Special Olympics Ireland

ATHLE

PARTICIPATION FORM

This Section for office use only. You do not need to fill in anything here.

SPECIAL OLYMPICS USE ONLY

Athlete ID Number: _ _ _ _ _ _ _ _

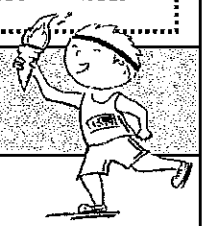
Expiry Date of Form: _ _/_ _/_ _ _ _

Approved by: _____

(Print Name)

Signature: _____

Special Olympics Ireland is committed to protecting your privacy. This form will be processed in accordance with the Data Protection Amendment Act 2003 (Republic of Ireland) and the Data Protection Act 1998 (UK) and for the purpose of administering Special Olympics programmes. Please complete ALL sections in BLOCK CAPITALS using Black or Blue ink.



Section 1: ATHLETE PERSONAL AND PROGRAMME INFORMATION

For Surname, First name and Middle name please state as on birth certificate

Mr/Ms/Mrs/Miss: MISS

First Name: GERTRUDE

Middle Name: MARIE

Surname: SMITH

Preferred First Name: TRUDY

Fill in athletes name exactly as it appears on their birth certificate.

If athlete is usually called by another name fill it in here

Date of Birth: 28 09 1980 (D D M M Y Y Y Y)

Gender: Male ☐ Female ☑

Nationality: IRISH

Height: 5' 6" ~~centimetres~~ / feet

Weight: 10 ~~kilograms~~ / stone

Eye Colour: BLUE

Hair Colour: BROWN

Fill in athletes height & weight & indicate if it is in feet, stones, etc

ATHLETE'S CURRENT HOME ADDRESS

Address Line 1: 12 PARK AVENUE

Address Line 2: OFF NORTH CIRCULAR ROAD

Address Line 3:

City/Townland (e.g. Ardee or Dublin 7): NAVAN

County: CO MEATH

Post Code (Northern Ireland Only):

Fill in the townland or Dublin postal code where the athlete lives

Post Code is for Northern Ireland post codes only, not Dublin post codes

Day Phone: 032 12345

Evening: 032 54321

Mobile Phone: 082 123 4567

Email: Trudy@specialolympics.ie

Name the Special Olympics AFFILIATED GROUP(s) the athlete belongs to (i.e. Club, centre, school etc) and the sport/programme the athlete does with that group?

Attach a separate sheet if there is insufficient space below to list all Affiliated Groups/Sports.

Group Name 1:	Navan Flyers Special Olympics Club	**Sport(s):**	Bowling
Group Name 2:	St Gerards Worskhop Service	**Sport(s):**	Swimming
Group Name 3:		**Sport(s):**	
Group Name 4:		**Sport(s):**	

List here all Special Olympics clubs that the athlete is registered with. This includes services where the athlete takes part in Special Olympics activities

Section 4: ATHLETE MEDICAL RECORD

It is mandatory that all boxes 1 - 65 below are answered YES or NO by placing a tick ☑ in the relevant box below

ALL boxes in this section MUST be ticked either "yes" or "no" and further information provided where indicated.

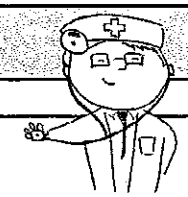
	Yes	No
Cardiac Problem		
1. Myocardial Infarction	☐	☑
2. Heart Murmur	☐	☑
3. Blood Pressure	☑	☐
4. Cardiac Surgery	☐	☑
5. Angina	☐	☑
Epilepsy		
6. Absence seizure	☐	☑
7. Tonic Clonic seizure	☐	☑
8. Status epilepticus	☐	☑
9. Frequency *(Number of seizures per month)*		
Mobility		
10. Fully Mobile	☐	☑
If not fully mobile please answer 11. and 12. below		
11. Wheelchair User	☐	☑
12. Assistance Needed	☑	☐
Kidney		
13. Urinary Tract Infection	☐	☑
14. Cystitis	☐	☑
15. Incontinence	☐	☑
Mental Health		
16. Depression	☐	☑
17. Manic Depression	☐	☑
18. Other, please state	☐	☑
Diabetes		
19. Insulin Dependant	☐	☑
20. Hypoglycaemia	☐	☑
21. Hyperglycaemia	☐	☑
Bone/Joint Problems		
22. Arthritis	☐	☑
23. Osteoporosis	☐	☑
24. Hemiparesis	☐	☑
Asthma		
25. Status asthmaticus	☑	☐
26. Frequency *(number of seizures per month)*	2 per month	
Hearing Problems		
27. Hearing Aid	☐	☑
28. Uses sign language	☐	☑
29. Other	☐	☑
If yes, please specify		
Vision Problems (excluding glasses / lenses)		
30. Blindness	☐	☑
31. Glaucoma	☐	☑
32. Conjuntivitis	☐	☑

	Yes	No
Other		
Head Injury	☐	☑
eding Problems	☐	☑
ypothermia	☐	☑
36. Sickle Cell	☐	☑
37. Hernia	☐	☑
38. Fainting spells	☐	☑
39. Behaviour Problems	☑	☐
40. Dentures	☐	☑
41. Pregnancy	☐	☑
42. Major surgery	☐	☑
43. Glasses / Contact Lenses	☑	☐
Allergies		
44. Dust/Pollen	☐	☑
45. Rubber/Latex	☐	☑
46. Insects/bites/stings	☐	☑
47. Medication	☐	☑
If yes, please specify:		
48. Other	☐	☑
If yes, please specify:		
49. Food Allergy	☑	☐
If yes, please specify:	allergy to shellfish	
Dietary Restrictions		
50. Requires special diet	☐	☑
51. Coeliac	☐	☑
52. Lactose	☐	☑
53. Diabetic	☐	☑
54. Vegetarian	☐	☑
55. No pork	☐	☑
56. Other dietary restriction	☐	☑
If yes, please specify:		
Diseases and Infections		
57. Chicken Pox	☐	☑
58. Hepatitis A	☐	☑
59. Hepatitis B	☐	☑
60. HIV / AIDS	☐	☑
61. Measles	☐	☑
62. Other contagious diseases	☐	☑
If yes, please specify:		

Immunisations	Yes	No	Unknown
63. Measles, Mumps, Rubella	☐	☐	☑
64. Tuberculosis	☑	☐	☐
65. Tetanus*	☑	☐	☐

* Please state date of tetanus immunisation: 13 05 2006 (D D M M Y Y Y Y)

Section 6 Registered Medical Doctor Physical Examination



This entire page to be filled out by a Registered Medical Doctor.

Section 6A

Please answer YES or NO by placing a tick ☑ in the relevant boxes below

	Yes	No
Does the athlete have Down syndrome?	☑	☐

If the answer to the above question is **"NO"** please skip to Section 6B

If the athlete has Down syndrome, Special Olympics requires that the athlete must have a radiological examination establishing the absence of Atlantoaxial Instability before he/she may participate in sports which, by their nature, may result in hyperextension, radical flexion, or direct pressure on the neck or head. Sports in which such a radiological examination is required are; equestrian sports, artistic gymnastics, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift, football, and any warm-ups placing undue stress on the head and neck.

This section only needs to be completed if the athlete has Down syndrome.

Atlantoaxial Instablity **Present** ☐ **OR** Atlantoaxial Instablity **Absent** ☑

If atlantoaxial instablity is present, please refer to the instructions contained in the Special Olympics Official General Rules book or contact Special Olympics Ireland to identify the relevant forms that must be completed for the athlete to participate in Special Olympics activities.

Section 6B

I have examined the athlete Trudy Smith named in the application, and certify, based on that examination and review of the health information contained in this application, that there is no medical evidence which would preclude the athlete's participation in Special Olympics sports.

Restrictions if any:

NONE

Doctor's Contact Details and Signature:

Surname	MURPHY
Firstname	TOM
Address Line 1	THE CLINIC
Address Line 2	RIVER ROAD
Address Line 3	
City / Townland *(e.g. Strabane or Dublin 7)*	NAVAN
County	CO MEATH
Postal Code *Northern Ireland only*	
Telephone number (day)	046 9023
Telephone number (night)	
Doctor's Signature	
Date Signed	24/12/2008 (D D M M Y Y Y Y)

Official Stamp of Doctor (If applicable)

If the doctor has their own stamp, the form should be stamped here in this box.

Make sure the doctor has filled in all contact details and signed the form.

Section 7(b) To be completed if the athlete is an ADULT ATHLETE (over 18yrs of age)

Only need to complete PART (i) **OR** PART (ii)

PART (i) Athlete is signing the form on their own behalf

I, **Trudy Smith** am at least 18 years old and have submitted the attached application for participation in Special Olympics Ireland Ltd sporting and non sporting activities.
I DECLARE that, to the best of my knowledge and belief, all the particulars give

If the athlete is over 18 and able to sign the form themselves, this is where they sign it. Leave this section blank if someone else is signing on the athlete's behalf below.

I have read this paper and fully understand the provisions of the release that per, I am saying that I agree to the provisions of this release.

Print Name: T R U D Y S M I T H

Signature: _____ **Date:** 24 11 2008 (D D M M Y Y Y Y)

WITNESS SIGNATURE

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 (participant with an intellectual disability) understands this release and has agreed to its terms.

Print Name: A N N C O N S I D I N E

If the athlete has signed the form themselves, a witness should sign here also.

Signature: _____ 4 1 1 2 0 0 8 (D D M M Y Y Y Y)

State your relationship to the athlete: Family Member ☐ Carer/Guardian ☑ Other ☐ _____ If "other" state your relationship

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PART (ii) Parent/Guardian/Next of Kin is signing the form on behalf of the athlete

I am the Parent /Guardian /Next of Kin of _____ (the
participate in Special Olympics Ireland Ltd)

If the athlete is unable to sign the form for themselves, their parent / legal guardian / next of kin must fill in this section and sign below.

I represent and warrant that to the best of my knowledge the athlete is physically and mentall ics Ireland Ltd sporting and non sporting activities and, in particular, the activities for which he/she has applie en appropriate medical advice in relation to his/her participation in Special Olympics Ireland Ltd. I confirm that a licensed physician has reviewed the health information set out in the athlete's medical information (Athlete Participation Form) and has certified, based on an independent medical examination, that there is no medical evidence which would render participation inadvisable. I confirm that the athlete is able to and does understand the provisions of the above release and that I have read and fully understand the provisions of the above release. Through my signature, I am agreeing to the above provisions on my own behalf and on behalf of the athlete and I DECLARE that, to the best of my knowledge and belief, all the particulars given are correctly stated.

Print Name:

Signature: _____ **Date:** (D D M M Y Y Y Y)

State your relationship to the athlete: Family Member ☐ Carer/Guardian ☐ Next of Kin ☐

Section 7(c) To be completed if the athlete is a MINOR ATHLETE (an individual under the age of 18)

I am the parent/guardian/next of kin of _____ hose behalf I have submitted the attached application for participation in Special Olympics Ireland L ereby represent and warrant that the athlete has my permission to participate in Special Oly g activities. I DECLARE that, to the best of my knowledge and belief, all the particulars given in this fo

If the athlete is Under 18 this section must be filled in by their parent / legal guardian / next of kin.

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.

Print Name:

Signature: _____ **Date:** (D D M M Y Y Y Y)

State your relationship to the athlete: Family Member ☐ Carer/Guardian ☐ Next of Kin ☐

Athlete Details

NAME _____

DATE OF BIRTH _____

ADDRESS _____

_____

_____

_____

Emergency Contact Details

Name _____

Phone _____

Mobile _____

Email address _____