

# ATHLETE POLICIES

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## STATEMENT OF ELIGIBILITY FOR SPECIAL OLYMPICS WISCONSIN

Special Olympics Wisconsin (SOWI) was created, and exists today, to give individuals with intellectual disabilities<sup>1</sup> the opportunity to train and compete in year-round sports activities.

To be eligible to participate as a registered SOWI athlete<sup>2</sup>, a person must meet the following criteria:

1. Be at least 8 years of age. There is no maximum age limit. Individuals ages 2-7 may inquire about Special Olympics Wisconsin's Young Athletes™.
2. Be identified by an agency or professional as having:
  - a. An intellectual disability<sup>1</sup> (IQ is below 70 – 75); or
  - b. An intellectual delay<sup>3</sup> as determined by standardized measures such as intelligence quotient (IQ) or other generally acceptable measures; or
  - c. A closely related developmental disability. A “closely related developmental disability” means having functional limitations in both general learning<sup>4</sup> and adaptive skills<sup>5</sup> such as recreation, work, independent living, self direction or self care. However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability are not eligible to participate as Special Olympic athletes, but may be eligible to volunteer for SOWI.
3. Agree to abide by the Official Special Olympics Sports Rules and the SOWI Athlete Code of Conduct.
4. Persons with multiple disabilities may participate in SOWI as long as they also meet the noted criteria above.

**NOTE:** No person shall, on the grounds of sex, race, religion, color or national origin, be excluded from participation in, be denied benefits of, or otherwise subjected to discrimination under any program or activity of SOWI.

<sup>1</sup> A synonym for mental retardation. May also be used synonymously with mental or cognitive disability/delay.

<sup>2</sup> To be a registered SOWI athlete, eligible persons must complete an Application for Participation (medical form) and a release form and register under one of approximately 200 SOWI accredited Agencies.

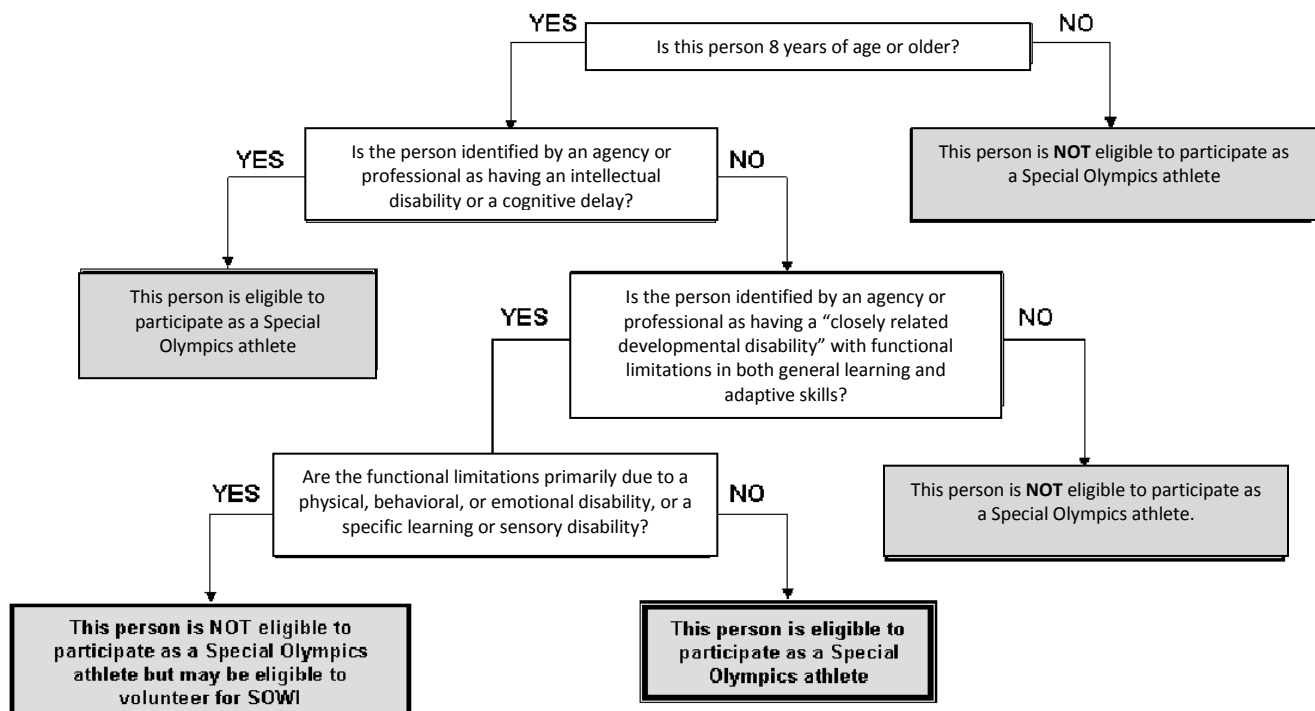
<sup>3</sup> Learning slower than ones typical peers and requiring specially designed instruction.

<sup>4</sup> General learning limitation refers to substantial deficits in conceptual, practical and social intelligence that will result in performance problems in academic learning and/or general life functioning.

<sup>5</sup> Adaptive skill limitations refers to an ongoing performance deficit in skill areas considered essential to successful life functioning.

Source: Article 6.01, Special Olympics Official General Rules, Revised 2004.

## WHO IS THE SPECIAL OLYMPICS ATHLETE?



## ATHLETE REGISTRATION INFORMATION

The *Official Special Olympics Wisconsin Release Form* and *Application for Participation in Special Olympics* serve as an athlete's registration for Special Olympics and must be completed before an athlete participates in any Special Olympics training program. They provide for a photo release, necessary medical information, secondary insurance coverage by Special Olympics, Inc., and emergency medical treatment in the event a parent or guardian cannot be reached.

Athletes who are new to Special Olympics must submit both the *Official Special Olympics Release Form* and the *Application for Participation in Special Olympics* form postmarked by the appropriate medical deadline date. An athlete must be 8 years old by the medical deadline date for whichever sport the athlete is training. **Medical deadline dates are strictly enforced. There will be no exceptions to the medical deadline policy.** Completed medical forms may not be faxed.

Forms may only be sent via US Postal Service or emailed to [medicals@specialolympicswisconsin.org](mailto:medicals@specialolympicswisconsin.org), forms may not be faxed. Emailed forms will receive an automatic delivery acknowledgment. SOWI is not responsible for the electronic storage of athlete medical information on sender's computer, to ensure athlete confidentiality we are asking that you please delete the sent email and any electronic version of medical forms. Submitted forms do not necessarily mean approval. Contact the athlete medical manager for any questions.

### **Special Olympics Wisconsin Registration Policy**

**If an athlete's *Application for Participation in Special Olympics* expires prior to the last day of the State competition for which the athlete is registered, a new *Application for Participation in Special Olympics* must be completed correctly and mailed to the Headquarters office, postmarked by the appropriate medical deadline date for that sport and approved.** The athlete's Release Form must also be on file by the medical deadline date. (Example: An athlete whose Application expires on January 10, 2016 wishes to compete in cross country skiing. The last day of the state competition is January 24, 2016; therefore, a new *Application for Participation in Special Olympics* **must** be postmarked by December 1, 2015.) The medical deadline dates also apply to Unified Sports® Partners. They be a current Class A volunteer by the medical deadline date for the sport in which they are registered.

If an athlete's medical will expire prior to the last day of the State competition for which s/he is registered and the medical deadline for the state competition has passed, the athlete may practice and compete until the date their medical expires. If the athlete's medical expires after Regional/District competition but prior to Sectional competition, the athlete may participate in the Regional/District competition but is unable to advance to the Sectional competition. If the athlete's medical expires after a Regional/District or Sectional competition but prior to the State tournament, s/he may participate in all of the Regional/District and Sectional competitions but is unable to advance to the State tournament. Please use discretion when allowing an athlete to compete if his or her medical expires prior to Regional/District, Sectional and/or State competition.

The *Application for Participation in Special Olympics* must be completed at least once every three years unless otherwise stated by the physician, or if the athlete has a significant medical condition change during the three-year period for their medical. **The *Application for Participation in Special Olympics* may be completed yearly if/when the athlete has their annual physical examination.**

The *Official Special Olympics Release Form* only needs to be completed once unless there is a change in guardianship for the athlete.

According to Special Olympics, International (SOI) guidelines, all athletes (or the parents/guardians for athletes who are minors and/or not their own guardian) are required to sign an addendum to the Official Special Olympics Release Form indicating they are aware of SOI housing information for overnight activities and tournaments if they have not signed the *Official Special Olympics Release Form* dated August 2013. This requirement applies to all athletes, even if they do not participate in overnight housing

for overnight activities and tournaments. The addendum must be signed and mailed to the Headquarters Office.

*Official Special Olympics Release Forms, Application for Participation in Special Olympics forms and Housing Addendums are available from the Regional or Headquarters offices, the SOWI website and via e-mail – please contact the Headquarters office to obtain forms via e-mail. (Samples are included in this section of the handbook, but they are not for duplication.)*

### **Athlete Medical Restrictions**

Athletes must have their restriction lifted prior to training and competition in that particular sport. The following healthcare providers may lift a sports restriction: Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O), Nurse Practitioner (N.P.), and Physician Assistant (P.A.). Releases from medical restrictions must be mailed or faxed to the Headquarters office. Medical deadline dates do not apply when lifting medical restrictions, but restrictions must be lifted by the end of the business day on the Wednesday following the event entry deadline date.

# OFFICIAL SPECIAL OLYMPICS RELEASE FORM SAMPLE



2310 CROSSROADS DR.  
SUITE 1000  
MADISON, WI 53718  
(608) 222-1324

## OFFICIAL SPECIAL OLYMPICS RELEASE FORM

### TO BE COMPLETED BY ADULT ATHLETE

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 medical professional has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence that 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 and two physicians have completed the official "Special Release For Athletes With Atlanto-axial Instability" Form, available from the Special Olympics Program in my jurisdiction or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release For Athletes With Atlanto-axial Instability" Form which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in judo, equestrian sports, gymnastics, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and football team competition (soccer).

Special Olympics has my permission forever 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 publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes Program, which provides individual screening assessments of health status and health care 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 gathered as part of the Healthy Athletes Program 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 understand there is no obligation for me to participate in the Healthy Athletes Program and that I may decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not, through the provision of these services, responsible for my health.

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, during my participation 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 for any reason, I authorize Special Olympics to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization.

I agree to be held accountable for the standards outlined in the Athlete Code of Conduct. In addition, I understand that Special Olympics reserves the right to conduct a background screening when deemed appropriate.

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.

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.

Name (Print): \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

(e.g. family member, teacher, coach, etc.)

### TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of \_\_\_\_\_, the minor Athlete, on whose behalf I have submitted the attached Application for Participation in Special Olympics. 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. With my approval, a licensed medical professional has reviewed the health information set forth in the Athlete's application, 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" Form, available from the Special Olympics Program in my jurisdiction, or the Athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release For Athletes With Atlanto-axial Instability" Form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in judo, equestrian sports, gymnastics, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and football team competition (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 permitting the Athlete to participate in the Special Olympics Healthy Athletes Program, which provides individual screening assessments of health status and health care 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 gathered as part of the Healthy Athletes Program 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 understand that notwithstanding my consent, there is no obligation for the Athlete to participate in the Healthy Athletes Program and that I may decide the Athlete will not participate. I understand that provision of the health services is not intended as a substitute for regular care. I also understand that the Athlete should seek his/her own medical advice and assistance irrespective of the provision of these services and that Special Olympics, through the provision of these services, is not making itself responsible for the Athlete's health.

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.

By permitting the Athlete to participate, I understand the Athlete agrees to be held accountable for the standards outlined in the Athlete Code of Conduct. In addition, I understand that Special Olympics reserves the right to conduct a background screening on the Athlete when deemed appropriate.

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 activity programs.

SIGNATURE OF PARENT/GUARDIAN

DATE

SPECIAL OLYMPICS – Created by The Joseph P. Kennedy, Jr. Foundation. Authorized and Accredited by Special Olympics, Inc., for the Benefit of Persons with Intellectual Disabilities.

DO NOT DETACH  
Revised August 2013



# APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS FORM SAMPLE



2310 CROSSROADS DR.  
SUITE 1000  
MADISON, WI 53718  
(608) 222-1324

## APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS (For individuals with intellectual disabilities)

DEMOGRAPHICS							
<b>ATHLETE INFORMATION</b>							
Agency Name: _____				Agency Number: _____			
Athlete Name: _____				Date of Birth: ____/____/____			
Home Phone: (____) _____		Race: _____		Email: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address: _____		CITY: _____		STATE: _____		ZIP CODE: _____	
Employer: _____		ADDRESS: _____		PHONE: _____			
Emergency Contact (if other than parent/guardian): _____				Phone: (____) _____			
Health/Accident Insurance Company: _____				Policy Number: _____			
<b>PARENT/GUARDIAN INFORMATION</b>							
Name: _____							
Address (if different): _____							
Cell Phone: (____) _____		Home Phone: (____) _____		Email: _____		STATE: _____ ZIP CODE: _____	
HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER							
YES	NO			YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	*Heart Disease/Heart Defect/High Blood Pressure		<input type="checkbox"/>	<input type="checkbox"/>	Allergies: _____	
<input type="checkbox"/>	<input type="checkbox"/>	*Chest Pain		<input type="checkbox"/>	<input type="checkbox"/>	Medicines: _____	
<input type="checkbox"/>	<input type="checkbox"/>	*Seizures/Epilepsy/Fainting Spells		<input type="checkbox"/>	<input type="checkbox"/>	Food: _____	
<input type="checkbox"/>	<input type="checkbox"/>	*Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	Insect Stings/Bites: _____	
<input type="checkbox"/>	<input type="checkbox"/>	*Concussion or Serious Head Injury		<input type="checkbox"/>	<input type="checkbox"/>	Special Diet: _____	
<input type="checkbox"/>	<input type="checkbox"/>	*Major Surgery or Serious Illness		<input type="checkbox"/>	<input type="checkbox"/>	*Asthma	
<input type="checkbox"/>	<input type="checkbox"/>	Heat Stroke/Exhaustion		<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use: _____	
<input type="checkbox"/>	<input type="checkbox"/>	*Blindness/Visual Problem		<input type="checkbox"/>	<input type="checkbox"/>	Easy Bleeding: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Contact Lenses/Glasses		<input type="checkbox"/>	<input type="checkbox"/>	Emotional/Psychiatric/Behavioral: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss/Hearing Aid		<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell/Triller Disease: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Bone or Joint Problem		<input type="checkbox"/>	<input type="checkbox"/>	Immunizations Up To Date: _____	
Date of most recent tetanus immunization: ____/____/____				Other: _____			
(*) Requires physical examination if significant change in athlete's health							
Medications: _____							
Please print medication name, amount, date prescribed and number of times per day medication is given. Use separate sheet for additional space.							
Medication Name		Dosage	Date Prescribed	Times Per Day		Medication Name	
SIGNATURE OF PARENT/CAREGIVER/ADULT ATHLETE: _____						DATE: ____/____/____	
ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME							
<b>PHYSICIAN'S NOTE:</b> If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial instability and the completion of the Special Examination Form 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: alpine skiing, butterfly stroke and diving starts in swimming, equestrian sports, football team competition (soccer), gymnastics, high jump, judo, pentathlon, snowboarding, and squat lift.							
YES	NO						
<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)					
<input type="checkbox"/>	<input type="checkbox"/>	Has the Special Olympics Wisconsin Special Examination Form been completed?					
PHYSICAL EXAMINATION							
Blood Pressure: ____/____		Weight: _____		Height: _____			
Normal	Abnormal	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision		Extremities		Gastrointestinal System		Cranial Nerves	
Hearing		Cardiovascular System		Genitourinary System		Coordination	
Oral Cavity		Respiratory System		Skin		Reflexes	
Neck							
Other: _____							
Primary MR Etiology/Category (if known): _____							
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: _____							
PHYSICIAN'S SIGNATURE: _____						DATE: ____/____/____	
Print Physician's Name & Title: _____							
Address: _____							
Phone: _____							

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## **ADDENDUM TO OFFICIAL SPECIAL OLYMPICS RELEASE FORM**

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.

**SIGNATURE OF ADULT ATHLETE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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

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

**Relationship to Athlete:** \_\_\_\_\_

(e.g. family member, teacher, coach, etc.)

**-or-**

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_



## **ATHLETE REGISTRATION – *SPECIAL EXAMINATION FORM***

Athletes with Down syndrome may be required to complete an additional form called the *Special Examination Form*.

Medical research indicates that up to 15% of individuals with Down syndrome have a condition known as Atlanto-axial Instability, which is a malalignment of cervical vertebrae C-1 and C-2 in the neck. This condition exposes individuals with Down syndrome to the possibility of injury if they participate in activities that hyperextend or radically flex the neck muscles.

Athletes with Down syndrome who are participating in the following sports are required to have x-rays taken and the *Special Olympics Special Examination Form* completed and returned to the Headquarters office before they start training: artistic gymnastics, pentathlon, butterfly stroke (aquatics), diving start (aquatics), high jump, football (soccer), alpine skiing, equestrian, squat lift, judo, snowboarding and any warm-up exercises placing undue stress on the head and neck muscles.

If an athlete does not have Down syndrome and the healthcare provider has completed the section for Athletes with Down syndrome by mistake on the *Application for Participation in Special Olympics Form*, the athlete will be assumed to have Down syndrome and will be restricted from the sports listed above. A signed and dated note from a healthcare provider stating that the athlete does not have Down syndrome will need to be submitted to the Headquarters office in order to lift the sports restrictions, however, restrictions must be lifted one week following the event entry deadline.

### **Medical Restrictions for Athletes with Down Syndrome**

Down Syndrome athletes who wish to compete in a sport they are restricted from must have their restriction lifted prior to training and competition in that particular sport by either having a signed and dated note by a healthcare provider and/or having the *Special Olympics Special Examination Form* completed. The following healthcare providers may lift a sports restriction: Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O), Nurse Practitioner (N.P.), and Physician Assistant (P.A.). Releases from medical restrictions may be mailed or faxed to the Headquarters office. Medical deadline dates do not apply when lifting medical restrictions.

The *Special Examination Form* needs to be completed only once. The form is available from the Regional or Headquarters office, the SOWI website and via e-mail – please contact the Headquarters office to obtain the form e-mail. (A sample is included in this section of the handbook, but it is not for duplication.)

## SPECIAL EXAMINATION FORM SAMPLE



2310 CROSSROADS DR.  
SUITE 1000  
MADISON, WI 53718  
(608) 222-1324

### ATHLETES WITH DOWN SYNDROME SPECIAL EXAMINATION

#### ATHLETE INFORMATION

Last name First name Date of Birth

Street Address

City Zip Code

Phone Number Age Gender Race

#### AGENCY INFORMATION

Agency Name Agency Number

#### INSURANCE INFORMATION

Insurance co./Medical Assistance Policy number

#### MEDICAL RELEASE FOR INDIVIDUALS WITH DOWN SYNDROME PARTICIPATING IN DESIGNATED SPORTS AND OTHER RELATED ACTIVITIES OF SPECIAL OLYMPICS, INC.

This Form must be completed and signed by the examining physician for each individual with Down syndrome who is expected to participate in the following activities:

Alpine Skiing  
Artistic Gymnastics  
Butterfly Stroke  
Diving Start  
High Jump

Judo  
Pentathlon  
Powerlifting  
Soccer  
Squat Lift  
Snowboarding

And any warm-up exercises placing undue stress on the head and neck.

#### NOTE TO EXAMINING PHYSICIAN:

There is evidence from medical research that up to 15 percent of individuals with Down syndrome have a malalignment of the cervical vertebrae C-1 and C-2 in the neck. This condition exposes individuals with Down syndrome to the possibility of injury if they participate in activities that hyper-extend or radically flex the neck or upper spine. Special Olympics, Inc. requires that any athletes competing in the above listed sports must be examined for this condition. The examination must include x-ray views of full extension and flexion of the neck.

#### PHYSICIAN STATEMENT:

On examination of cervical spine x-rays including full flexion and full extension views, I find that the above named athlete has:

#### CHECK ONE:

- ☐ No evidence of Atlanto-axial Instability  
☐ Positive or equivocal evidence of Atlanto-axial Instability

#### SIGNATURE OF PHYSICIAN

#### DATE

Print Physician's Name & Title

Street Address City State Zip Code

Telephone Number

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## **ATHLETE REGISTRATION – SPECIAL OLYMPICS UNIFIED SPORTS® PARTNERS**

Special Olympics Unified Sports is a program which provides individuals with intellectual disabilities (athletes) and individuals without intellectual disabilities (partners) the opportunity to train and compete together as a team. (see the *Outreach* section of this handbook for more details about this program and other inclusive opportunities). All individuals participating as partners in the Unified Sports program are required to be a Class A volunteer by the medical deadline date for the sport in which they wish to participate. **There will be no exceptions to the medical deadline policy.**

Unified Sports partners are required to complete the Protective Behaviors Training (online at [SpecialOlympicsWisconsin.org](http://SpecialOlympicsWisconsin.org)) and to be re-screened every three years as required of all Class A volunteers. Please refer to the Volunteer Policies section for more information on Class A volunteers.

## **ATHLETE CODE OF CONDUCT**

SOWI prides itself in sponsoring high quality sports training and competitions for people with intellectual disabilities. The primary purpose of this code of conduct is to establish a high standard of athlete behavior, which will ensure the safety and well being of all athletes involved in training and competition. All athletes (including Unified Sports® Partners) are expected to abide by the Athlete Code of Conduct as established by SOWI. Athletes should be reminded that **participation in Special Olympics is a privilege, not a right, and that the Agency manager has the authority to make immediate accommodations until final decisions can be made.**

By agreeing to abide by the Special Olympics Wisconsin Code of Conduct, each athlete agrees to adhere to the following athlete behavior:

- Uphold the mission, philosophy, principles and policies of Special Olympics, Inc. and Special Olympics Wisconsin
- Behave in a manner consistent with Special Olympics Wisconsin's core values of mutual respect, positive attitude, accountability, teamwork and dedication
- Each athlete further agrees and acknowledges that participation in SOWI is voluntary and SOWI may terminate an athlete's participation if the athlete fails to follow SOWI rules and policies, including the athlete code of conduct.

### **SPORTSMANSHIP**

I will practice good sportsmanship.  
I will act in ways that bring respect to me, my coaches, my team and Special Olympics.  
I will not use bad language.  
I will not swear or insult other persons.  
I will not fight with other athletes, coaches, volunteers or staff.

### **TRAINING AND COMPETITION**

I will train regularly.  
I will learn and follow the rules of my sport.  
I will listen to my coaches and the officials and ask questions when I do not understand.  
I will always try my best during training, divisioning and competitions.  
I will not "hold back" in preliminary competition just to get into an easier finals competition division.

### **RESPONSIBILITY FOR MY ACTIONS**

I will not make inappropriate or unwanted physical, verbal or sexual advances on others.  
I will not smoke in non-smoking areas.  
I will not drink alcohol or use illegal drugs at Special Olympics events.  
I will not take drugs for the purpose of improving my performance.  
I will obey all laws and Special Olympics rules, the International Federation and the National Federation/Governing Body rules for my sport(s).

## ATHLETE STANDARDS OF BEHAVIOR

The following athlete behavior is unacceptable while participating in Special Olympics training or competition, including, but not limited to, practice, in transit, and at the competition venue:

- Profanity or verbal abuse
- Tobacco use in restricted areas
- Use of alcohol
- Physical or verbal sexual overtures
- Physical abuse\*/**Assault**
- Use of illegal drugs or any controlled substance\*
- Felony or misdemeanors (or any other illegal or socially unacceptable behavior) which seriously disrupts or impedes the participation of athletes or others\*
- **The non-payment for any purchased items from the Agency of participation. Items to include but not limited to: Articles of clothing, banquets, travel, etc.**
- Frequent unexcused absences
- Exhibition of poor sportsmanship
- Violent or disruptive behavior
- Any unwelcome physical contact
- Possession of harmful weapons\*
- Public forum posts that degrade the organization

*\*Criminal offenses regardless of where it occurs may result in immediate suspension from any and all Special Olympics activities.*

### Guidelines for limiting or denying an athlete's involvement in SOWI

SOWI may limit or deny an athlete's participation in SOWI based on the following, as determined by SOWI in its sole discretion.

- Admission or adjudication of involvement in abuse, neglect, sexual assault, or conduct involving violence or threat of violence (for example, assault and battery or armed robbery)
- Record of being charged with abuse, neglect, conduct involving violence or threat of violence (for example, assault and battery or armed robbery), or sexual assault with corroborating information
- Extreme or repeated violations of the SOWI Code of Conduct
- Current use of illegal drugs
- If the safety of other athletes is at risk
- An open invoice that has not been rectified when there has been a request of the agency and the Regional Athletic Director**

Not all situations or circumstances can be addressed in these guidelines. SOWI will address each situation on a case-by-case basis.

SOWI recommends all Special Olympics athletes and Unified Sports partners review, understand and sign the Athlete Code of Conduct before sports training begins. If an athlete or Unified Sports partner participates in multiple sports seasons, he/she need only submit one form per SOWI sports year (i.e., October - September). The Agency manager should retain a copy in the Agency files throughout the SOWI sports year.

<b>Athlete/Unified Sports Partner's Signature</b> _____	<b>Date</b> _____
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Print Athlete's Name \_\_\_\_\_

Agency #: \_\_\_\_\_ Agency Name: \_\_\_\_\_

<b>Parent/Guardian Signature (If athlete is a minor or not their own guardian.)</b> _____
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## **ATHLETE CODE OF CONDUCT DISCIPLINARY STEPS**

The following steps may be taken by the Agency manager or a staff member from the Regional or Headquarters office. The Regional office must be contacted before an Agency manager suspends an athlete. The Regional office will discuss the circumstances and approve the action. The action will be documented in writing and presented to the athlete and parent/guardian (or caseworker) and a copy will be sent to the Headquarters office.

- Verbal warning given to the athlete
- Written warning given to the athlete with a copy to the Region office and parent/guardian or caseworker
- Personal meeting with the athlete to review unacceptable behavior and work out a plan for improvement
- If the athlete is under 18, or over 18 and not their own guardian, he/she will be accompanied by his/her parent/guardian or caseworker. If the athlete is over 18 and is his/her own guardian, he/she may choose to have another adult present. The meeting will be documented in writing and copies distributed to the athlete, Regional office, Headquarters office, Agency file, and parent/guardian or caseworker.
- Suspension from practices or competition during the specific sport season

**Any further action must be referred to the Regional office. The Regional office and Headquarters staff member responsible for Regional management will approve any further action to be taken.**

Further action could be, but is not limited to:

- Suspension for more than one sport season
- Expulsion for one year or more
- Permanent expulsion

### **Appeal Process**

The athlete has the right to appeal any disciplinary actions with the Regional office. The athlete or representative must submit a written request for a meeting to appeal the decision within 30 days of being notified of the disciplinary action. SOWI will review the request and determine whether to uphold the decision of the Regional office or hold an appeal meeting to obtain additional information.

If deemed necessary, the appeal will be heard by a Regional and/or Headquarters staff representative, and an Agency manager (either the manager from that Agency or if deemed necessary a manager not involved with the situation). A decision to reverse, amend or affirm a disciplinary action will be submitted in writing to the Agency manager and should include a plan of action for the athlete to correct the unacceptable behavior that led to the disciplinary action.