

**DELAWARE COUNTY SPECIAL OLYMPICS
INSTRUCTIONS FOR COMPLETING AN ATHLETE APPLICATION**

Checklist

Dear Parent, Guardian, Staff and Health Professional:

Everything on an Athlete Application must be filled completely. (This checklist does **not** need to be returned to Special Olympics)

- 1. Athlete Social Security Number
- 2. Height and Weight
- 3. Athlete: Male or Female
- 4. Date of Birth
- 5. School or Agency (or "None")
- 6. Special Olympics Athlete? Or Unified Teammate/ Partner
- 7. Athlete name, Address and Phone (day and night)
- 8. Parent, Guardian, Supervisor, even if adult – Name, Address, and Phone (day and night).
- 9. While there is no field for it on the form – please include your email address wherever it fits.
- 10. Emergency Contact Name, Address and Phone (Day & Night)
- 11. All Health Information must be individually circled Yes or No - None left blank
- 12. Blood Pressure
- 13. Pulse
- 14. Name of Insurance Company and Policy Number
- 15. Medications taken and amount taken
- 16. Tetanus Shot (Yes or No)_ Date last shot given
- 17. Polio Shot (Yes or No)
- 18. Please sign "Name of Person filling out this form"
- 19. Please note your email address on page 2 (if available)
- 20. Attachments: These are discouraged if not necessary. If the term "attached" is used on the form, the Athlete Application is invalid without it.

Health Professional

- 21. Doctor notes any Athlete Restrictions (or "None")
- 22. Doctor's Name, Address and Phone number (Stamp preferred)
(MD or DO only can sign – Physician Assistant or Nurse Practitioner signature is NOT acceptable)
- 23. Doctor's signature with date signed.
- 24. Doctor: please check Medical Certification and complete comments on back
(or state "None")
- 25. Adult athlete or Parent, Guardian sign and date the appropriate area on the back of the form. An athlete signature must be witnessed to confirm their understanding.

AFTER FORM IS COMPLETED

- Confirm all fields are completed
- Make several copies – front and back and retain for future use. Forms are good for three Years. Replacement of lost copies cannot be supplied to you.
- Send **ORIGINAL** to Delaware County Special Olympics, 307 Lenox Road, Havertown, PA 19083-5502 - no exceptions. No participation can be allowed before application is received at office – NOT TO AN ATHLETE TRAINING.
- You are required to give a photocopy of a current application (aka medical) to the head coach at the first training of each sport the athlete joins, each year.
- Medical expires three years from Doctor's signature OR when any significant changes in the medical history or medication occurs.

A COPY OF THIS FORM WILL BE RETURNED TO YOU WITH AN INCOMPLETE APPLICATION.
INCOMPLETE OR UNACCEPTABLE FIELDS WILL BE HIGHLIGHTED
NO PARTICIPATION CAN BE ALLOWED WITH INCOMPLETE, EXPIRED OR UNRECEIVED APPLICATION