

DELEGATION SPECIAL OLYMPICS SWITZERLAND



Special Olympics Switzerland
TEAM SWITZERLAND
WORLD SUMMER GAMES
ABU DHABI 2019

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Coaches & Unified Partners



AQ: Guido Hufschmied, Wohlen-Lenzburg Norbert Gmünder, Sierre	FB: Cindy Lançon, Genève Mohammed El Aissati, Genève <i>Coach 3 tbd.</i>
AT: Yvan Quennet, Broye Corinne Finger, Broye	GF: Daniel Grandjean, Genève Renate Bloch, Bubikon <i>Unified Partner tbd</i>
BB: Claude Duport, Sion <i>Coach 2 tbd.</i> <i>Coach 3 tbd.</i>	JU: Mario Bontognali, Rheintal Annekäthi Michel, Uster
BC: Pierre-Jean Clément, Genève Pietro Grandi, Lugano	SA: Boris Keller, Lugano Marco Grassano (UP), Lugano Daniele Piazza (UP), Lugano
CY: Karl Schmidt, Wohlen-Lenzburg Jürg Müller, Bernaville	TN: Gabrielle Mossi, Giubiasco Sven Ockin, Zug
EQ: Kathrin Lex, Speicher Thomas Reginster, Yverdon	TT: Fanny Risse, Lausanne David Gerber, Lausanne

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Zusammensetzung



Sportart	Athleten	Unified Partner	Coaches / AS
Basketball	10	-	3
Boccia	2	-	1 CO + 1 AS
Fussball (7-a-side)	11	-	3
Golf	2	1	1 CO + 1 AS
Judo	6	-	2
Leichtathletik	6	-	2
Radfahren	6	-	2
Reiten	4	-	1 CO + 1 AS
Schwimmen	6	-	2
Segeln	2	2	1
Tennis	4	-	1 CO + 1 AS
Tischtennis	3	-	1 CO + 1 AS
Staff SOSWI	-	-	4
Athleten, Unified, Coaches, Staff	62	3	29
Gesamt Total	94 Personen		

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Head Coaches und Additional Staff



• HEAD COACH (HC)

- Der Head Coach ist die Kontaktperson zum OK.
- Der Head Coach soll Englisch sprechen
- Vorschlag SOSWI: **AQ: Guido Hufschmied / AT: Yvan Quennet / BB: Claude Duport / BC: Pierre-Jean Clément / CY: Karl Schmidt / EQ: Kathrin Lex / FB: Cindy Lançon / GF: Daniel Grandjean / JU: Mario Bontognali / SA: Boris Keller / TN: Tippy Mossi / TT: Fanny Risse**

• ADDITIONAL STAFF (AS)

- Coaches / Athletes Ratio → 1:4
- Zusätzliches Staff ist als Additional Staff zu registrieren
- Entscheid bei SOSWI: **BC: Pietro Grandi / EQ: Thomas Reginster / GF: Renate Bloch / TN: Sven Ockin / TT: David Gerber / 2x Staff SOSWI**

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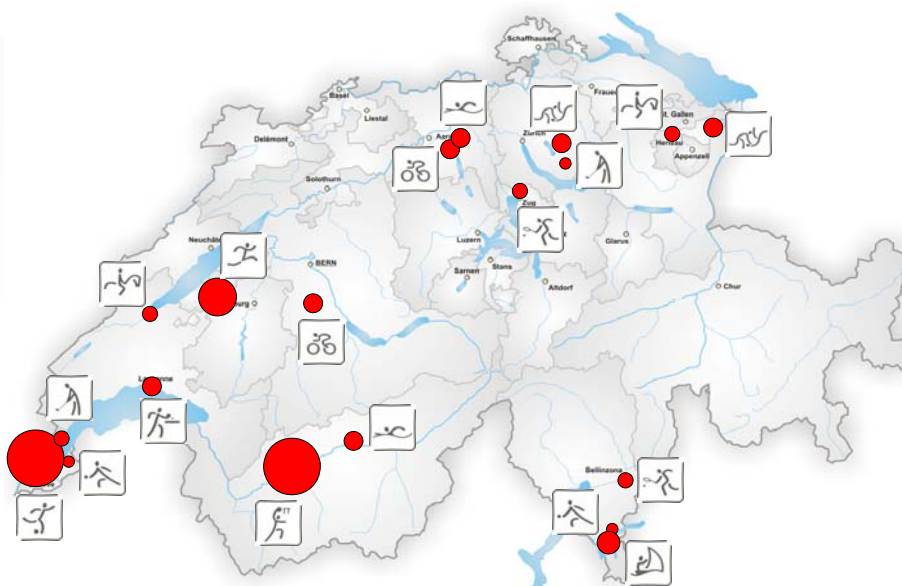
Staff Delegation Switzerland



- Aldo Doninelli HOD – Head of Delegation
- *Tbd.* A-HOD – Assistant HOD
- Tiziana Marinucci AS – Additional Staff
- *Tbd.* AS – Additional Staff

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Herkunft Delegation



Selektion Athleten



- «neue» Athleten für World Games
- Alter: mind. 15 J. Alt (d.h. älter als 03.2004)

- **Niveaus im Sport:**

- Mannschaftsportarten: Homogenes Niveau
- Einzelsportarten: Athleten von verschiedenen Niveaus

- **Anteil Männer-Frauen:**

AQ: 3M + 3F	CY: 4M + 2F	JU: 3M + 3F
AT: 3M + 3F	EQ: 3M + 1F	SA: 2M + 2F
BB: M-Team (od. mix)	FB: M-Team (od. mix)	TN: 2M + 1F
BC: 1M + 1F	GF: 2M + 1F	TT: 2M + 2F

- **Ersatzathleten und -Coaches**

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Selektion Athleten



- **Kriterien gemäss Informationsdossier:**

- Teilnahme an den National Summer Games, Genf 2018
- Regelmässiges Training in der jeweiligen Sportart
- Bereitschaft und gesundheitliche Voraussetzungen für weite Reise
- Motivation an internationalen Spielen teilzunehmen
- Mit Coaches, Athleten und Regeln (Kleider, Verhalten, etc.) umgehen
- Fähigkeit die Sportart selbständig zu betreiben
- Selektionierte Athleten verpflichten sich zur Teilnahme an den obligatorischen Treffen und Sitzungen für die Delegation
- Liste Bewerbungen Athleten

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Roadmap to Abu Dhabi



SOSWI:

- 23.06 Coaches Meeting
- 15.08 Selektion Athleten
- 25.08 Registration an SOSWI!
- 07/09.09 1. Delegation Camp
- Okt. Regionale Meetings
- 18/20.01 2. Delegation Camp
- 07.03 Treffpunkt Delegation
- 08/22.03 WSG Abu Dhabi
- 25.05 Abschluss Delegation

SOI / LOC:

- 15.09 Registration an SOI!
- 30.11 Payment AS-Fee (1'810/2'380\$)
- 30.01 Travel Information
- 01.02 Withdrawal / Alt. Activation
Registration Alternates:
 - If NO VISA → 01.02.2019
 - If VISA → 15.09.2018

PREPARATION OF THE DELEGATION



Special Olympics Switzerland
TEAM SWITZERLAND
WORLD SUMMER GAMES
ABU DHABI 2019

Verantwortungen Coaches



- Selektion Athleten
- Athleten kennen
- Kontakte mit Familien
- Vorbereitung Athleten
- Anmeldung Athleten
- Verantwortung über 24 Std auf Athleten
- Kommunikation mit HOD und SOSWI
- Reglemente von SOI kennen
 - Article 1
 - Sports Rules

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Regelmässige Kontakte



- Athleten u. Familien kennen
- Familie als Unterstützung, reguläre Kontakte
- Arzt (Coach oder Familie?)

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Einstellung



- Athleten und Coaches vertreten SO Switzerland
→ Spirit of the Delegation
- Korrektes Benehmen
- Fair-Play
- Probleme an HOD und A-HOD melden
- Keine Flaggen bei offizielle Anlässe
 - Wettkampf, Zeremonien, Siegerehrungen



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Regeln und Sicherheit



- Akkreditierungskarte immer auf sich tragen
- Sicherheitskontrollen
- Struktur: Staff → Coaches → Athleten
- Rauchen und Alkohol Regel
- Keine Familien in den Unterkünften

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Vorbereitung Delegation



- **Regelmässiges Training**
 - Athleten im Alltag kennenlernen
- **Nicht nur Sport**
 - Kino, Wandern, Handarbeiten, Anmeldungsprozess, ...
- **Vorbereitung auf internationalen Anlass**
 - NSG Genève gilt als Übung
- **Reglemente kennenlernen**
- **Delegationscamp**
 - Training, Wettkampfsimulationen
- **Trainingsplan herstellen und bis am 30.08.2018 an SOSWI schicken**

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Kommunikation in der Delegation



- **In der Vorbereitung**
 - Verdeckte Internetseite
 - Präsentationen, Videos, Infomails, Registration Handbook
 - Offizielle Infomails (nummeriert) → Antworten!
 - WhatsApp-Gruppe?
 - Sprachen
- **In Abu Dhabi**
 - Privates Handy? Oder
 - SOSWI Handy
 - WhatsApp-Gruppe

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EQUIPMENT OF THE DELEGATION



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Ausrüstung



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WORLD SUMMER GAMES
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- Was gehört dazu?
 - Freizeit
 - Sport (allg.)
 - Sportwettkämpfe
- Wer bekommt die Sportausrüstung?
- Was tragen die Coaches beim Sport?
- Wer sucht Material / Wer hat Kontakte?
- Was bezahlen Athleten für ihre Sportausrüstung?
- Was darf man zusätzlich mitnehmen?

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Delegationsausrüstung (1)



- 1 Polo für Coaches am 23.06.18
- 1 leichte Outdoor Jacke am 1. Delegationscamp
- 1 Polo für alle am 1. Delegationscamp
- 1 Funktionaler Pullover am 1. Delegationscamp
- 1 Weisses Langarm Hemd am 1. Delegationscamp
- 2 Funktionspolos Athleten
- 3 Funktionspolos Coaches
- 3 Funktionsshirts
- 1 SportssHORTS

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Delegationsausrüstung (2)



- 1 Trainerjacke und Trainerhosen
- 1 Hoodie mit Reissverschluss
- 2 leichte Hosen
- 2 Langarm Hemd Speziell
- 2 Caps
- 1 Reisetasche
- 1 Rucksack
- 1 Umhängetasche für Coaches
- 1 Paar Schuhe

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Sportartenausrüstung (1)



Aquatics:

- 2 Badeanzug
- 2 Badekappe
- 1 Schwimmbrille
- 1 Bademantel
- 1 Adiletten

Athletics:

- 2 Trägershirts
- 2 T-Shirts
- 2 Sporthosen

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Sportartenausrüstung (2)



Basketball:

- 2 Tenues Rot
- 2 Tenues Weiss
- 2 Socken Rot
- 2 Socken weiss

Boccia:

- 3 Poloshirts
- 1 Hosen
- 1 Paar Schuhe

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Sportartenausrüstung (3)



Cycling:

- 2 Hosen
- 2 Trikots
- (ev.) 1 Windstopper
- 1 Helm

Equestrian:

- 1 Jacket
- 2 Hemd/Blusen
- 1 Hose
- 1 Chap
- 1 Stiefel
- 1 Helm

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Sportartenausrüstung (4)



Football:

- 2 Tenues Rot
- 2 Tenues Weiss
- 2 Stulpen
- 2 Goalie Shirts
- 2 Goalie Shorts
- 2 Goalie Handschuhen

Golf:

- 4 Polo-Shirts
- 1 Hose Kurz (Herren)
- 1 Hose Lang (Frauen)

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Sportartenausrüstung (5)



Judo:

- 1 Judogi
- 1 Adiletten

Sailing:

- 1 Wasseranzug / Neopren
- 1 Schwimmveste
- 1 Spray-Top
- 1 Paar Segelschuhe
- 1 Segelhut

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Sportartenausrüstung (6)



Tennis:

- 4 Poloshirt funktionell
- 2 Tennis-Shorts (Herren)
- 2 Tennis-Röckli (Frauen)
- 3 Schweissbänder

Tischtennis:

- 4 Poloshirts funktionell
- 1 Shorts (Herren)
- 2 Röckli (Frauen)

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Vorbereitung



- **Trainingsplan**
 - Jeder Coach
 - Pro Sportart
 - **Bis am 31.08.18 an Aldo**
- **Trainings**
 - Wöchentlich /Monatlich
 - Trainingsweekends
- **Anderes**
 - Andere Anlässe, Nicht nur Sport...
 - Regelmässiges Kontakt mit Familien

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INFORMATION ABOUT SPORT



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Informationen zum Sport



- Dokument Games Registration
- Reglemente SOI ≠ Reglemente SOSWI
- Reglemente Sport SOI:
- Article 1 → Basics von SO

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AT – Leichtathletik / Athlétisme



- Quota SOSWI: 6 Athletes + 2 Coaches
- Categories
 1. 25m / 50m / 100m walk / softball throw / standing long jump
 2. 100 + 200 + 400m / 4x100 + 4x400m relay / shotput / long jump / high jump
 3. 400 + 800 + 1500m / 4x100 + 4x400m relay / shotput / long jump / high jump
 5. 1500 + 3000 + 5000 + 10'000m / 4x100 + 4x400m relay / half marathon
 6. Pentathlon / 4x100 + 4x400m relay
- Entry in max. 2 events + 1 relay (except Cat.1)
- Performance Standards for Cat.1
- Restrictions Half Marathon
- No Divisioning policy for runs and relays

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BB - Basketball



- Quota SOSWI: 10 Athletes + 3 Coaches
- Team Competition male (also for mixed Teams)
- Roster: min. 8 – max. 10 players
- Uniform Numbers: 00-99 (also «0»)

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BC - Bocce



- Quota SOSWI: 2 Athletes + 1 Coach + 1 AS
- Events offered:
 - Singles
 - Doubles
 - Team & Unified Sports → not for SOSWI!
- Entry in max 3 events

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CY – Radfahren / Cyclisme



- Quota SOSWI: 6 Athletes + 2 Coaches
- Categories
 1. 500m / 1km Time trial (modified bikes only)
 2. 500m / 1km / 2km Time trial
 3. 2km / 5km / 10km Time trial / 5km Road Race
 4. 5km / 10km Time trial / 5km / 10km / 15km / 25km / 40km Road Race
- Entry in max. 3 events
- Time Standards for Cat.1 & 4
- Divisioning:
 - 5km Road Race for all road races
 - 5km Time Trial also for 10km Time trial

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EQ – Reiten / Equitation



- Quota SOSWI: 4 Athletes + 2 Coaches
- Events

• Equitation Jumping:	A, BI
• Dressage:	A, BI, CI
• English Equitation:	A, BI, BS, CI, CS
• English Working Trails:	A, BI, BS, CI, CS
• Gymkhana – Concept of Riding:	BS, CS
• Gymkhana – Figure of 8:	A, BI
- Entry in only 1 level and max. 3 events
- Equestrian Rider Profile to be completed
- Dressage Tests:

• Level CI – Test 2	/	Level BI – Test 1	/	Level A – Test 2
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FB – Fussball / Football



- **Quota SOSWI: 11 Athletes + 3 Coaches**
- **Events:**
 - SOSWI → 7-a-side Male Competition
 - Other: Futsal (M-F-Unified) / 7-a-side (Female-Unified) / 11-a-side (Male)
- **Roster: min. 10 – max. 12 players (7-a-side)**
- **Provide: Football Team Assessment Information**

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GF - Golf



- **Quota: 2 Athletes + 1 Unified Partner + 1 Coach + 1 AS**
- **Events**
 - Level 1: Individual Skills Competition
 - Level 2: Unified Sport Alternate Shot Team Play (9 Holes – 4 rounds)
 - Level 4: Individual Stroke Play (9 Holes – 4 rounds)
 - Other levels: 3-Unified Sports Team Play / 5-Individual Stroke Play (18-72 holes)
- **Registration:**
 - Entry in only 1 level
 - Level 1: Provide total score for all 6 skills
 - Level 2 & 4: average of 70 or lower
 - Scores above average → Disqualification!
 - Caddies for Level 4: Private Caddy or Caddy LOC. If Private, then as AS.

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JU - Judo



- Quota SOSWI: 6 Athletes + 2 Coaches

- Events:

Male							
Level 1							
Weight categories	<60	-66 kg	-73 kg	-81 kg	-90 kg	-100 kg	+100kg
Level 2							
Weight categories	<60	-66 kg	-73 kg	-81 kg	-90 kg	-100 kg	+100kg
Level 3							
Weight categories	<60	-66 kg	-73 kg	-81 kg	-90 kg	-100 kg	+100kg
Female							
Level 1							
Weight categories	<48 kg	-52 kg	-57 kg	-63 kg	-70 kg	-78 kg	+78 kg
Level 2							
Weight categories	<48 kg	-52 kg	-57 kg	-63 kg	-70 kg	-78 kg	+78 kg
Level 3							
Weight categories	<48 kg	-52 kg	-57 kg	-63 kg	-70 kg	-78 kg	+78 kg

- Athletes must be at least 16 years old!

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SA – Segeln / Voile



- Quota SOSWI:
2 Athletes + 2 Unified Partners + 1 Coach

- Events:

- Level 1: Unified Sport Team
- Athlete will have complete responsibility of head sail trim
- Boat Level 1&2: **420s**
- Other → L.2 / L.3 / L.4 / L.5

- Registration:

- Entry in only 1 level
- Level 1: 2 persons
- Crew member must be able to swim 10m with a Personal Floatation Device (PFD)

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AQ – Schwimmen / Natation



- Quota SOSWI: 6 Athletes + 2 Coaches

- Events:

- Registration:

- Entry in max. 2 events + 1 relay
- Level 3-4 may enter 3 ev.
- Relay may be composite
- Medical support codes

- Pool: 25m

- No Divisioning policy:

Category	Event(s) Selection
Category 1 2 Events + 1 Relay	25m freestyle, 25m backstroke, 4x25m freestyle relay
Category 2 2 Events + 1 Relay	25m butterfly, 25m backstroke, 25m breaststroke, 50m butterfly, 50m breaststroke, 50m freestyle, 50m backstroke, 100m freestyle, 4x 25m freestyle relay, 4x50m freestyle relay, 4x50m medley relay, 4x100m freestyle relay, 4x100m medley relay
Category 3 2 Events + 1 Relay (1 additional event is available if it is 200 meters or longer)	100m freestyle, 100m backstroke, 100m butterfly, 100m breaststroke, 100m individual medley, 200m individual medley, 200m breaststroke, 200m freestyle, 200 backstroke, 400m freestyle, 4x 25m freestyle relay, 4x50m freestyle relay, 4x50m medley relay, 4x100m freestyle relay, 4x100m medley relay
Category 4 2 Events + 1 Relay (1 additional event is available if it is 200 meters or longer)	400m freestyle, 800m freestyle, 1500m freestyle, 4x50m freestyle relay, 4x50m medley relay, 4x 100m freestyle, 4x100m medley relay
Category 5 2 Events + 1 Relay	800m freestyle, 1500m Open Water Swimming, 1500m Unified Open Water Swimming Team, 4x50m freestyle relay, 4x50m medley relay, 4x 100m freestyle, 4x100m medley relay

Swimming

100m freestyle, 100m backstroke, 100m butterfly, 100m breaststroke, 100m individual medley, 200m individual medley, 200m breaststroke, 200m freestyle, 200 backstroke, 400m freestyle, 800m freestyle, 1500m freestyle

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TT – Tischtennis / Tennis de table



- Quota SOSWI: 3 Athletes + 1 Coach + 1 AS

- Events:

- singles / doubles / Unified Sports doubles

- Registration:

- Athletes may enter in all events

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TN - Tennis



- **Quota SOSWI: 4 Athletes + 1 Coach + 1 AS**
- **Events:**
 - singles / doubles / mixed doubles / Unified Sports doubles
- **Competition Levels:**
 - Level 2 – 42' Court – Red Ball Tennis rating 2.0-2.9
 - Level 3 – 60' Court – Orange Ball Tennis rating 3.0-3.9
 - Level 4 – 78' Court – Green Ball Tennis rating 4.0-4.9
 - Level 5 – 78' Court – Yellow Ball Tennis rating 5.0-8.0
- **Registration:**
 - Athletes may enter in 2 events (1 single + 1 double)
 - If teammates rated at different levels, the highest level will be applied
 - Athletes to submit Tennis Rating Assessment Final Score & ITN-Rating

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REGISTRATION DELEGATION



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ABU DHABI 2019

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Registration



- Pässe: Gültigkeit +6 Mte. (d.h. mind. 22.09.2019)
- Visa → vgl. Registration Handbook
- Complete Forms in English, readable!

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Registration Forms



- Form 1: Athlete Registration Form
- Form 2: Athlete Release Form
- Form 3: Athlete Likeness Release Form (opt.)
- Form 4: Medical Form (4 Pg.)
+ AAI- Special Release Form
- Form 5: Delegate-Coach-UP Registration Form
- Form 6: Delegate-Coach-UP Release Form
- Form 7: EQ – Sports Rider Profile (3 Pg.)
- Form 9: TN – Int. Tennis Assessment + Number
- Form 10: AT + UP Profile Form
- 44 Athlete Sport Entry Form

Form 1

For Athletes

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FORM 1
ATHLETE REGISTRATION FORM

Special Olympics Program: _____

ATHLETE INFORMATION		
First Name:	Middle Name:	
Last Name:	Preferred Name:	
Date of Birth (dd/mm/yyyy):	☐ Female ☐ Male	
Preferred Language (Optional):	Race/Ethnicity (Optional):	
Address:	City:	
State/Province:	Country:	Postal Code:
Phone:	E-mail:	
Shirt Size:		
Does the athlete have the capacity to consent to medical treatment on his or her own behalf? ☐ Yes ☐ No		
Passport Number:	Passport Country:	
Passport Type: ☐ Regular ☐ Diplomat ☐ Other:		
Date of Issue (dd/mm/yyyy):	Date of Expiration (dd/mm/yyyy):	
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)		
Name:		
Relationship:		
☐ Same Contact Info as Athlete		
Address:	City:	
State/Province:	Country:	Postal Code:
Phone:	E-mail:	
EMERGENCY CONTACT INFORMATION		
☐ Same as Guardian/Parent		
Name:		
Phone:	Relationship:	
PHYSICIAN INFORMATION		
Physician Name:		
Physician Phone:		

Form 2

For Athletes

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FORM 2
ATHLETE RELEASE FORM

I agree to the following:

- Ability to Participate.** I am physically able to take part in Special Olympics activities.
- Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, and words to promote Special Olympics and raise funds for Special Olympics.
- Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
- Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care and make medical decisions on my behalf. I also consent to my medical care provider sharing information about my condition and care with authorized Special Olympics representatives if I am unable, or my guardian is not available, to consent to the release of my information.
- Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
- Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
- Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information"). The organization responsible for protecting my personal information under data protection laws is my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs).
 - I understand Special Olympics is using my personal information in order to: make sure I am eligible and can participate safely, run trainings and events, share competition results (including on the Web and in news media), provide health treatment if I participate in a health program, analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants, perform computer operations, quality assurance, testing, and other related activities, and provide event-related services.
 - I understand Special Olympics may disclose my personal information with (i) medical professionals in an emergency, and (ii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence.
 - My personal information will only be stored as long as it is needed for purposes described in this form.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct, delete and restrict the processing of my personal information. I also have a right to have my personal information sent to another organization on my request. I have the right to file a complaint with a local data protection authority.
 - Sharing of Personal Information. Personal information may be shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy_Policy.aspx.

Athlete Name:	
I consent to Special Olympics (please mark):	
☐ Creating a personal profile of me for communications and marketing purposes, including sending me direct digital marketing communications through email, SMS, social media, and other channels.	
☐ Sharing my personal information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.	
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

Form 3

For Athletes

FORM 3
ATHLETE LIKENESS RELEASE
FOR SPONSORS (OPTIONAL)

Special Olympics



Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and their sponsors and partners to use my likeness, photo, video, name, voice, and words ("my likeness") to acknowledge the sponsors' and partners' support for Special Olympics.
- Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

Athlete Name:

ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)

I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form.

Athlete Signature:

Date:

PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature:

Date:

Printed Name:

Relationship:

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Form 5

For Coaches, Additional
Staff, Unified Partners,
StaffFORM 5
DELEGATE, COACH AND UNIFIED
PARTNER REGISTRATION FORM

Special Olympics



Special Olympics Program: _____

This Registration is for (check only one box):

- ☐ Head of Delegation ☐ Unified Partner ☐ Medical Staff
☐ Assistant Head of Delegation ☐ Additional Staff (AS) ☐ Physician ☐ Physician Assistant
☐ Coach ☐ Nurse ☐ Other: _____

PERSONAL INFORMATION

First Name:		Middle Name:	
Last Name:		Preferred Name:	
Date of Birth (dd/mm/yyyy):		☐ Female ☐ Male	
Preferred Language (Optional):		Race/Ethnicity (Optional):	
Address:		City:	
State/Province:	Country:	Postal Code:	
Phone:		E-mail:	
Shirt Size:		Passport Country:	
Passport Number:		Passport Type: ☐ Regular ☐ Diplomat ☐ Other:	
Date of Issue (dd/mm/yyyy):		Date of Expiration (dd/mm/yyyy):	

EMERGENCY CONTACT INFORMATION

Name:	
Phone:	Relationship:

HEALTH INFORMATION* This information is collected in case of medical emergency.

Please indicate if you have any of the following and provide details:

☐ Special Dietary Needs: _____	☐ Epilepsy or Seizure Disorder: _____
☐ Allergies: _____	☐ Neurological Condition: _____
☐ Assistive Devices: _____	☐ Diabetes: _____
☐ High Blood Pressure: _____	☐ Sickle Cell Anemia/Trait: _____
☐ Heart Conditions: _____	☐ Chronic Infection: _____
☐ Asthma/Respiratory Condition: _____	☐ Missing Organ: _____
☐ Mental Health Condition: _____	☐ Other Health Conditions: _____

Please use this space for any additional health information you want Special Olympics to know:

PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

*This health information is collected in case of medical emergency. Each participant is responsible to determine if he/she is physically able to participate.

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Form 6

For Coaches, Additional Staff, Unified Partners, Staff

FORM 6
DELEGATE, COACH AND UNIFIED
PARTNER RELEASE FORM

I agree to the following:

- Ability to Participate.** I am physically able to take part in Special Olympics activities.
- Liability Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, and words to promote Special Olympics, raise funds for Special Olympics, and acknowledge sponsors' support for Special Olympics.
- Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
- Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care and make medical decisions on my behalf. I also consent to my medical care provider sharing information about my condition and care with authorized Special Olympics representatives if I am unable, or my guardian is not available, to consent to the release of my information.
- Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
- Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information"). The organization responsible for protecting my personal information under data protection laws is my Special Olympics accredited Program contact info at www.SpecialOlympics.org/Programs.
 - I understand Special Olympics is using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - I understand Special Olympics may disclose my personal information with (i) medical professionals in an emergency, and (ii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence.
 - My personal information will only be stored as long as it is needed for purposes described in this form.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct, delete and restrict the processing of my personal information. I also have a right to have my personal information sent to another organization on my request. I have the right to file a complaint with a local data protection authority.
 - Sharing of Personal Information. Personal information may be shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy_Policy.aspx.
- Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I hereby release and covenant not to sue any Special Olympics organization, its administrators, directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. I further agree that if, despite this release, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I have read this waiver and release and understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

Name: _____	
I consent to Special Olympics (please mark):	
☐ Creating a personal profile of me for communications and marketing purposes, including sending me direct digital marketing communications through email, SMS, social media, and other channels.	
☐ Sharing my personal information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.	
PARTICIPANT SIGNATURE (required for adult participant with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form.	
Participant Signature: _____	Date: _____
PARENT/GUARDIAN SIGNATURE (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent/Guardian Signature: _____	Date: _____
Printed Name: _____	Relationship: _____

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Form 7 - Equestrian



FORM 7

EQUESTRIAN SPORTS RIDER PROFILE

It is obligatory to fill in all the sections of the form! To be completed by the Instructor/Coach.

Delegation Name _____ SO Region _____

Family Name _____

First Name _____ Middle _____

Age _____ Gender _____ Height _____ Weight _____

Tack style: ENGLISH

Indicate the events (maximum of 2) by placing an "X" in the boxes under the appropriate Level. Athlete participates in one level only.

EVENTS	CS	CI	BS	BI	A
Equitation Jumping	NO	NO			
Dressage	NO	NO			
English Equitation					
English Working Trail					
Gymnastics - concepts of riding	NO	NO	NO	NO	NO

Instructor/Coach Information

Name _____

Mailing address _____

Special Olympics certified: Y N

Telephone number _____

Please include your area/country code and the best time to call. _____

Athlete Information

Please list any additional disabilities the Athlete may have other than intellectual disability. _____

Ambulatory Status (underline appropriate)

Wheelchair: Dependent Electric Propels Self

Ambulatory: Needs assistance or supervision

Independent with: Walker Canes Crutches

FORM 7

Tack/ Equipment Status (underline appropriate)

Saddle: English Stock Seat Other _____

Other equipment: _____

Seat Cover Handhold Neckstrap Adapted Reins Crop

Dressage Whip Peacock Stumps S-Shaped Stumps

Devonshire Boots Waistbelt

Other (please describe): _____

Instructors must bring SEI-ASTM or BHS approved safety stirrups and leathers, and any specially adapted tack/equipment which is required by the rider. Adaptive Equipment must be approved by the Venue Management. All athletes will use the ramp to minimize stress on the horses' backs.

Astute Assistance Status - for S (supported) levels

Place an "X" in the appropriate box.

Assistance Needed	WALK	TROT
HORSE HANDLER		
1. SCAVALIER		
2. SIDEWALKERS		

HORSE REQUIREMENTS (underline appropriate)

This is a very important part so please complete it very carefully with all the details. This information is basic for organizing committee and will help to provide proper horse for the athlete.

Does the athlete adapt easily to other horses? Y N

Size required _____ cm(hands)

Size of barrel: Narrow Normal Broad

Gaits which can be handled by the athletes:

Walk: Steady Free Moving

Trot: Very Smooth Free Moving

Canter: Steady Free Moving

Rin Contact: Light Heavy

FORM 7

Other: Neck Rein Direct Rein

Other information important to match the horse. _____

Athletes should be practicing on different mounts to prepare them for the World Games. During the Games mounting plans will be used.

Career and Accomplishments History (for announcer's purpose)

Began riding _____

Has instruction: Daily _____ Weekly _____ Monthly _____

Describe the athlete's Special Olympics equestrian sports competition history: _____

Describe any open equestrian sports competition history: _____

Medical Status

Current Special Olympics medical form on file: Y N

Negative diagnosis for Astute-Aval instability (for Down syndrome): Y N

Physician's Referral Form on file at training sponsor's office: Y N

List and describe any special health considerations/precautions: _____

Does the athlete have any:

Fused joints? (specify) _____

Severe joint limitations or contractures? _____

Problems with seizures? _____

List the currently prescribed medications that the athlete is taking? _____

Please remember to submit this form with the Athlete Registration Form (one for each athlete).

I certify that I have read, understand and shall abide by the Official Special Olympics Summer Sports Rules (Equestrian Sports) and have entered myself/ my athlete in the appropriate level according to this rider Profile and submitted with the Athlete Registration Form.

Signature (required): _____ Date: _____

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Form 9 - Tennis



FORM 9A

International Tennis Number - On Court Assessment for 10.1

Name: _____ Date of birth: _____
 Assessor: _____ Date: _____

Court size for this assessment - Full court

Stroke	#	Score	Stroke	#	Score	Stroke	#	Score
Forehand	1	1	Forehand	1	1	Back	1	1
Backhand	1	1	Backhand	1	1	Back	2	2
Forehand	2	2	Forehand	2	2	Back	3	3
Backhand	2	2	Backhand	2	2	Back	4	4
Forehand	3	3	Forehand	3	3	Back	5	5
Backhand	3	3	Backhand	3	3	Back	6	6
Forehand	4	4	Forehand	4	4	Back	7	7
Backhand	4	4	Backhand	4	4	Back	8	8
Forehand	5	5	Forehand	5	5	Back	9	9
Backhand	5	5	Backhand	5	5	Back	10	10
Forehand	6	6	Forehand	6	6	Back	11	11
Backhand	6	6	Backhand	6	6	Back	12	12
Forehand	7	7	Forehand	7	7	Back	13	13
Backhand	7	7	Backhand	7	7	Back	14	14
Forehand	8	8	Forehand	8	8	Back	15	15
Backhand	8	8	Backhand	8	8	Back	16	16
Forehand	9	9	Forehand	9	9	Back	17	17
Backhand	9	9	Backhand	9	9	Back	18	18
Forehand	10	10	Forehand	10	10	Back	19	19
Backhand	10	10	Backhand	10	10	Back	20	20
Forehand	11	11	Forehand	11	11	Back	21	21
Backhand	11	11	Backhand	11	11	Back	22	22
Forehand	12	12	Forehand	12	12	Back	23	23
Backhand	12	12	Backhand	12	12	Back	24	24
Forehand	13	13	Forehand	13	13	Back	25	25
Backhand	13	13	Backhand	13	13	Back	26	26
Forehand	14	14	Forehand	14	14	Back	27	27
Backhand	14	14	Backhand	14	14	Back	28	28
Forehand	15	15	Forehand	15	15	Back	29	29
Backhand	15	15	Backhand	15	15	Back	30	30
Forehand	16	16	Forehand	16	16	Back	31	31
Backhand	16	16	Backhand	16	16	Back	32	32
Forehand	17	17	Forehand	17	17	Back	33	33
Backhand	17	17	Backhand	17	17	Back	34	34
Forehand	18	18	Forehand	18	18	Back	35	35
Backhand	18	18	Backhand	18	18	Back	36	36
Forehand	19	19	Forehand	19	19	Back	37	37
Backhand	19	19	Backhand	19	19	Back	38	38
Forehand	20	20	Forehand	20	20	Back	39	39
Backhand	20	20	Backhand	20	20	Back	40	40
Forehand	21	21	Forehand	21	21	Back	41	41
Backhand	21	21	Backhand	21	21	Back	42	42
Forehand	22	22	Forehand	22	22	Back	43	43
Backhand	22	22	Backhand	22	22	Back	44	44
Forehand	23	23	Forehand	23	23	Back	45	45
Backhand	23	23	Backhand	23	23	Back	46	46
Forehand	24	24	Forehand	24	24	Back	47	47
Backhand	24	24	Backhand	24	24	Back	48	48
Forehand	25	25	Forehand	25	25	Back	49	49
Backhand	25	25	Backhand	25	25	Back	50	50
Forehand	26	26	Forehand	26	26	Back	51	51
Backhand	26	26	Backhand	26	26	Back	52	52
Forehand	27	27	Forehand	27	27	Back	53	53
Backhand	27	27	Backhand	27	27	Back	54	54
Forehand	28	28	Forehand	28	28	Back	55	55
Backhand	28	28	Backhand	28	28	Back	56	56
Forehand	29	29	Forehand	29	29	Back	57	57
Backhand	29	29	Backhand	29	29	Back	58	58
Forehand	30	30	Forehand	30	30	Back	59	59
Backhand	30	30	Backhand	30	30	Back	60	60
Forehand	31	31	Forehand	31	31	Back	61	61
Backhand	31	31	Backhand	31	31	Back	62	62
Forehand	32	32	Forehand	32	32	Back	63	63
Backhand	32	32	Backhand	32	32	Back	64	64
Forehand	33	33	Forehand	33	33	Back	65	65
Backhand	33	33	Backhand	33	33	Back	66	66
Forehand	34	34	Forehand	34	34	Back	67	67
Backhand	34	34	Backhand	34	34	Back	68	68
Forehand	35	35	Forehand	35	35	Back	69	69
Backhand	35	35	Backhand	35	35	Back	70	70
Forehand	36	36	Forehand	36	36	Back	71	71
Backhand	36	36	Backhand	36	36	Back	72	72
Forehand	37	37	Forehand	37	37	Back	73	73
Backhand	37	37	Backhand	37	37	Back	74	74
Forehand	38	38	Forehand	38	38	Back	75	75
Backhand	38	38	Backhand	38	38	Back	76	76
Forehand	39	39	Forehand	39	39	Back	77	77
Backhand	39	39	Backhand	39	39	Back	78	78
Forehand	40	40	Forehand	40	40	Back	79	79
Backhand	40	40	Backhand	40	40	Back	80	80
Forehand	41	41	Forehand	41	41	Back	81	81
Backhand	41	41	Backhand	41	41	Back	82	82
Forehand	42	42	Forehand	42	42	Back	83	83
Backhand	42	42	Backhand	42	42	Back	84	84
Forehand	43	43	Forehand	43	43	Back	85	85
Backhand	43	43	Backhand	43	43	Back	86	86
Forehand	44	44	Forehand	44	44	Back	87	87
Backhand	44	44	Backhand	44	44	Back	88	88
Forehand	45	45	Forehand	45	45	Back	89	89
Backhand	45	45	Backhand	45	45	Back	90	90
Forehand	46	46	Forehand	46	46	Back	91	91
Backhand	46	46	Backhand	46	46	Back	92	92
Forehand	47	47	Forehand	47	47	Back	93	93
Backhand	47	47	Backhand	47	47	Back	94	94
Forehand	48	48	Forehand	48	48	Back	95	95
Backhand	48	48	Backhand	48	48	Back	96	96
Forehand	49	49	Forehand	49	49	Back	97	97
Backhand	49	49	Backhand	49	49	Back	98	98
Forehand	50	50	Forehand	50	50	Back	99	99
Backhand	50	50	Backhand	50	50	Back	100	100

what's your number?



International Tennis Number

This ITN Assessment was conducted in accordance with the guidelines set forth in the Official ITN Assessment Guide. I hereby agree to its authenticity.

Signed by/behalf of the player

Signed by the assessor

Strikes Mobility Total

Total Score Score

Number of Assessments New ITN Rating

SCORING

Scoring is by number of balls landing in court (or zones of court) at each level.
 To progress to the next level, players must achieve the minimum score required.
 4 points for every ball in back zone
 2 points for every ball in mid zone
 1 point for every ball in short zone
 1 point for every serve in correct service box
 maximum score = 52 points
 If starting at Green (10.1) score of 0-19 - move to Orange (10.2)
 Score of 20-45 - stay at Green (10.3)
 Score of 46-52 - move to ITN 10

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FORM 9B International Tennis Number - On Court Assessment

Name: _____ Date of Birth: _____ Sex: M F
 Assessor: _____ Date: _____

What's your number?

This ITN Assessment was conducted in accordance with the guidelines set forth in the Official ITN Assessment Guide. I hereby agree to its authenticity.

Signed by/behalf of the player:

Signed by the Assessor:

Strikes Mobility Total Score

Number of Assessments New ITN Rating

Circle players ITN level after completing the Assessment.

International Tennis Number - On Court Assessment

Name: _____ Date of Birth: _____ Sex: M F
 Assessor: _____ Date: _____

What's your number?

This ITN Assessment was conducted in accordance with the guidelines set forth in the Official ITN Assessment Guide. I hereby agree to its authenticity.

Signed by/behalf of the player:

Signed by the Assessor:

Strikes Mobility Total Score

Number of Assessments New ITN Rating

Circle players ITN level after completing the Assessment.

Form 10 – for Athletes and UP



FORM 10

ATHLETE AND UNIFIED PARTNER PROFILE FORM



Name: _____
 This Profile is for (check only one box):
☐ Athlete ☐ Unified Partner

SPORTS

List the sports you participate in with Special Olympics:

Which other Regional/World Games have you participated in?

- ☐ 2017 World Winter Games (Austria) ☐ 1997 World Winter Games (Collingwood and Toronto, Canada)
☐ 2015 World Summer Games (Los Angeles, CA, USA) ☐ 1995 World Summer Games (New Haven, CT, USA)
☐ 2013 World Winter Games (Pyongyang, South Korea) ☐ 1993 World Winter Games (Austria)
☐ 2011 World Winter Games (Athens, Greece) ☐ 1991 World Summer Games (Minneapolis, MN, USA)
☐ 2009 World Winter Games (Bosch, ID, USA) ☐ 1989 World Winter Games (Lake Tahoe and Reno, USA)
☐ 2007 World Summer Games (Shanghai, China) ☐ Other Games: _____
☐ 2005 World Winter Games (Nagano, Japan)
☐ 2003 World Summer Games (Dublin, Ireland)
☐ 2001 World Winter Games (Anchorage, AK, USA)
☐ 1999 World Summer Games (Raleigh, NC, USA)

What are you looking forward to most about the Games?

What do you love about Unified Sports?

What is your personal best?

How often do you train and what is your goal?

PERSONAL

Who is your role model?

How are you like your role model?

How would you change your world for the better?

How is your life different since joining the Special Olympics?

What are you most proud of?

What are your other interests or hobbies?

FORM 10

What is your level of education?
 Do you have a job? Where? How long have you worked there?
 Do you use social media? If so, what is your user name or social media handle?
 HEALTH
 Has Special Olympics Healthy Athletes helped you? How?

Sports Entry Form

For Athletes



ATHLETE SPORT ENTRY FORM

Name: _____

SPORT:

☐ Athletics	☐ Cycling	☐ Handball	☐ Swimming
☐ Badminton	☐ Equestrian	☐ Judo	☐ Open Water Swimming
☐ Basketball	☐ Football (Soccer)	☐ Kayaking	☐ Table Tennis
☐ Beach Volleyball	☐ Golf	☐ Powerlifting	☐ Triathlon
☐ Bocce	☐ Gymnastics (Artistic)	☐ Roller skating	☐ Tennis
☐ Bowling	☐ Gymnastics (Rhythmic)	☐ Sailing	☐ Volleyball

CATEGORY/LEVEL:

Category: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Level: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ A ☐ B1 ☐ B5 ☐ C1 ☐ C5

Event	Qualifying Time (hh:mm:ss.ms) 00:00:00.00	Qualifying Distance (00.00 meters)	Qualifying Score/Rating

DOUBLES (Badminton, Bocce, Bowling, Golf, Kayaking, Open Water Swimming, Powerlifting, Table Tennis, Tennis):

Teammate: _____ Qualifying Score: _____

Unified Partner (if in Unified Sports): _____ Qualifying Score: _____

RELAYS & 4 PERSON TEAMS (Athletics, Roller skating, Swimming, Bocce, Bowls):

Teammates: _____ Qualifying Time/Score: _____

1. _____

2. _____

3. _____

4. _____

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Form 4

Medical Form for Athletes

Page 1 → Parents

Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/physician and brought to Team)



Athlete First & Last Name: _____ Preferred Name: _____

Athlete Date of Birth (dd/mm/yyyy): _____ ☐ Female ☐ Male

COUNTRY: _____ Email: _____

ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):

☐ Autism ☐ Down Syndrome ☐ Fragile X Syndrome

☐ Cerebral Palsy ☐ Fetal Alcohol Syndrome

☐ Other Syndrome, please specify: _____

ALLERGIES & DIETARY RESTRICTIONS

☐ No Known Allergies ☐ C-PAP Machine ☐ Insect Bites or Stings: _____ ☐ Food: _____

ASSISTIVE DEVICES - Does the athlete use (check any that apply):

☐ Brace ☐ Colostomy ☐ Communication Device

☐ Crutches or Walker ☐ Dentures ☐ Hearing Aid

☐ Glasses or Contacts ☐ G-Tube or J-Tube ☐ Pacemaker

☐ Implanted Device ☐ Inhaler ☐ Removable Prosthesis ☐ Splint ☐ Wheel Chair

List any special dietary needs: _____

SPORTS PARTICIPATION

List all Special Olympics sports the athlete wishes to play: _____

Has a doctor ever limited the athlete's participation in sports? ☐ No ☐ Yes
If yes, please describe: _____

SURGERIES, INFECTIONS, VACCINES

List all past surgeries: _____

Does the athlete currently have any chronic or acute infection? ☐ No ☐ Yes
If yes, please describe: _____

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? If yes, describe date and results: _____

☐ Yes, had abnormal EKG ☐ Yes, had abnormal Echo

Has the athlete had a Tetanus vaccine in the past 7 years? ☐ No ☐ Yes

EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any type of seizure disorder ☐ No ☐ Yes
If yes, list seizure type: _____
If yes, had seizure during the past year? ☐ No ☐ Yes

MENTAL HEALTH

Self-injurious behavior during the past year ☐ No ☐ Yes ☐ Depression (diagnosed) ☐ No ☐ Yes

Aggressive behavior during the past year ☐ No ☐ Yes ☐ Anxiety (diagnosed) ☐ No ☐ Yes

Describe any additional mental health concerns: _____

FAMILY HISTORY

Has any relative died of a heart problem before age 50? ☐ No ☐ Yes

Has any family member or relative died while exercising? ☐ No ☐ Yes

List all medical conditions that run in the athlete's family: _____

updated July 2017

Special Olympics Medical Form | 1 of 4

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Form 4

Medical Form
for Athletes

Page 2 → Parents

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Athlete Medical Form – HEALTH HISTORY
(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)

Athlete's First and Last Name: _____

HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS

Loss of Consciousness	☐ No ☐ Yes	High Blood Pressure	☐ No ☐ Yes	Stroke/TIA	☐ No ☐ Yes
Dizziness during or after exercise	☐ No ☐ Yes	High Cholesterol	☐ No ☐ Yes	Concussions	☐ No ☐ Yes
Headache during or after exercise	☐ No ☐ Yes	Vision Impairment	☐ No ☐ Yes	Asthma	☐ No ☐ Yes
Chest pain during or after exercise	☐ No ☐ Yes	Hearing Impairment	☐ No ☐ Yes	Diabetes	☐ No ☐ Yes
Shortness of breath during or after exercise	☐ No ☐ Yes	Enlarged Spleen	☐ No ☐ Yes	Hepatitis	☐ No ☐ Yes
Irregular, racing or skipped heart beats	☐ No ☐ Yes	Single Kidney	☐ No ☐ Yes	Urinary Discomfort	☐ No ☐ Yes
Congenital Heart Defect	☐ No ☐ Yes	Osteoporosis	☐ No ☐ Yes	Spina Bifida	☐ No ☐ Yes
Heart Attack	☐ No ☐ Yes	Osteopenia	☐ No ☐ Yes	Arthritis	☐ No ☐ Yes
Cardiomyopathy	☐ No ☐ Yes	Sickle Cell Disease	☐ No ☐ Yes	Heart Issues	☐ No ☐ Yes
Heart Valve Disease	☐ No ☐ Yes	Sickle Cell Trait	☐ No ☐ Yes	Broken Bones	☐ No ☐ Yes
Heart Murmur	☐ No ☐ Yes	Easy Bleeding	☐ No ☐ Yes	Dislocated Joints	☐ No ☐ Yes
Endocarditis	☐ No ☐ Yes				

Describe any past broken bones or dislocated joints (if yes is checked for either of those results above): _____

If female athlete, list date of last menstrual period: _____

List any other ongoing or past medical conditions: _____

Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability

Difficulty controlling bowels or bladder	☐ No ☐ Yes	If yes, is this new or worse in the past 3 years?	☐ No ☐ Yes
Numbness or tingling in legs, arms, hands or feet	☐ No ☐ Yes	If yes, is this new or worse in the past 3 years?	☐ No ☐ Yes
Weakness in legs, arms, hands or feet	☐ No ☐ Yes	If yes, is this new or worse in the past 3 years?	☐ No ☐ Yes
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet	☐ No ☐ Yes	If yes, is this new or worse in the past 3 years?	☐ No ☐ Yes
Head Tilt	☐ No ☐ Yes	If yes, is this new or worse in the past 3 years?	☐ No ☐ Yes
Spasticity	☐ No ☐ Yes	If yes, is this new or worse in the past 3 years?	☐ No ☐ Yes
Paralysis	☐ No ☐ Yes	If yes, is this new or worse in the past 3 years?	☐ No ☐ Yes

PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW
(includes inhalers, both control or hormone therapy)

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

Is the athlete able to administer his or her own medications? ☐ No ☐ Yes

Name of Person Completing this Form _____ Relationship to Athlete _____ Phone _____ Email _____

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Form 4

Medical Form
for Athletes

Page 3 → Doctor

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Athlete Medical Form – PHYSICAL EXAM
(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)

Athlete's First and Last Name: _____

MEDICAL PHYSICAL INFORMATION
(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

Height	Weight	BM (optional)	Temperature	Pulse	Sat	Blood Pressure (in mmHg)	Vision
cm	kg	mm	°C	1/min	%	mmHg	Right Vision 20/40 or better ☐ No ☐ Yes ☐ N/A
in	lbs	Body Fat %	°F				Left Vision 20/40 or better ☐ No ☐ Yes ☐ N/A

Right Hearing (Finger Rub) ☐ Responds ☐ No Response ☐ Can't Evaluate

Left Hearing (Finger Rub) ☐ Responds ☐ No Response ☐ Can't Evaluate

Right Ear Canal ☐ Clear ☐ Cerumen ☐ Foreign Body

Left Ear Canal ☐ Clear ☐ Cerumen ☐ Foreign Body

Right Tympanic Membrane ☐ Clear ☐ Perforation ☐ Infection ☐ N/A

Left Tympanic Membrane ☐ Clear ☐ Perforation ☐ Infection ☐ N/A

Oral Hygiene ☐ Good ☐ Fair ☐ Poor

Thyroid Enlargement ☐ No ☐ Yes

Lymph Node Enlargement ☐ No ☐ Yes

Heart Murmur (apex) ☐ No ☐ 1/6 or 2/6 ☐ 3/6 or greater

Heart Murmur (apex) ☐ No ☐ 1/6 or 2/6 ☐ 3/6 or greater

Heart Rhythm ☐ Regular ☐ Irregular

Lungs ☐ Clear ☐ Not clear

Right Leg Edema ☐ No ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

Left Leg Edema ☐ No ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

Radial Pulse Symmetry ☐ Yes ☐ No

Cyanosis ☐ No ☐ Yes, describe _____

Clubbing ☐ No ☐ Yes, describe _____

Rever Sounds ☐ Yes ☐ No

Regurgitation ☐ No ☐ Yes

Abdominal Tenderness ☐ No ☐ RUQ ☐ LLQ ☐ LUG ☐ LG

Kidney Tenderness ☐ No ☐ Right ☐ Left

Right upper extremity reflex ☐ Normal ☐ Diminished ☐ Hyperreflexia

Left upper extremity reflex ☐ Normal ☐ Diminished ☐ Hyperreflexia

Right lower extremity reflex ☐ Normal ☐ Diminished ☐ Hyperreflexia

Left lower extremity reflex ☐ Normal ☐ Diminished ☐ Hyperreflexia

Abnormal Gait ☐ No ☐ Yes, describe below

Spasticity ☐ No ☐ Yes, describe below

Tumor ☐ No ☐ Yes, describe below

Neck & Back Mobility ☐ Full ☐ Not full, describe below

Upper Extremity Mobility ☐ Full ☐ Not full, describe below

Lower Extremity Mobility ☐ Full ☐ Not full, describe below

Upper Extremity Strength ☐ Full ☐ Not full, describe below

Lower Extremity Strength ☐ Full ☐ Not full, describe below

Loss of Sensibility ☐ No ☐ Yes, describe below

SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

☐ Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability.

☐ Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and **MUST receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiner: It is recommended that the examiner review items on the medical history with the athlete or their guardian prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

☐ This athlete is **ABLE** to participate in Special Olympics sports without restrictions.

☐ This athlete **MAY NOT PARTICIPATE** in Special Olympics sports at this time & **MUST** be further evaluated by a physician for the following concerns:

Concerning Cardiac Exam	Acute Infection	O ₂ Saturation Less than 90% on Room Air
Concerning Neurological Exam	Stage II Hypertension or Greater	Hepatomegaly or Splenomegaly
Other, please describe:		

Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:

Follow up with a cardiologist	Follow up with a neurologist	Follow up with a primary care physician
Follow up with a vision specialist	Follow up with a hearing specialist	Follow up with a dentist or dental hygienist
Follow up with a podiatrist	Follow up with a physical therapist	Follow up with a nutritionist
Other/Exam Notes:		

Signature of Licensed Medical Examiner _____ Name _____

Exam Date _____ Phone _____ License # _____

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Form 4

Medical Form for Athletes

Page 4

→ **another Doctor**
Only if 1st doctor
didn't clear the
athlete to participate!

Athlete Medical Form – MEDICAL REFERRAL FORM
(To be completed by a Licensed Medical Professional only if referral is needed)

Athlete's First and Last Name: _____

This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.
Athlete should bring the previously completed pages to the appointment with the specialist.

Examiner's Name: _____

Specialty: _____

I have been asked to perform an additional athlete exam for the following medical concern(s) - Please describe:
☐ Concerning Cardiac Exam ☐ Acute Infection ☐ O₂ Saturation Less than 90% on Room Air
☐ Concerning Neurological Exam ☐ Stage II Hypertension or Greater ☐ Hepatomegaly or Splenomegaly
☐ Other, please describe: _____

In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):
☐ Yes ☐ Yes, but with restrictions (list below) ☐ No

Additional Examiner Notes/Restrictions: _____

Examiner E-mail: _____

Examiner Phone: _____

License: _____

Examiner's Signature _____ Date _____

This section to be completed by Special Olympics staff only, if applicable.
 This medical exam was completed at a Medfest event? ☐ Yes ☐ No
 The athlete is a Unified Partner or a Young Athlete Participant? ☐ Unified Partner ☐ Young Athlete

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Medical Form



- **Aufbau (4 Seiten)**
 - Seite 1 & 2 → Athleten / Eltern / Vormund / Betreuer / Pfleger oder von jemanden der Kenntnis über die Krankengeschichte des Athleten hat
 - Seite 3 → lizenzierten Mediziner
 - Seite 4 wird nur ausgefüllt, wenn auf Seite 3 angegeben wurde, dass der Athlet nicht teilnehmen dürfte → lizenzierten Mediziner
- **Deadline 25.08.2018**

Termine Registrierung



- 15.08.18: Sel. Athleten und Mitteilung an SOSWI
- **25.08.18: Registration an SOSWI!**
 - Per Post an: Special Olympics Switzerland / Tiziana Marinucci / Stadion Letzigrund / Badenerstrasse 500 / 8048 Zürich
 - Per Email an: delegation@specialolympics.ch
- 15.09.18: Registration an SOI
- 01.02.19: Withdrawal/Alternates Activation
- **Registration Alternates:**
 - IF NO VISA → 01.02.2019
 - IF VISA → 15.09.2018

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OTHER INFORMATION



Special Olympics Switzerland
TEAM SWITZERLAND
WORLD SUMMER GAMES
ABU DHABI 2019

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Family Network



- Für:

- Eltern
- Geschwister
- Verwandte
- Coaches
- Freunde, usw....



- Info Family Program Abu Dhabi

- Online Anmeldung:

<https://specialolympics.ch/fr/family-network/>

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Thank you!



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