



11011 Q Street, Suite 104 C • Omaha NE 68137 • 402.331.5545 or 800.247.0105 • Fax: 402.331.5964

ATHLETE (ACP/SpEd/Community Based) PARTICIPATION FORM
2013-2014 School Year

Athlete Information (ACP/SPED):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Gender: Male Female T-Shirt Size: _____
Date of Birth: _____
School Name: _____
Teacher Name: _____
Grade: _____

Parent/Guardian Information:

Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Employer(s): _____
Home Phone: _____
Cell Phone(s): _____
Email Address(s): _____

Special Olympics Nebraska (SONE) receives inquiries from various granting organizations and agencies regarding racial/ethnic composition. Kindly mark:

Race/Ethnicity: Caucasian African American Native American Asian Hispanic Other

EMERGENCY CONTACT

Person to be contacted in case of emergency: _____ Phone Number: _____

ATHLETE RELEASE

I, undersigned, represent and warrant that, to the best of my knowledge and belief, I am/my child is/my ward is physically and mentally able to participate in Special Olympics Nebraska. With my approval, a licensed physician is authorized to review the health information set forth in this application, and administer a medical examination so as to certify that there is no medical evidence which would preclude me/my child's/my ward's participation. I understand that if I/my child/my ward has Down Syndrome, I/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 judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift, snowboarding and soccer team competition.

Special Olympics Nebraska has my permission to use my/my child's/my ward's likeness, name, voice and words in television, radio, film, newspaper, magazines and any other media, and in any form, for the purpose of advertising or communicating the purpose and activities of Special Olympics Nebraska and/or applying funds to support those purposes and activities.

If a medical emergency should arise during my/my child's/my ward's participation in any Special Olympics Nebraska activities and I am not able to give my consent, for whatever reason, I authorize Special Olympics Nebraska to take whatever measures are necessary and which it deems advisable, to protect my/my child's/ my ward's health and well-being, including hospitalization

I have read and fully understand the provisions of the above release and have explained the provisions to my child/ward. I understand that through my signature on this release form, I am agreeing to the above provisions on my own behalf or on the behalf of my child/ward, and hereby give my permission for my child/ward to participate in Special Olympics Nebraska games, recreation programs and physical activities.

Clearly Print Athletes, Name: _____

Signature of Parent/Caregiver/Adult Athlete: _____ **Date:** _____