



Special Olympics

North Carolina

Be a fan™

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 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. The goal of Special Olympics is for all persons with intellectual disabilities to have the chance to become useful and productive citizens who are accepted and respected in their communities

To become a Special Olympics athlete, contact the SONC office in your area to receive information about your local program.

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. 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.

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 Name _____ Male Date of Birth (month/day/year) _____
 _____ Female _____/_____/_____
 Athlete's Address _____ Please include Area Code _____
 _____ Athlete Home Phone # _____
 City _____ State _____ Zip _____ Athlete Mobile Phone # _____
 Email Address: _____ Parent Primary Phone # _____
 Parent/Guardian's Name _____ Parent Secondary Phone # _____
 Parent/Guardian's Address (if different than athlete) _____
 _____ Primary Phone # _____
 Emergency Contact (if other than parent/guardian) _____ Primary Phone # _____
 Alternate Emergency Contact _____
 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 Ethnicity: Hispanic/Latino (any race)
 Asian Two or More Races Other Not Hispanic/Latino

HEALTH HISTORY

<table border="0"> <tr><td>Yes</td><td>No</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Heart disease/heart defect / high blood pressure</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Chest pain</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Seizures / epilepsy / fainting spells</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Diabetes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Concussion or serious head injury</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Major surgery or serious illness</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Blindness / severe visual problem</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Asthma</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Heat stroke / exhaustion</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contact lenses / glasses</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Complete hearing loss</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bone or joint problem</td></tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	*Heart disease/heart defect / high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	*Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	*Seizures / epilepsy / fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	*Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	*Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	*Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	*Blindness / severe visual problem	<input type="checkbox"/>	<input type="checkbox"/>	*Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heat stroke / exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	Contact lenses / glasses	<input type="checkbox"/>	<input type="checkbox"/>	Complete hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint problem	<table border="0"> <tr><td>Yes</td><td>No</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Allergy: _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Medicines: _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food: _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insect stings/bites: _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Special diet</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Tobacco use</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Uses Wheelchair/Walker</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Emotional / psychiatric/ behavioral</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sickle cell trait or disease</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Immunizations up to date</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Easy Bleeding</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other: _____</td></tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Allergy: _____	<input type="checkbox"/>	<input type="checkbox"/>	Medicines: _____	<input type="checkbox"/>	<input type="checkbox"/>	Food: _____	<input type="checkbox"/>	<input type="checkbox"/>	Insect stings/bites: _____	<input type="checkbox"/>	<input type="checkbox"/>	Special diet	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	Uses Wheelchair/Walker	<input type="checkbox"/>	<input type="checkbox"/>	Emotional / psychiatric/ behavioral	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell trait or disease	<input type="checkbox"/>	<input type="checkbox"/>	Immunizations up to date	<input type="checkbox"/>	<input type="checkbox"/>	Easy Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
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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	
<input type="checkbox"/>	<input type="checkbox"/>	Does the athlete have Down Syndrome?
<input type="checkbox"/>	<input type="checkbox"/>	Has an x-ray evaluation for atlanto-axial instability been done?
<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/> <input type="checkbox"/> Vision <input type="checkbox"/> <input type="checkbox"/> Hearing <input type="checkbox"/> <input type="checkbox"/> Oral cavity <input type="checkbox"/> <input type="checkbox"/> Neck <input type="checkbox"/> <input type="checkbox"/> Extremities	Normal/Abnormal <input type="checkbox"/> <input type="checkbox"/> Cardiovascular system <input type="checkbox"/> <input type="checkbox"/> Respiratory system <input type="checkbox"/> <input type="checkbox"/> Gastrointestinal system <input type="checkbox"/> <input type="checkbox"/> Genitourinary system <input type="checkbox"/> <input type="checkbox"/> Skin	Normal/Abnormal <input type="checkbox"/> <input type="checkbox"/> Cranial nerves <input type="checkbox"/> <input type="checkbox"/> Coordination <input type="checkbox"/> <input type="checkbox"/> Reflexes
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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: _____

Athlete Participation Form Procedures

All persons who are eligible to participate in Special Olympics training and/or competition, including the Young Athletes Programs, must complete an athlete participation form. This form consists of four 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 and permissions regarding publicity and it is to be signed by an adult athlete, parent, guardian or caregiver. This must also be renewed every three years.

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.

The final portion provides athlete census information regarding the programs and sports in which the athlete is participating. All census information included on this form will replace/update all previously submitted information. This section should be completed by the local program coordinator.

SPECIAL OLYMPICS NORTH CAROLINA OFFICES

If your Area does not have an active office, you can contact the Headquarters office in Morrisville.

Northern Piedmont Area

3409B W. Wendover Ave
Greensboro, NC 27407
Work: 336-272-0142
Fax: 336-378-2543
Toll Free: 888-396-6369

Smoky Mountain Area

1095 Hendersonville Rd.
Suite L
Asheville, NC 28803
Work: 828-236-9753
Fax: 828-236-9715
Toll Free: 888-698-1706

Capital Coast Area

2200 Gateway Centre Blvd.
Suite 201
Morrisville, NC 27560
Work: 919-719-7662
Fax: 919-719-7663
Toll Free: 800-843-6276

Southern Piedmont Area

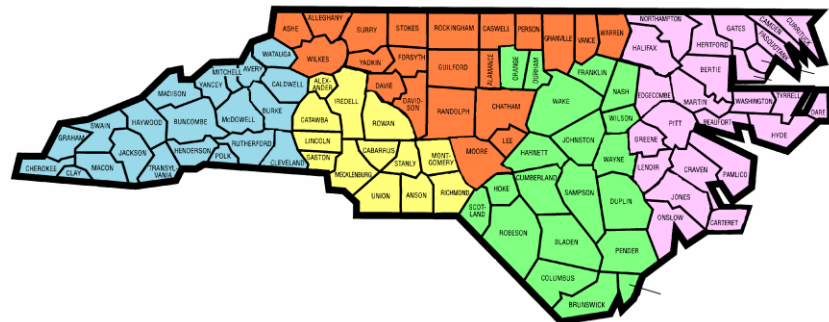
4421 Stuart Andrew Blvd.
Suite 605
Charlotte, NC 28217
Work: 704-358-1935
Fax: 704-358-3211
Toll Free: 800-358-6276

Coastal Plains Area

2200 Gateway Centre Blvd.
Suite 201
Morrisville, NC 27560
Work: 919-719-7662
Fax: 919-719-7663
Toll Free: 800-843-6276

Headquarters

2200 Gateway Centre Blvd.
Suite 201
Morrisville, NC 27560
Work: 919-719-7662
Fax: 919-719-7663
Toll Free: 800-843-6276



Special Olympics: Created by the Joseph P. Kennedy, Jr. Foundation. Special Olympics North Carolina is authorized and accredited by Special Olympics Inc. for the benefit of persons with intellectual disabilities, 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.

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

TO BE COMPLETED BY PARENT, GUARDIAN, CAREGIVER OR ADULT ATHLETE

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 not 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 a full radiological examination establishes the absence of Atlanto-Axial instability. I am aware that the sports and events for which this radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, and soccer.

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

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 insure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I authorize the participation of the athlete in the Healthy Athletes Programs which offer non-invasive health care services to athletes at Special Olympics events. Services may be offered in the following areas: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand the following: 1) participation in the Healthy Athletes venues is free of charge, 2) participation is voluntary and that authorization can be withdrawn at any time without penalty, 3) participation in Healthy Athletes is not a requirement for participation in other Special Olympics activities, 4) the provision of these health services is not intended as a substitute or alternative to regular care that has been received in the past or that may be recommended in the future, and 5) information that is gathered as a part of the screening process 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, the undersigned, am parent, guardian, caregiver, athlete (own guardian) of the below specified person. I have read and fully understand the provisions of the above release and have explained them to that person. I hereby agree that I and said person will be bound thereby and I shall defend you and hold you harmless for any disaffirmation thereof by said person.

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 _____

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"

CENSUS UPDATE FORM

1 Please indicate all sports in which this athlete has participated in within the past three years.

<u>Aquatics</u> <input type="checkbox"/>	<u>Bowling</u>	<u>Golf</u>	<u>Tennis</u>	Unified Sports™:
<u>Alpine Skiing</u> <input type="checkbox"/>	Ramp <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>	<u>Aquatics</u> <input type="checkbox"/>
<u>Athletics</u> <input type="checkbox"/>	Singles <input type="checkbox"/>	9 hole Ind <input type="checkbox"/>	Short Court <input type="checkbox"/>	<u>Bocce Doubles</u> <input type="checkbox"/>
<u>Basketball</u> <input type="checkbox"/>	Doubles <input type="checkbox"/>	Alt shot <input type="checkbox"/>	Match Play <input type="checkbox"/>	<u>Bocce Team</u> <input type="checkbox"/>
5 on 5 <input type="checkbox"/>	Team <input type="checkbox"/>	18 hole Ind. <input type="checkbox"/>	<u>Softball</u>	<u>Bowling Doubles</u> <input type="checkbox"/>
3 on 3 <input type="checkbox"/>	<u>Cheerleading</u> <input type="checkbox"/>	<u>MATP</u> <input type="checkbox"/>	Team <input type="checkbox"/>	<u>Bowling Team</u> <input type="checkbox"/>
Ind. Skills <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>	<u>Powerlifting</u> <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>	<u>Cheerleading</u> <input type="checkbox"/>
<u>Bocce</u>	Team <input type="checkbox"/>	<u>Rollerskating</u> <input type="checkbox"/>	<u>Speed Skating</u> <input type="checkbox"/>	<u>Equestrian</u> <input type="checkbox"/>
Singles <input type="checkbox"/>	<u>Cycling</u> <input type="checkbox"/>	<u>Soccer</u> <input type="checkbox"/>	<u>Volleyball</u>	<u>Golf</u> <input type="checkbox"/>
Doubles <input type="checkbox"/>	<u>Equestrian</u> <input type="checkbox"/>	Team <input type="checkbox"/>	Team <input type="checkbox"/>	<u>Softball</u> <input type="checkbox"/>
Team <input type="checkbox"/>	<u>Figure Skating</u> <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>	<u>Tennis</u> <input type="checkbox"/>
	<u>Gymnastics</u> <input type="checkbox"/>		<u>Young Athletes Program</u> <input type="checkbox"/>	<u>Volleyball</u> <input type="checkbox"/>

2 Does this person only participate in Special Olympics Training? Yes No

3 Does this person participate in Special Olympics Athlete Leadership Programs (ALPs)? Yes No
 If yes, which programs? _____
 Does s/he only do ALPs (no sports training)? Yes No