or guardian, and that the athlete's condition does not, in their judgment, preclude the athlete from participating in Special Olympics restricted activities. These statements and certifications shall be documented and provided to accredited programs using the standardized form approved by SOI, entitled "Special Release for Athletes with Atlantoaxial Instability," and any revisions of that form approved by SOI (the "Special Release for Athletes with Atlantoaxial Instability" on pages B-5 to B-6 must be completed and turned in with the medical release form).



Athlete Membership Enrollment

Any individual who meets the eligibility requirements may become an athlete member of Special Olympics Texas by submitting or having a coach submit on his/her behalf a correct and complete Athlete Enrollment/Medical Release Form. If an athlete is under the age of 8 and is participating as an Athlete in Training (see below for details) or if they are part of the Motor Activities Training Program (see page F-8), a medical release form is not needed. The athlete's information will be entered on a roster form which will capture the location of participation as well as their name, date of birth, and gender, if possible.

The medical forms and rosters can be obtained through your area office or the chapter office, and have been reproduced on pages B-5 through B-10 and B-12 of this section.

Each area has its own deadline date by which it is to receive the Athlete Enrollment/Medical Release Form. These deadline dates must be a minimum of eight weeks prior to that area's competition. If a form is incorrect or incomplete, the area office will notify the respective coach of the error(s) and give that coach directions for resubmitting the application. All Athlete Enrollment/Medical Release Forms are kept on file in the area office.

Athlete Enrollment/Medical Instructions

The medical form has been reproduced on page B-7 and B-8.

- A physical examination is required every three years for athletes with "yes" responses to items 1 - 5 and a doctor's signature is required.
- A physical examination is required every three years for all athletes with a "new problem" response to items 6 - 10 and a doctor's signature is required.
- Check the renewal box if the medical release form has expired and a new one is being submitted regardless of whether a doctor's signature is required.
- If all medical history responses are "no," a new medical release form must be submitted every three years, but a doctor's signature is not required.
- Check "update" if information on the current medical release form changes before the three year expiration date. An example is a change of address or a change of medication. No doctor's signature or signature on the release is necessary at this time.

Athlete in Training

An Athlete in Training (AIT) is a person with intellectual disabilities who trains in a Special Olympics sport but has not competed during the calendar year. These athletes, if training under the umbrella of a school district or other agency, and are not traveling to train outside their school or agency, do not need to have a medical release form on file. They must, however, be registered via the Athlete in Training Roster. If confidentiality is an issue, then the first and last initial of the athlete may be used instead of the full name. The head of delegation must include the athlete's date of birth, gender and sport in which they are training. This form can be found on page B-12.

Young Athletes™ (YA) Program

Children who participate in Young Athletes™ are also considered Athletes in Training. These athletes will be registered via a roster form. The form can be found on page B-12.

Athletes who are eligible to participate in the Young Athletes™ program may not continue to be eligible for Special Olympics competition once they have reached their potential developmental level. If this is the case, the athlete will be able to hold other roles within Special Olympics such as: Partners Clubs, Unified Sports® partner, or volunteer.



Athlete Code of Conduct

The athlete code of conduct was written by athletes and approved by the SOTX Board of Directors in 2003. The intent of the code of conduct is to provide behavior guidelines and set expectations for athletes during training and competition. Upon entering Special Olympics Texas as an athlete of the organization, the coach should review and have the athlete sign the form (if possible). At that time, the coach should explain what the consequences are of the athlete not following the code of conduct. The code of conduct needs to be signed only once while the athlete participates with any given team. If the athlete changes teams, the code of conduct should be reviewed with the new coach, consequences explained and the code of conduct signed again. The athlete code of conduct should be kept on file by the head coach or head of delegation.

Special Release for Athletes with Atlantoaxial Instability

Certification by Physicians

We have examined the athlete named in the application, who has Down syndrome and who has been diagnosed as having Atlantoaxial Instability. We certify, based on our examinations of the athlete and our review of the health information contained in this application, that despite the diagnosis of Atlantoaxial Instability, this athlete is not medically precluded from participation in Special Olympics. We further certify that we have explained to the athlete named in this application (and to the parent or guardian whose signature appears below, if the athlete is a minor), the medical risks associated with Atlantoaxial Instability and in particular, the risks associated with the athlete's participation in sports or events which, by their nature, may result in hyper-extension, radical flexion, or direct pressure on the neck or upper spine (signatures of two physicians required).

Physician #1	Physician #2
Restrictions (if any)	Restrictions (if any)
Physician's Name	Physician's Name
Address	Address
Phone	Phone
Signature of Physician Date	Signature of Physician Date

Certification of Adult Athlete

(Required for adult athletes with diagnosis of Atlantoaxial Instability)

I am the athlete named in this application. I certify that:

1. I have been informed by the physicians named above that I have Atlantoaxial Instability.
2. The risks associated with that condition, including the risks from participating in equestrian, gymnastics, judo, pentathlon, butterfly stroke, diving starts in aquatics, high jump, alpine skiing, and soccer have been fully explained to me by the physicians listed above, and I fully understand the possible medical consequences if I participate in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I certify that I am taking these risks knowingly and voluntarily, of my own free will, because of my desire to participate in Special Olympics, including any or all of the sports listed above, based on the certifications of the two physicians named above that I am not medically precluded from participating in Special Olympics.

Athlete Name	Last	First	MI
Address			
Phone			
Signature of Adult Athlete		Date	
Signature of Parent/Guardian/Next of Kin		Date	

(continued on the following page)

Special Release for Athletes with Atlantoaxial Instability

Certification of Parent/Guardian/Next of Kin

(Required for minor athletes with diagnosis of Atlantoaxial Instability)

I am the parent/guardian/next of kin of the athlete named in this application. I certify that:

1. I have been informed by the physicians named that the athlete has Atlantoaxial Instability.
2. The risks associated with that condition, including the risks from participating in sports have been fully explained to me by the physicians listed, and I fully understand the possible medical consequences of the athlete participating in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I hereby give permission for the athlete to participate in Special Olympics, including any or all of the sports listed, based on the certifications of the two physicians named that the athlete is not medically precluded from participating in Special Olympics.

Athlete Name	Last	First	MI
Address			
Phone			
Signature of Parent/Guardian/Next of Kin			Date

ATHLETE ENROLLMENT/MEDICAL RELEASE FORM
MUST BE COMPLETELY FILLED OUT OR IT WILL BE RETURNED

Check One: Renewal New Updated **Submission Date:** _____
A: Athlete Name _____ **Home Phone** (____) _____
Sex ____ **Age** ____ **Date of Birth** ____ / ____ / ____
Street Address _____
City _____ **State** _____ **ZIP** _____

Solely to help us comply with government record keeping, reporting and other legal requirements, please check what applies:

White Black Hispanic American Indian/Alaskan Native Asian Pacific Islander Other _____

B: Head of Delegation _____ **Delegation Code** _____
Home Phone (____) _____ **Work Phone** (____) _____
Street Address _____
City _____ **State** _____ **ZIP** _____

C: Parent or Guardian Name _____ **E-mail** _____
Home Phone (____) _____ **Work Phone** (____) _____ **Workplace** _____
Street Address _____
City _____ **State** _____ **ZIP** _____

D: Person to Notify in Case of an Emergency (Check if it is the same as above.)
Name _____ **Relationship to Athlete** _____
Home Phone (____) _____ **Work Phone** (____) _____
Street Address _____
City _____ **State** _____ **ZIP** _____

E: Name of Person Completing this Form _____

PHYSICAL EXAMINATION	Normal/Abnormal	Normal/Abnormal	Normal/Abnormal
Athlete height: _____	<input type="checkbox"/> Vision	<input type="checkbox"/> Cardiovascular system	<input type="checkbox"/> Cranial nerves
Weight: _____	<input type="checkbox"/> Hearing	<input type="checkbox"/> Respiratory system	<input type="checkbox"/> Coordination
Blood pressure: ____/____	<input type="checkbox"/> Oral cavity	<input type="checkbox"/> Gastrointestinal system	<input type="checkbox"/> Reflexes
	<input type="checkbox"/> Neck	<input type="checkbox"/> Genitourinary system	<input type="checkbox"/> Extremities
	<input type="checkbox"/> Skin		

1. Heart disease/heart defect/high blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Chest pain or fainting spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Seizures/Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Down syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have cervical spine (neck bone) x-rays been done	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
Atlantoaxial Instability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
6. Blindness/visual problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
7. Absence of one kidney or testicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
8. Concussion or serious head injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
9. Major surgery or serious illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
10. Heat exhaustion/stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
11. Other problems that would interfere with sports participation			
12. Impaired motor ability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
13. Uses a wheelchair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
14. Allergic to the following			
Medicines _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
Foods _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
Insect sting/bite _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
15. Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
16. Tendency to bleed easily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
17. Emotional problems/psychiatric disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
18. Serious bone or joint disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
19. Sickle Cell trait or disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
20. Contact lenses/eyeglasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
21. Hearing aid/hearing loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
22. Immunizations are up to date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> New problem
23. Date of last tetanus ____ / ____ / ____			

PLEASE NOTE

- * AN UP-TO-DATE HEALTH HISTORY AND A PHYSICAL EXAMINATION PERFORMED BY A LICENSED PHYSICIAN IS REQUIRED UPON ENTRY INTO THE PROGRAM.
- * A PHYSICAL EXAMINATION IS REQUIRED EVERY 3 YEARS FOR ITEMS 1-5.
- * A PHYSICAL EXAMINATION IS REQUIRED FOR ALL ATHLETES WITH A "NEW PROBLEM" RESPONSE TO ITEMS 6-10.
- * ATHLETES MUST SUBMIT A MEDICAL RELEASE FORM EVERY 3 YEARS WHETHER OR NOT AN EXAMINATION IS

Current Prescription Medication

- * First Medication _____
Amount _____
Time _____
Date Prescribed ____/____/____
- * Second Medication _____
Amount _____
Time _____
Date Prescribed ____/____/____
- * Third Medication _____
Amount _____
Time _____
Date Prescribed ____/____/____

English Language Athlete Enrollment/Medical Release Form – Page 2

MEDICAL CERTIFICATION

Notice to Physicians: If the athlete has Down syndrome, Special Olympics Texas requires that the athlete have a full radiological examination establishing the absence of Atlantoaxial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radial flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: equestrian, gymnastics, diving, pentathlon, butterfly stroke, diving starts in aquatics, high jump, alpine skiing, soccer and warm-up exercises placing undue stress on head or neck.

Check Here: I have reviewed the above information on and examined the athlete named in the application, and certify there is not medical evidence available to me that would preclude the athlete's participation in Special Olympics Texas.

Restrictions: _____

Physician Name (print): _____

Physician assistant licensed by State Board of Physician Assistant Examiners or registered nurse recognized as an advanced practice nurse by the Board of Nurse Examiners.

Physician Signature: _____ Date: _____/_____/_____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No: (_____) _____

Please provide name of athlete's insurance company: _____

Please provide medical insurance company's phone number: _____

It is understood and agreed that: If the examiner is provided free of charge, it is not intended to be a thorough or comprehensive examination. No physician-patient relationship is to arise out of the examination. The doctor, nurse or other person involved in the examination is under no obligation to provide a diagnosis, treatment, advice, consultation or any follow-up care whatsoever under any circumstances. The fact that any person is cleared or authorized to participate in any sport or other activity does not mean and is not to be interpreted as the opinion of the doctor or nurse that the person examined is healthy, in need of no care, or can participate in any sport or other activity without serious medical risks. Any claim against the doctor, nurse or other person involved in the examination will be submitted to binding arbitration pursuant to the rules and procedures of the American Arbitration Association. The person examined and any person who signs on his or her behalf promises to indemnify the doctor or nurse from any and all damages, claims, or losses, including injury or death that allegedly arise out of or are in any way related to the examination.

Participation: I hereby give my permission for the participant named above to participate in any Special Olympics activity or event of any kind. I understand that participation at local or area competition does not guarantee advancement to State, National or World Games. Athletes must be registered using this release form prior to any athlete training.

Medical: I represent and warrant to you that the athlete is physically and mentally able to participate in Special Olympics Texas.

Disclaimer: 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 the physicians, organizers, officers, directors, agents or employees of Special Olympics Texas from any claim for damage or suit by reason of any injury, illness, or damage whatsoever to person or property of myself or the athlete.

Hospitalization: If I am not personally present at the event in which the athlete is to compete so as to be consulted in case of emergency, you are authorized on my behalf and at my account to take such measure and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the athlete.

Media: In permitting the athlete to participate, I am specifically granting permission to you to use the name, likeness, voice and words of the athlete in television, radio, films, newspapers, magazines, Web pages and other media, and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of Special Olympics Texas and in appealing for funds to support such activities.

Check One: Parent Guardian Athlete (if over the age of 18)

Parent/Guardian/Athlete Signature: _____

Print Name of Above: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Please list sports in which athlete will compete: _____

Formas de Registro Del Atleta/Permiso de Información Medica
(ESTA HOJA SOLO DETRADUCCION FOR FAVOR COMPLETE LA FORMA MEDICA
DE INGLES Y FORMA DE REGISTRO DEL ATLETA DE INGLES)

Este forma debe completarse en su totalidad o será regresada

Marque uno: Renovación Nuevo Actualice Fecha de sumisión: _____

A: Atleta: _____ Tel.; (____) _____

Sexo _____ Edad _____ Fecha de Nacimiento _____ / _____ / _____

Dirección _____

Ciudad _____ Estado _____ Código postal _____

Únicamente ayudarnos nos conformamos con mantener de registro de gobierno, informar y otros requisitos legales cheque de suplicas lo que aplica.

Anglo Negro Hispánico Indio Americano/Nativo de Alaska Asiático/Isleño Pacifico Otro _____

B: Jefe de la Delegación: _____ Clave de Delegación: _____

Tel. por la casa (____) _____ Tel. por el trabajo (____) _____

Dirección _____

Ciudad _____ Estado _____ Código postal _____

C: Nombre del padre/guardián: _____

Tel. por la casa (____) _____ Tel. por el trabajo (____) _____ Lugar de Trabajo _____

Dirección _____

Ciudad _____ Estado _____ Código postal _____

D: En caso de emergencia notifica a: (Indique si la información es la misma ya mencionada.)

Nombre: _____ La relación al Atleta: _____

Tel. por la casa (____) _____ Tel. por el trabajo (____) _____

Dirección _____

Ciudad _____ Estado _____ Código postal _____

E: El nombre de Persona que Completa esta Forma _____

EXAMEN FISICO

Altura: _____	Normal/Anormal	<input type="checkbox"/> <input type="checkbox"/> Visión	Normal/Anormal	<input type="checkbox"/> <input type="checkbox"/> El Sistema Cardiovascular	Normal/Anormal	<input type="checkbox"/> <input type="checkbox"/> Los Nervios de Craneal
Peso: _____	<input type="checkbox"/> <input type="checkbox"/> Oír	<input type="checkbox"/> <input type="checkbox"/> Respiratorio	<input type="checkbox"/> <input type="checkbox"/> Coordinación			
Pensión de la sangre: ____/____	<input type="checkbox"/> <input type="checkbox"/> Cavidad Oral	<input type="checkbox"/> <input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> <input type="checkbox"/> Los Reflejos			
	<input type="checkbox"/> <input type="checkbox"/> Cuello	<input type="checkbox"/> <input type="checkbox"/> Genitourinaria	<input type="checkbox"/> <input type="checkbox"/> Extremidades			
	<input type="checkbox"/> <input type="checkbox"/> La Piel					

<p>1. Enfermedades del corazón/prisión arterial elevada <input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>2. Dolor en el pecho o desmallos <input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>3. Convulsiones/epilepsia <input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>4. Diabetes <input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>5. Síndrome de Down <input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>Se han tomado rayos-x de la columna cervical <input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>Instabilidad Atlantoaxial <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>6. Ceguera/ Problemas visuales <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>7. Ausencia de un riñón o testículo <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>8. Contusiono lesión severa en la cabeza <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>9. Cirugía mayor o enfermedades severas <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>10. Insolación/agotamiento <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p>	<p>NOTA</p> <p>* UNA HISTORIA CLINICA Y UN EXAMEN FISICO ACTUALIZADO REALIZADOS PRO UN MEDICO PRACTICANTE CON LICENCIA SON REQUERIDOS AL ENTRAR EN ESTE PROGRAMA.</p> <p>* UN EXAMEN FISICO SE REQUIERE CADA TRES ANOS PARA LOS ATLETAS QUE RESPONDAN "SI" EN LAS PREGUNTAS 1-5.</p> <p>* UN EXAMIN FISICO SE REQUIERE PARA TODOS LOS ATLETAS QUE RESPONDAN CON "PORBLEMA NUEVO" EN LAS PREGUNTAS 6-10.</p> <p>* LOS ATLETAS DEBERAN SOMETER UNA FORMA DE CONSENTIMIENTO PARA DAR A CONOCER LA INFORMACION MEDICA CADA TRES ANOS INDEPENDIEMENTE DE QUE UN EXAMEN MEDICO SEA OR NO NECESARIO.</p>
<p>11. Algún otros problemas que pudiera interferir en la participación deportiva</p> <p>12. Impedimento en la habilidad motora <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>13. Uso de silla de ruedas <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>14. Alérgico al siguiente:</p> <p>Medicinas _____ <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>Comidas _____ <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>Insecto piá o muerde _____ <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p>	<p>Prescripciones Medicas Actualizadas</p> <p>* Medicamento 1 _____</p> <p>Cantidad _____</p> <p>Dosis _____</p> <p>Fecha de la prescripción ____/____/____</p>
<p>15. El Asma <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>16. Tendencia a sangrar fácilmente <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>17. Problemas emocionales/siquiátricas <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>18. Problemas severos del los huesos/articulaciones <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>19. Enfermedad de células en Hoz (Sickle Cell) <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema Nuevo</p>	<p>* Medicamento 2 _____</p> <p>Cantidad _____</p> <p>Dosis _____</p> <p>Fecha de la prescripción ____/____/____</p>
<p>20. Lentes de contacto/lentes <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>21. Aparato de audición/perdida de la audición <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema nuevo</p> <p>22. Inmunizaciones actualizadas <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> Problema Nuevo</p> <p>23. Fecha de la ultima vacuna para el Tétano ____/____/____</p>	<p>* Medicamento 3 _____</p> <p>Cantidad _____</p> <p>Dosis _____</p> <p>Fecha de la prescripción ____/____/____</p>

CERTIFICADO MEDICO

Nota a los Doctores: si el atleta presenta Síndrome de Down, Las Olimpiadas Especiales (Special Olympics) requieren que al atleta se le realice un examen radiológico completo que establezca la ausencia de inestabilidad Atlantoaxial antes de que el/ella puedan participar en deportes o eventos los cuales, por su naturaleza, pueden resultar en hiperextension, flexión radial, o presión directa sobre el cuello o la columna Cervical. Los deportes y eventos para los cuales dicha examinacion se requiere son los siguientes: deportes ecuestres, gimnasia, clavados, pentatlón, nada de mariposa, comienzo de la natación con clavado, salto de altura, balón-pie y esquí alpino.

MARCAR he revisado la información arriba mencionada y he examinado al atleta cuyo nombre aparece en esta solicitud, y certifico que no hay evidencia médica active para mí, la cual impida al atleta su participación en las Olimpiadas Especiales (Special Olympics)

Restricciones: _____

Nombre del Medica: _____

Ayudante de Medico que está licenciado del "State Board of Phusician Assistant Examiners" o un enfermero registrado que es reconocido como un enfermero avanzado de practica del "Board of Nurse Examiners."

FIRMA DEL MEDICO: _____ FECHA: ____/____/____

Direccion: _____

Telefono: _____

El nombre de la compañía de seguros de medical de atleta: _____

El teléfono de la compañía de seguros de medical: _____

QUEDA ENTENDIDO Y APROBADO QUE: el examen se hace sin cargos Y no pretende ser un examen completo ni exhaustivo. No debe surgir ninguna relación entre el medico y el paciente a raíz del examen. El doctor, la enfermera a alguna otra persona involucrada en el examen no tiene obligación alguna de dar ningún diagnostico, tratamiento, consejo, consulta o seguimiento bajo ninguna circunstancia. Aun cuando la persona este justificada a autorizada a participar en cualquier deporte u otra actividad, eso no significa y no debe interpretarse como la opinión del doctor a la enfermera el que la persona autorizada este sana, que no necesita de ningún cuidado a que pueda participar en cualquier deporte u otra actividad sin correr serios riesgos médicos. Cualquier demanda contra el doctor, la enfermera, u otra persona involucrada en el examen se someterá al arbitraje obligatorio de acuerdo con las reglas y procedimientos de la American Arbitration Association. La persona examinada y la persona que firme en su representación prometen indemnizar al doctor a la enfermera de todos y cada uno de los danos,, demandas a perdidas, incluyendo lesión a muerte, que supuestamente surjan de a se relacionen de cualquier manera con el examen.

PARTICIPACION: Yo, el que suscribe par esta media doy mi permiso para que el participante arriba mencionado participe en cualquiera de las actividades a eventos de cualquier clase de las Olimpiadas Especiales (Special Olympics) Yo entiendo que la participación al nivel local a del Área no garantiza el avance a Juegos Estatales a Mundiales. Todos los atletas deben ser registrados utilizando esta forma de consentimiento antes del entrenamiento de cualquier atleta.

WDICO: Yo represento y garantizo a ustedes que el atleta Este física y mentalmente apto para participar en las Olimpiadas Especiales de Texas.

RENUNCIA: A nombre del atleta y de mí mismo, acepto qua el atleta utilizara las instalaciones a su propio riesgo. Y yo, a mi nombre par esta media, libero, y exonero a los doctores, organizadores, oficiales, directores, agentes, y empleados de Olimpiadas Especiales de Texas (Texas Special Olympics) toda responsabilidad par lesión a la persona o daño a la propiedad, tanto mía como del atleta.

HOSPITALIZACION: Si no estoy personalmente presente en el evento en que el atleta competirá para que se me pueda consultar en caso de necesidad, están ustedes autorizados par mi parte y por mi cuenta a tomar medidas y arreglar el tratamiento médico y hospitalario de la manera que consideren conveniente para la salud y bienestar del atleta.

MEDIOS DE COMUNICACION: Al permitir la participación del atleta, doy a ustedes; permiso expreso de utilizar el nombre, la imagen, la voz y las palabras del atleta en televisión, radio, películas, periódicos, revistas y otras medias de comunicación y en cualquier otra forma que no haya sido descrita aquí con el objeto de anunciar a comunicar los propósitos y actividades de Olimpiadas Especiales (Special Olympics) y en la solicitud de fondos de apoyo para tales actividades

Indique: Padre Guardián Atleta (sí tiene mas de 18 años)

Firma: _____

Escribe el Nombre de la persona indicada: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código postal: _____

Indique los deportes en el que participara el atleta: _____

Special Olympics Texas

Athlete Code of Conduct

Special Olympics reaches for the highest ideals of sport just like the Olympic Games. The Special Olympics Athlete Oath is: "Let me win. But if I cannot win, let me be brave in the attempt." All Special Olympics athletes repeat these words before each competition. The oath is a pledge, or promise, to try to achieve the highest level of good sportsmanship at training and competition.

As a Special Olympics athlete, I understand and pledge that:

Sportsmanship

- I will practice good sportsmanship.
- I will act in ways that bring respect to me, my coaches, my team, my family and Special Olympics.
- I will respect other athletes, volunteers, officials and coaches by not swearing at them, using foul language, or demonstrating inappropriate gestures or actions.
- I will demonstrate good behavior and actions with other athletes, coaches, volunteers, officials and staff.

Training and Competition

- I will train regularly.
- I will learn and follow the rules of my sport.
- I will listen 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 preliminaries just to get into an easier final heat.

Personal Responsibility

- I will not make inappropriate or unwanted physical, verbal, or sexual advances on others.
- I will use tobacco products only in designated areas away from the field of play and will not share or encourage others to use tobacco products with me.
- I will not drink alcohol or use illegal drugs while representing Special Olympics at events, trainings or competitions.
- I will not take drugs for the purpose of improving my performance.
- I will obey all laws and Special Olympics rules.

Do You Understand the "Athlete Code of Conduct"?

By signing below, I am saying that:

- I have read (or have had read to me) this Athlete Code of Conduct.
- I agree to obey this Athlete Code of Conduct.
- I understand the words and meaning of this Athlete Code of Conduct.
- I understand that this Athlete Code of Conduct is a general guide for my conduct and does not describe all types of good and bad behavior.
- I understand that my future participation in Special Olympics activities could be affected if I do not obey this Code of Conduct.
- I understand and agree to follow the Special Olympics Athlete's Grievance Procedures if I wish to appeal my punishment. My coach or a member of the Games Organizing Committee will explain the steps I must follow.

I, (Print Name) _____, do hereby agree to the terms of the "Athlete Code of Conduct" stated above.

Athlete Signature

Date

Parent/Guardian Signature
(if needed)

Date

