

# Instructions for Completing the Application for Participation

**The Application for Participation (App) must be filled in completely. Apps with blank sections will not be accepted.** This App is valid for 2 years from the date of the examination date, regardless of the Parent/Guardian/Entrant signature date. The only Application for Participation form that will be accepted is the revised form dated 4/1/08, 8/1/10 or 8/1/16.

**Parent/Guardian and Doctor signatures must both be on the same App form. Phone consents or verbal consents will not be accepted.**

**If Entrant was listed on the Sex Offender Public Registry or the Child Murder and Violent Offender Against Youth Registry but has since been removed, contact the Special Olympics Illinois office for instructions before submitting this application.**

## ATHLETE INFORMATION AND HEALTH INSURANCE & EMERGENCY INFORMATION

1. The first two sections must be filled in completely. The ethnicity information is requested to assist in the organizational outreach efforts. The athlete should indicate their identified gender in the sex (M/F) section.

## PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

2. The Parent or Legal Guardian must read, sign and date the Parent/Guardian Authorization and Media Release.

- a. The section must be signed and dated as printed. Deletions or alterations to the section will result in an invalid App. (Exception: Deletion of the last paragraph regarding medical treatment and attachment of a letter of explanation and 24-hour emergency telephone numbers from the State Office of Guardianship.
- b. Only one of the two signature blocks must be completed. Special Olympics Illinois works under the understanding that this section may be signed by either:
  - The (biological or adoptive) parent unless the athlete has been designated a ward of the state;

OR

- The legal guardian; this person must be legally assigned for the individual;

OR

- The athlete if he/she is over the age of 18 and has not been designated as needing and having been assigned a legal guardian. A witness signature is necessary if the athlete's signature is unrecognizable (for example, if the athlete's signature is an "X.")

## MEDICAL CLEARANCE

3. The Medical Clearance section must be completed, signed and dated by a medical practitioner licensed to administer physical examinations by the state in which he/she practices.

This person, by signing the Medical Clearance, is stating that the athlete is in good health and can safely participate in Special Olympics sports training and competition. It is strongly suggested that the person administering the physical examination possess the following:

- Background and preparation in giving sports physical examinations.
- Qualifications to administer examinations that would not compromise his/her area of specialty.

## AFTER COMPLETING THE APPLICATION ...

4. Send the Application for Participation to the Region Director who will send the App to the Special Olympics Illinois state office. The state office will validate the Application for Participation and send a copy of the App with an approved stamp back to the SOAD (Special Olympics Athletic Director). An Application for Participation will not be validated until all information is correct and completed on the approved form.

5. Special Olympics Illinois requires that all Applications for Participation be presented prior to and no later than the established Medical App deadline of a state championship level event (Winter Games, State Basketball Tournament, Summer Games, Outdoor Sports Festival, Fall Games, Floor Hockey or State Bowling Tournament). All Apps for the event in question must be valid throughout the completion of that state competition.

Applications for Participation for athletes participating in Regional Tournaments and Sectional Tournaments must be received before the entry deadline or with registration materials.

Applications not on file or in receipt by the specified deadline will not be accepted.

