Special Olympics North Carolina (SONC) is a non-profit organization which provides sports training and competition for over 38,000 children and adults with intellectual disabilities. In North Carolina, 19 sports are offered on a year-round basis including alpine skiing, aquatics, athletics, basketball, bocce, bowling, cheerleading, cycling, equestrian, figure skating, golf, gymnastics, powerlifting, roller skating, speed skating, soccer, softball, tennis and volleyball.

Special Olympics was created by the Joseph P. Kennedy, Jr. Foundation. Special Olympics North Carolina is authorized and accredited by Special Olympics Inc. and is licensed by the Secretary of State's office with the State of North Carolina and is a 501(c)3 organization as determined by the Internal Revenue Service.

Special Olympics athletes get continuing opportunities, to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

To become a Special Olympics athlete, contact the local program in your county. A full list of contact information is available on the Web site at www.sonc.net.

Athlete Eligibility

Special Olympics training and competition is open to every person with an intellectual disability who is at least eight years of age. There is no maximum age limit. Children who are ages two through seven may participate in the Young Athletes Program (there is a different registration form available on the Web site for this program).

A person is considered to have an intellectual disability if that person satisfies any one of the following requirements: 1) the person has been identified by an agency/professional as having an intellectual disability as determined by their localities, 2) the person has a cognitive delay, as determined by standardized measures such as intelligent quotient (IQ), or 3) the person has a closely related developmental disability meaning that person has functional limitations in both general learning (such as IQ) and in adaptive skills such as in recreation, work, independent living, self-direction, or self-care. Persons whose functional limitations are based solely on a physical, behavioral, or emotional disability or a specific learning or sensory disability are not, however, eligible to participate as Special Olympics athletes.

Athlete Participation Form Procedures

All persons who are eligible to participate in Special Olympics training and/or competition must complete this form, The form consists of three parts. The first portion requests the athlete's identifying information and medical background and contains a physician's report and certification concerning results of the initial physical examination. A physical examination is required for the first participation form completed. Subsequent participation forms can be completed by an adult athlete, parent, guardian or caregiver unless there has been a significant change in the athlete's health or the answer to any *item is "yes". In these cases, a physician must conduct a follow-up examination. Participation forms must be renewed every three years.

The second portion is the release form concerning medical matters, Healthy Athletes screenings, the SONC housing policy and permissions regarding publicity. It is to be signed by an adult athlete, parent, guardian or caregiver. This does not have to be renewed as long as the most updated release form is on file (containing housing policy information).

The third portion consists of background questions. This section only needs to be completed if an athlete is also serving in a volunteer capacity for the organization.

Special Olympics North Carolina Athlete's Code of Conduct

All Special Olympics athletes are expected to abide by the following code of conduct:

Sportsmanship
Every Special Olympics athlete shall:

- practice good sportsmanship.
- act respectfully to other athletes, coaches, volunteers and spectators.
- not use bad language, swear or insult other persons.
- not fight with other athletes, volunteers, coaches, volunteers or staff.

Training and competition
Every Special Olympics athlete shall:

- train regularly as determined by their coach.
- learn and follow the rules of their sports.
- listen to the coaches and officials and ask questions when they do not understand.
- always try their best when training, divisioning and competing.
- not "hold back" in preliminaries just to get into an easier final heat.

Responsibility for Actions
Every Special Olympics athlete shall:

- not make inappropriate or unwanted physical, verbal or sexual advances on others.
- not smoke in non-smoking areas.
- not drink alcohol, use illegal drugs or possess weapons at Special Olympics functions/events.
- not take drugs for the purpose of improving one's performance.
- obey all laws and Special Olympics rules and policies.

Code of Conduct Violations
If a Special Olympics athlete violates any part of the code of conduct, Special Olympics may impose disciplinary actions.

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

DEMOGRAPHICS

LOCAL PROGRAM: _____

Athlete School/Workplace: _____

Grade (if applicable) _____

Athlete's Primary (First) Sport: _____

☐ Male ☐ Female

Date of Birth (month/day/year) ___/___/___

Athlete's Name _____

Please include Area Code

Athlete's Address _____

Athlete Home Phone # _____

City _____ State _____ Zip _____

Athlete Mobile Phone # _____

Email Address: _____

Parent/Guardian's Name _____

Parent Primary Phone # _____

Parent/Guardian's Address (if different than athlete) _____

Parent Secondary Phone # _____

Emergency Contact (if other than parent/guardian) _____

Primary Phone # _____

Alternate Emergency Contact _____

Primary Phone # _____

Health/Accident Insurance Company _____ Policy # _____

SONC receives inquiries from various agencies and granting organizations regarding racial/ethnic composition.
Please mark the appropriate box in each category:

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Two or More Races ☐ Other

Ethnicity: ☐ Hispanic/Latino (any race) ☐ Not Hispanic/Latino

HEALTH HISTORY

Yes	No		Yes	No	
☐	☐	*Heart disease/heart defect / high blood pressure	☐	☐	Allergy:
☐	☐	*Chest pain	☐	☐	Medicines: _____
☐	☐	*Seizures / epilepsy / fainting spells	☐	☐	Food: _____
☐	☐	*Diabetes	☐	☐	Insect stings/bites: _____
☐	☐	*Concussion or serious head injury	☐	☐	Special diet
☐	☐	*Major surgery or serious illness	☐	☐	Tobacco use
☐	☐	*Blindness / severe visual problem	☐	☐	Uses Wheelchair/Walker
☐	☐	*Asthma	☐	☐	Emotional / psychiatric/ behavioral
☐	☐	Heat stroke / exhaustion	☐	☐	Sickle cell trait or disease
☐	☐	Contact lenses / glasses	☐	☐	Immunizations up to date
☐	☐	Complete hearing loss	☐	☐	Easy Bleeding
☐	☐	Bone or joint problem	☐	☐	Other:

Date of most recent tetanus immunization _____/_____/_____

(*) Requires physical examination every three years if checked "yes"

Signature-parent/guardian/caregiver/adult athlete: _____ Date _____/_____/_____

SIGNATURE REQUIRED FOR FORM TO BE CONSIDERED COMPLETE

FOR ATHLETES WITH DOWN SYNDROME

EXAMINER'S NOTE: If the athlete has Down Syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-Axial Instability before he/she may participate in sports or events which by their nature may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such 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	
☐	☐	Does the athlete have Down Syndrome?
☐	☐	Has an x-ray evaluation for atlanto-axial instability been done?
☐	☐	If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

PHYSICAL EXAMINATION

Blood pressure: _____/_____ Weight: _____ Height: _____

Normal	Abnormal		Normal	Abnormal		Normal	Abnormal	
☐	☐	Vision	☐	☐	Cardiovascular system	☐	☐	Cranial nerves
☐	☐	Hearing	☐	☐	Respiratory system	☐	☐	Coordination
☐	☐	Oral cavity	☐	☐	Gastrointestinal system	☐	☐	Reflexes
☐	☐	Neck	☐	☐	Genitourinary system			
☐	☐	Extremities	☐	☐	Skin			

Other: _____

Primary MR Etiology/Category: _____

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics.

RESTRICTIONS: _____

EXAMINER'S SIGNATURE: _____ Date _____/_____/_____

EXAMINER'S NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____ PHONE: _____

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

TO BE COMPLETED BY PARENT, GUARDIAN, CAREGIVER OR ADULT ATHLETE (OWN GUARDIAN)

A release form only needs to be completed once with no renewals required. Due to a recent change to this form as of 8/18/13, however, any athletes renewing their participation form must complete an updated release form this one time.

Local Program _____

I represent and warrant that to the best of my knowledge and belief, _____ 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 Application for Participation, 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," available from the Special Olympics Program in my jurisdiction, or I have a full radiological examination that establishes the absence of Atlanto-Axial instability. I am aware that the sports and events for which this release or 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 soccer.

In permitting the athlete to participate, I am specifically granting my permission, forever, 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 publicizing, promoting, or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

By signing below, I am also allowing the athlete to participate in the Special Olympics Healthy Athletes Program which provides individual screening assessments of health status and healthcare needs in the areas of vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that information that is gathered as a part of the Healthy Athletes Program may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs. I understand that notwithstanding my consent, there is no obligation for the athlete to participate in the Healthy Athlete Program and I may decide that the athlete will not participate. I understand that the provision of these health services is not intended as a substitute for regular care.

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for each event may differ. I understand that I should contact the Special Olympics Program in my jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

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, that Special Olympics deems advisable in order to protect the athlete's health and well-being. If you have religious objections to receiving such medical treatment, please cross out this paragraph, initial it and sign and attach the Special Provisions Regarding Medical Treatment form.

I, the undersigned, am parent/guardian,/caregiver/athlete (own 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 hereby give my permission for _____ to participate in Special Olympics training, competition, and physical activity programs.

_____ _____

Signature of Parent/Guardian/Caregiver/Athlete (over 18-own guardian) Date

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ATHLETE VOLUNTEER SCREENING INFORMATION

Only to be completed if athlete is serving in a volunteer capacity (i.e. Global Messenger, speech coach, sport coach, etc.)

Please check yes or no

1. Do you use illegal drugs? *yes _____ no _____
2. Have you ever been convicted of a criminal offense? *yes _____ no _____
3. Have you ever been charged with neglect, abuse, or assault? *yes _____ no _____
4. Has your driver's license ever been suspended or revoked in any state? *yes _____ no _____

*** You may be asked to provide a written explanation for questions answered "yes"**