



Dear Parent/Guardian or Friend,

Welcome to Special Olympics! Thank you for taking the time to enroll someone you care about in Special Olympics.

The Special Olympics mission is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for individuals, ages 8 and over, with intellectual disabilities, giving them 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.

Attached is all the information and forms you will need to register your athlete. It is a very easy process. Simply complete the enclosed Application for Athlete Participation and then arrange for your family doctor or frequently seen physician to review and complete your athlete's medical history. A doctor's signature, physician's assistant or nurse practitioner signature is required by the professional conducting the examination. Then mail the completed form to the address at bottom of page 2 of the form.

Upon receipt of the application, a representative from the local program will contact you to discuss what sports are available and provide you with training dates, times and locations so you can visit the training site to meet the coach and begin training. Also check [www.sodelco.org](http://www.sodelco.org) for updated information.

We look forward to having your athlete join our Special Olympics team. If you have any questions or need any assistance with the registration process, please do not hesitate to contact me.

Sincerely,

*Sean Gallagher*

**Contact us:**

Special Olympics Pennsylvania – Delaware County  
P.O. Box 1202  
Havertown, PA 19083

Email: [manager.sopadelco@gmail.com](mailto:manager.sopadelco@gmail.com)

Web: [www.sodelco.org](http://www.sodelco.org)

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***Let me win. But, if I cannot win, let me be brave in the attempt.***

**Mission** -- Special Olympics Pennsylvania provides year-round athletic training and competition in 22 Olympic-type sports for individuals with intellectual disabilities and provides them with continuing opportunities to develop physical fitness skills, express courage, and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

**Athletes** -- More than 20,000 children and adults with intellectual disabilities or closely related developmental disabilities participate in over 260 local, sectional and state events. Athletes range in age from 8 to 80 and are of all ability levels.

**Volunteers** -- Nearly 40,000 volunteers provided the manpower for Special Olympics Pennsylvania last year. Volunteers of all ages serve as coaches, escorts, organizers, fund-raisers, entertainers, or sports officials. Volunteers are always needed!

**Competitions** -- Special Olympics Pennsylvania competitions are offered year-round in 56 local programs across Pennsylvania. Special Olympics Pennsylvania conducts four statewide competitions -- Fall Festival, Summer Games, Winter Games, and the State Floor Hockey Tournament.

**Sports** -- Special Olympics Pennsylvania offers training and competition in the following events:

<b>Summer</b>	<b>Fall</b>	<b>Winter</b>
Aquatics	Bocce	Alpine Skiing
Athletics (Track & Field)	Long Distance Running/Walking	Cross Country Skiing
Basketball	Powerlifting	Figure Skating
Bowling	Roller Skating	Floor Hockey
Cycling	Soccer	Snow Shoeing Speed
Equestrian	Volleyball	Skating
Golf		
Gymnastics		
Softball		
Tennis		

**Benefits** -- A 1995 study by Yale University confirmed that Special Olympics contributes to the physical, social and psychological development of people with intellectual disabilities. Through successful experiences in sports, they gain confidence and build a positive self-image that carries over into the classroom, the home, the job, and the community.

**Funding** -- Special Olympics Pennsylvania is a nonprofit, tax-exempt organization that raises the funds through the generosity of individuals, companies, and foundations.



## STATEMENT OF ELIGIBILITY

IV.A.3.

Persons eligible for Special Olympics provided they are:

PERSONS AGE \*EIGHT AND ABOVE WHO ARE CONSIDERED TO HAVE INTELLECTUAL DISABILITIES\* AS DETERMINED BY THEIR LOCALITIES.

DETERMINED BY THEIR LOCALITIES.

PERSONS 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.

NOTE: PEOPLE WITH FUNCTIONAL LIMITATIONS BASED SOLELY ON A PHYSICAL, BEHAVIORAL, EMOTIONAL, SPECIFIC LEARNING DISABILITY, OR SENSORY DISABILITY ARE NOT ELIGIBLE.

\* Any person eight (8) years of age or older who is identified as having an intellectual disability by an agency or a professional in any given local area is considered eligible for Special Olympics. Other terms that may be used synonymously with intellectual disabilities include: cognitive disabilities, mental handicaps, or mental retardation.

Age Requirements: There is no maximum age limitation for participation in Special Olympics. The minimum age requirement for participation in Special Olympics competition is 8 years of age. Any **SOPA Program** may permit children who are at least 6 years old to participate in age-appropriate Special Olympics training programs offered by that Accredited Program, or in specific (and age-appropriate) cultural or social activities offered during the course of a Special Olympics event. However, no child may participate in a Special Olympics competition (or be awarded medals or ribbons associated with competition) before his or her 8th birthday.

\*\* When the term "intellectual disabilities" or other similar descriptors 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," "developmentally delayed," 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 on-going 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 and checklists) or through criterion-referenced measures (e.g., teacher/parent observations or actual performance samples).

If the person is identified as having a developmental disability with functional limitations in both general learning and adaptive skills, an agency or a professional must still determine whether or not the functional limitations are solely due to an intellectual disability or a closely related developmental disability. If the functional limitations are solely due to: physical disabilities, emotional disturbance, behavioral disorders, specific learning disabilities, visual impairment, or sensory disabilities, this person is *not* eligible for Special Olympics.



**WHO QUALIFIES AS A SPECIAL OLYMPICS ATHLETE,  
YOUNG ATHLETE  
OR UNIFIED PARTNER?**

Is this individual identified by the schools or other human services agency as having an intellectual disability?  
**Or** is the individual identified as having a developmental disability with functional limitations in BOTH learning and adaptive skills **NOT** due to physical disabilities, visual impairments, or sensory disabilities?

YES

Is this person eight (8) years of age or older?

YES

This individual is eligible for Special Olympics participation as an Athlete.

NO

This individual is eligible for Special Olympics participation as a Young Athlete.

NO

This individual is eligible for Special Olympics participation as a Unified Partner.

Primary email: \_\_\_\_\_ Secondary email: \_\_\_\_\_

Male _____ Female _____ Date of Birth _____ / _____ / _____ Height _____ Weight _____	<b>APPLICATION FOR ATHLETE                  PARTICIPATION IN SPECIAL OLYMPICS                  Delaware County</b>	Please check appropriate box: <input type="checkbox"/> Special Olympics Athlete <input type="checkbox"/> Unified Teammate / Partner
COUNTY _____ School or Agency _____		

<b>Name of Athlete:</b> _____	Day Phone Number: ( ) _____	Evening Phone Number: ( ) _____
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Address: _____	City: _____	State: _____ Zip: _____
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Parent or Guardian: _____	Day Phone Number: ( ) _____	Evening Phone Number: ( ) _____ <b>- Cell</b>
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Address: _____	City: _____	State: _____ Zip: _____
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**EMERGENCY INFORMATION**

Emergency Contact Person: _____	Day Phone Number: ( ) _____	Evening Phone Number: ( ) _____ <b>- Cell</b>
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Address: _____	City: _____	State: _____ Zip: _____
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**HEALTH AND ACCIDENT INSURANCE INFORMATION**

Company Name: <b>Must be filled in</b> (Athletes without insurance, write NONE)	Policy Number: <b>Must be filled in</b>
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**HEALTH INFORMATION**

<b>Please Circle Appropriate: Please Circle Each Response "Yes" or No"</b>					
Down Syndrome	YES	NO	Fainting Spells	YES	NO
Atlanto-axial instability Evaluation by X-ray (circle YES for positive, NO for negative and NONE for no X-Ray available)	YES	NO	Heat illness or Cold Injury	YES	NO
<b>HISTORY OF</b>	NONE		Hernia or Absence of 1 Testicle	YES	NO
Diabetes	YES	NO	Recent Contagious Disease or Hepatitis in one kidney	YES	NO
Heart Problems	YES	NO	Kidney problems or loss of function	YES	NO
Seizures	YES	NO	Pregnancy	YES	NO
Legally Blind	YES	NO	Bone or Joint problems	YES	NO
Vision problems and/or less than 20/20 vision in one or both eyes	YES	NO	Contact Lens / Glasses	YES	NO
Legally Deaf	YES	NO	Dentures / False Teeth	YES	NO
Hearing Aid / Hearing problems	YES	NO	Emotional problems	YES	NO
Requires Wheelchair	YES	NO	Special Diet needs	YES	NO
Motor impariment requiring special equipment	YES	NO	Asthma	YES	NO
Non-Verbal Individual	YES	NO	High / Low Blood Pressure	YES	NO
Bleeding Problem	YES	NO	Other		
			Blood Pressure: _____ / _____	Pulse: _____	
<b>COMMENTS - SEE BACK</b>					

**MEDICATIONS**

➤ Medication Name: _____	Amount: _____	Time: _____	Date Prescribed: _____

➤ Allergies to Medication: \_\_\_\_\_

**IMMUNIZATIONS**

➤ Tetanus:	Yes	No	Date of Last Tetanus Shot: _____	Polio:	Yes	No
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Signature of Person Who Completed Health Information (Normally signed by Parent, Guardian or Adult Athlete)

Required SIGNATURE: _____	Required DATE: _____
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IF THERE IS ANY SIGNIFICANT CHANGE IN THE ATHLETE'S HEALTH, THE ATHLETE'S CONDITION SHOULD BE REVEIUED BY A PHYSICIAN BEFORE FURTHER PARTICIPATION

**MEDICAL CERTIFICATION**

**NOTICE TO PHYSICIAN:** If the athlete has Down Syndrome, Special Olympics requires that the athlete have 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 hyper-extension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing and soccer.

**CHECK:**  I have reviewed the above health information and examined the named in the application, and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olvmpics..

**THIS CERTIFICATON IS VALID UP TO 3 YEARS**

Athlete Restrictions: _____			
Physician's Name: _____	Phone Number ( ) _____		
Address: _____	City: _____	State: _____	Zip: _____
PHYSICIAN'S SIGNATURE: _____			DATE: _____

Doctor's Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SIGN AND DATE EITHER SECTION "1" OR "2"**  
**(1) RELEASE TO BE COMPLETED BY ADULT ATHLETE**

**(1)** I, \_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

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 a licensed physician 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 have had a full radiological examination which establishes the absence of Atlanto-axial instability. I am aware that I must have this radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

Special Olympics has my permission, both during and anytime after, to use my likeness, name, voice, or words in either 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, during my participating in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

**(1)** Signature of Adult Athlete \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

**(1)** Name (Print): \_\_\_\_\_

**(1)** Relationship to Athlete \_\_\_\_\_

**(1)** Parent/Guardian-Email: \_\_\_\_\_

**OR**

**(2) RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF A MINOR ATHLETE**

**(2)** I am the parent/guardian of \_\_\_\_\_ a minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics activities. With my approval, a licensed physician has reviewed the health information set forth in 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 is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), 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 ensure 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 am the parent (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 the athlete named above to participate in Special Olympics games, recreation programs, and physical activities programs.

**(2)** Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**(2)** Parent/Guardian-Email: \_\_\_\_\_

**► MAIL OR EMAIL COMPLETED, SIGNED & DATED FORM TO:**

Delaware County Special Olympics, PO BOX 1202, Havertown PA 19083  
email: register.sopadelco@gmail.com