



SPECIAL OLYMPICS NORTHERN CALIFORNIA ATHLETE APPLICATION FOR PARTICIPATION

EXP DATE:
(SONC Use Only)

New applications expire every three (3) years from the Examiner's Signature Date (Section H, Item 24)
Renewal applications expire three (3) years from the Signature Date (Section F, Item 4)

SONC USE ONLY:	Date:	<input type="checkbox"/> GMS Entry	<input type="checkbox"/> Scanned/Titled	Initials:	Restrictions (E/G/H):
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INSTRUCTIONS (please use blue or black ink if completing by hand):

- This Application can be completed on your computer, including signatures and dates, with the exception of Section H which requires handwritten completion by the Examiner. Please keep a copy for your records. Incomplete Applications will not be processed.
- For New Athletes: COMPLETE** Sections A, B, C, D, E, G & H. **SIGNATURES** and **DATES** are required for Sections E & H.
- For Renewing Athletes (athletes whose Application expired within the past 12 months, or whose Application has not yet expired): COMPLETE** Sections A, B, C, D, E & F. Based on Section F response, **COMPLETE** Sections G & H if applicable. **SIGNATURE** and **DATE** are required for Section E. Based on Section F response, **SIGNATURES** and **DATES** may be required for Sections F & H.
- Submit Application via E-mail, Fax, or Mail: E-mail: AthleteApplication@sonc.org Fax: (925) 887-6569
Mail: **SONC, Attn: Athlete Application, 3480 Buskirk Ave. #340, Pleasant Hill, CA 94523**

The electronic version of this Application, and additional forms listed below, can be obtained by visiting www.BecomeAnAthleteSONC.org.
Additional forms (only if applicable): the "AAI" Form referenced in Section G and the "Special Provisions Regarding Medical Treatment" Form referenced at the end of Section E.

SECTION A: ATHLETE & EMERGENCY INFORMATION (*Required Fields)

Please complete all items in this section. If certain information for a required field(*) does not apply, please write "N/A".
If the Health Insurance Policy Number is a Social Security Number please write "Same as SSN".

1. County Participating*:	9. Email Address:
2. Last Name*:	10. Home Phone*:
3. First Name*:	11. Work Phone:
4. Gender*:	12. Cell Phone:
5. Date of Birth (MM/DD/YYYY)*:	13. Emergency Contact Name*:
6. Mailing Address*:	14. Emergency Contact Phone*:
7. Mailing Address (cont.)*:	15. Health Insurance Provider*:
8. City*, State*, Zip*:	16. Health Insurance Policy Number*:

SECTION B: ADDITIONAL ATHLETE INFORMATION

Please complete all items in this section. If certain information does not apply, please write "N/A".

1. Involved in School Day Program:	5. Most Recent Medical Exam (mm/dd/yyyy):
2. Name of School:	6. Most Recent Eye Exam (mm/dd/yyyy):
3. Name of Employer:	7. Most Recent Dental Exam (mm/dd/yyyy):
4. Preferred Method of Communication:	8. How did you hear about SONC?:

SECTION C: PRIMARY PARENT/GUARDIAN INFORMATION (*Required Fields)

Please complete all items in this section. If certain information for a required field(*) does not apply, please enter "N/A". If any of the items below are the same as in Section A, please enter "Same." **For independent adult athletes who do not have a parent/guardian, please enter "N/A" for all fields.**

1. Parent/Guardian Name (First Last)*:	5. Email Address*:
2. Mailing Address*:	6. Home Phone*:
3. City*, State*:	7. Secondary Phone:
4. Zip*:	8. Name of Employer*:

SECTION D: ALLERGIES, SPECIAL DIET AND MEDICATIONS (*Required Fields)

Please complete all items in this section. Please mark "Yes" or "No" for Items 1-3. Please attach a separate page if additional space is needed.

Yes	No	If you mark "Yes" to any of the following, please list.	Medication	Dosage	Date Prescribed	Times Per Day
<input type="checkbox"/>	<input type="checkbox"/>	1. Special Diet*:				
<input type="checkbox"/>	<input type="checkbox"/>	2. Allergies*:				
<input type="checkbox"/>	<input type="checkbox"/>	3. Prescription Medication(s)* (If Yes, list to the right)				

Athlete Name (Last, First):

County Participating:

SECTION E: SPECIAL OLYMPICS RELEASE & ATHLETE CODE OF CONDUCT

(*Required Signature & Date)

Independent Adult Athletes, Parents/Guardians of Minor Athletes and Legal Guardians of Adult Athletes must read and review both the Athlete Code of Conduct and the Special Olympics Release and must sign and date Items 1 and 2 below.

Athlete Code of Conduct:

The Athlete Code of Conduct holds all Special Olympics athletes to the highest standards of competition in keeping with the Olympic spirit. All Special Olympics competitors are ambassadors for the Special Olympics movement all around the world. As a Special Olympics athlete, I pledge that:

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 preliminaries just to get into an easier final heat.

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 Olympic events. • I will not take drugs for the purpose of improving my performance. • I will obey all laws and Special Olympics rules.

I AM SAYING THAT - I agree to obey this Athlete Code of Conduct. • I understand the words and meaning of the 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 if I do not obey this Athlete Code of Conduct my Program or a Games Organizing Committee for a World Games may not allow me to participate.

Special Olympics Release:

As used herein, "I" and "my" refers to (1) the athlete named above if the athlete is age 18 or older and not subject to legal guardianship, OR (2) the athlete named above AND the parent or guardian of that athlete, if the athlete is under age 18 or subject to legal guardianship.

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, if this is an initial (new) application, a licensed medical professional 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 licensed medical professionals have completed the "Special Release for Athletes with Atlanto-Axial Instability" (AAI Form), available by visiting www.BecomeAnAthleteSONC.org, or I have had a full radiological examination which establishes the absence of Atlanto-Axial Instability. I am aware that if I have Down Syndrome and do not comply with the requirements of the prior sentence, then I cannot participate in Special Olympics alpine skiing, pentathlon, high jump, butterfly stroke or dive starts in aquatics, and soccer.

Special Olympics and its agents have my ongoing permission to use my likeness, name, voice, or words in television, radio, film, newspapers, magazines, and electronic and other media, and in any form, for the purpose of advertising or communicating the purpose and activities of Special Olympics and/or applying for funds to support those purposes and activities.

I understand that Special Olympics sports may involve activities requiring an overnight stay. I know that this Special Olympics Program has a written policy in place relative to overnight housing assignments, which policy is available for my review.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent to make my own arrangements for that treatment, I authorize Special Olympics to take whatever measures it deems advisable to protect my health and well-being, including, if necessary, hospitalization. (If you have religious objections to receiving such medical treatment, please print this page, cross out this paragraph, initial it, and obtain, sign and attach the "Special Provisions Regarding Medical Treatment" Form - available by visiting www.BecomeAnAthleteSONC.org. _____ initials).

SPECIAL OLYMPICS RELEASE & ATHLETE CODE OF CONDUCT SIGNATURES

FOR INDEPENDENT ADULT ATHLETES (18 years of age or older): I, the athlete named above, have read this document and fully understand the provisions of the Athlete Code of Conduct and Special Olympics Release. I understand that by signing this document, I am saying that I agree to all of the provisions of the Athlete Code of Conduct and Special Olympics Release.

FOR MINOR ATHLETES (under 18 years of age) or ADULT ATHLETES WITH LEGAL GUARDIANS: I am the parent/guardian of the athlete named above. I have read this document and fully understand the provisions of the Athlete Code of Conduct and Special Olympics Release, and have explained these provisions to the athlete. I understand that by signing this document, I am saying that I agree to all of the provisions of the Athlete Code of Conduct and Special Olympics Release.

1. SIGNATURE of Independent Adult Athlete, Parent/Guardian of Minor Athlete or Legal Guardian of Adult Athlete**:

2. Date**:

SECTION F: FOR RENEWING ATHLETES ONLY (*Required Signature & Date)

If you are renewing an application that has not yet expired or expired in the past 12 months, please complete this section.

If your application expired more than 12 months ago, please skip this section and complete the remainder of the application (Section G and Section H).

1. From the date of your last application, please indicate whether or not there have been any changes to the "Athlete Health History" (refer to Section G on this Application) and/or the "Physical Examination by a Licensed Medical Professional" (refer to Section H on this Application).

Yes: There HAVE been changes to the "Athlete Health History" and/or "Physical Examination by a Licensed Medical Professional."

No: There have NOT been changes to the "Athlete Health History" and/or "Physical Examination by a Licensed Medical Professional."

2. If you marked "Yes" for Item 1, please skip the rest of this Section and proceed to Page 3 (Section G & Section H of this form).

If you marked "No" for Item 1, please Sign and Date Items 3 and 4 below and disregard Page 3.

3. SIGNATURE of Independent Adult Athlete, Parent/Guardian of Minor Athlete or Legal Guardian of Adult Athlete**:

4. Date**:

*Required Fields

**Required Signatures & Signature Dates (Handwritten or Typed Signatures & Signature Dates are acceptable)

Revised 8.15.14

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SECTION G: ATHLETE HEALTH HISTORY (*Required Fields)

Please complete this section using the most current medical information for the listed athlete.

<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Yes</td> <td style="width: 50%;"><input type="checkbox"/> No</td> </tr> </table> <p><input type="checkbox"/> 1a. Down Syndrome* (If Yes, proceed to 1b. If No, skip to 2.)</p> <p><input type="checkbox"/> 1b. Has an x-ray evaluation for Atlanto-Axial Instability been done? (If Yes, please proceed to 1c. If No, the athlete cannot participate in the following sports/events - alpine skiing, pentathlon, high jump, butterfly stroke and dive starts in aquatics, and soccer.)</p> <p><input type="checkbox"/> 1c. Was the x-ray positive for Atlanto-Axial Instability (AAI)? (If Yes, complete the "AAI Form" which can be found by visiting www.BecomeAnAthleteSONC.org. If No, or if you already have an "AAI Form" on file with SONC, then proceed to 2.)</p> <p><input type="checkbox"/> 2. Autism Spectrum*</p> <p><input type="checkbox"/> 3. Uses Wheelchair*</p> <p><input type="checkbox"/> 4. Emotional/Psychiatric/Behavioral Problems*</p> <p><input type="checkbox"/> 5. Requires Constant Supervision*</p> <p><input type="checkbox"/> 6. Seizures/Epilepsy/Fainting Spells*</p> <p><input type="checkbox"/> 7. Heart Disease/Heart Defect/High Blood Pressure*</p> </td> <td style="width: 50%; vertical-align: top;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Yes</td> <td style="width: 50%;"><input type="checkbox"/> No</td> </tr> </table> <p><input type="checkbox"/> 8. Chest Pain*</p> <p><input type="checkbox"/> 9. Sickle Cell Trait/Disease*</p> <p><input type="checkbox"/> 10. Diabetes*</p> <p><input type="checkbox"/> 11. Uses Tobacco*</p> <p><input type="checkbox"/> 12. Hearing Loss/Hearing Aid*</p> <p><input type="checkbox"/> 13. Blindness/Visual Problems*</p> <p><input type="checkbox"/> 14. Contact Lenses/Glasses*</p> <p><input type="checkbox"/> 15. Bone/Joint Problem*</p> <p><input type="checkbox"/> 16. Concussion/Serious Head Injury*</p> <p><input type="checkbox"/> 17. Major Surgery/Serious Illness*</p> <p><input type="checkbox"/> 18. Heat Stroke/Exhaustion*</p> <p><input type="checkbox"/> 19. Asthma*</p> <p><input type="checkbox"/> 20. Easy Bleeding*</p> <p><input type="checkbox"/> 21. Immunizations Up To Date*</p> <p><input type="checkbox"/> 22. Tetanus Immunization (mm/dd/yyyy)*: _____</p> </td> </tr> </table>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Yes</td> <td style="width: 50%;"><input type="checkbox"/> No</td> </tr> </table> <p><input type="checkbox"/> 1a. Down Syndrome* (If Yes, proceed to 1b. If No, skip to 2.)</p> <p><input type="checkbox"/> 1b. Has an x-ray evaluation for Atlanto-Axial Instability been done? (If Yes, please proceed to 1c. If No, the athlete cannot participate in the following sports/events - alpine skiing, pentathlon, high jump, butterfly stroke and dive starts in aquatics, and soccer.)</p> <p><input type="checkbox"/> 1c. Was the x-ray positive for Atlanto-Axial Instability (AAI)? (If Yes, complete the "AAI Form" which can be found by visiting www.BecomeAnAthleteSONC.org. If No, or if you already have an "AAI Form" on file with SONC, then proceed to 2.)</p> <p><input type="checkbox"/> 2. Autism Spectrum*</p> <p><input type="checkbox"/> 3. Uses Wheelchair*</p> <p><input type="checkbox"/> 4. Emotional/Psychiatric/Behavioral Problems*</p> <p><input type="checkbox"/> 5. Requires Constant Supervision*</p> <p><input type="checkbox"/> 6. Seizures/Epilepsy/Fainting Spells*</p> <p><input type="checkbox"/> 7. Heart Disease/Heart Defect/High Blood Pressure*</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Yes</td> <td style="width: 50%;"><input type="checkbox"/> No</td> </tr> </table> <p><input type="checkbox"/> 8. Chest Pain*</p> <p><input type="checkbox"/> 9. Sickle Cell Trait/Disease*</p> <p><input type="checkbox"/> 10. Diabetes*</p> <p><input type="checkbox"/> 11. Uses Tobacco*</p> <p><input type="checkbox"/> 12. Hearing Loss/Hearing Aid*</p> <p><input type="checkbox"/> 13. Blindness/Visual Problems*</p> <p><input type="checkbox"/> 14. Contact Lenses/Glasses*</p> <p><input type="checkbox"/> 15. Bone/Joint Problem*</p> <p><input type="checkbox"/> 16. Concussion/Serious Head Injury*</p> <p><input type="checkbox"/> 17. Major Surgery/Serious Illness*</p> <p><input type="checkbox"/> 18. Heat Stroke/Exhaustion*</p> <p><input type="checkbox"/> 19. Asthma*</p> <p><input type="checkbox"/> 20. Easy Bleeding*</p> <p><input type="checkbox"/> 21. Immunizations Up To Date*</p> <p><input type="checkbox"/> 22. Tetanus Immunization (mm/dd/yyyy)*: _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<input type="checkbox"/> Yes	<input type="checkbox"/> No					

SECTION H: PHYSICAL EXAMINATION BY LICENSED MEDICAL PROFESSIONAL (*Required and Must be Handwritten by Examiner)

The licensed medical professional (Examiner) is required to complete this section (Items 1-24) by hand. The listed athlete must have been evaluated by the Examiner within the last six (6) months, otherwise a new examination is required. A stamp may be used for the Clinic information (Items 20-21).

<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Normal</td> <td style="width: 50%;"><input type="checkbox"/> Abnormal</td> </tr> </table> <p><input type="checkbox"/> 1. Vision***</p> <p><input type="checkbox"/> 2. Hearing***</p> <p><input type="checkbox"/> 3. Oral Cavity***</p> <p><input type="checkbox"/> 4. Neck***</p> <p><input type="checkbox"/> 5. Extremities***</p> <p><input type="checkbox"/> 6. Cardiovascular System***</p> <p><input type="checkbox"/> 7. Respiratory System***</p>	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Normal</td> <td style="width: 50%;"><input type="checkbox"/> Abnormal</td> </tr> </table> <p><input type="checkbox"/> 8. Gastrointestinal System***</p> <p><input type="checkbox"/> 9. Genitourinary System***</p> <p><input type="checkbox"/> 10. Skin***</p> <p><input type="checkbox"/> 11. Cranial Nerves***</p> <p><input type="checkbox"/> 12. Coordination***</p> <p><input type="checkbox"/> 13. Reflexes***</p>	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<p>14. Height***: _____</p> <p>15. Weight***: _____</p> <p>16. Blood Pressure***: _____</p> <p>17. Primary MR Etiology/Category (If Known)***: _____</p> <p>18. Sport(s) Restrictions: _____</p> <p>19. Other: _____</p> <p>20. Clinic Name* & Phone***: _____</p> <p>21. Clinic Full Address***: _____</p> <p><i>I have reviewed the above health information and have performed the above examination on this athlete within the past six months and certify that the athlete can participate in Special Olympics.</i></p> <p>22. Examiner's Full Name (Print)***: _____</p>
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal					
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal					

23. Examiner's Signature***: <input style="width: 95%;" type="text"/>	24. Signature Date***: <input style="width: 95%;" type="text"/>
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*Required Fields

***Required and Must be Handwritten by Examiner