



Young Athletes Program

Welcome to the Young Athletes Program! Our Young Athletes Program is designed to introduce early childhood sports- play program for children aged 2 to 7 years old that includes games, songs and other fun physical activities.

Our young athletes learn basic sports skills like kicking and throwing a ball and playing with others, with and without disabilities. While young athletes practice their sports skills they gain motor skills like balance, flexibility, strength and coordination.

In a recent study, children with developmental delays who participated in a structured 8 week Young Athletes program showed significantly more motor development than those who did not participate. Not only that, but their teachers and parents also reported improved confidence, language skills, and social skills. Another benefit was families played more together at home and in the community.

The Young Athletes Program Offers:

- Families the chance to share in the success of their future athlete.
- An experience that will lead to an appreciation of fitness for the whole family
- Offers an inclusive program that promotes social development.
- Enables families to learn about the potential of their child through sport.

Our Young Athletes program is based out of the Colonial Early Learning Center. Please feel free to visit the Northampton County Special Olympics website at ncspecialolympicspa.org for information on the dates and times of the program.

Northampton County Special Olympics is always encouraging all of our athletes to participate in the Fit 5 program. Athletes want to perform their best at every competition. They can do this by being fit. Fit 5 is a plan for physical activity, nutrition, and hydration. It can improve athletes health and fitness to make them the best athlete that they can be. This program is being used in our community based programs.

Please feel free to contact Amanda Sechrist at asechrist@ciu20.org for more information.

Benefits of Special Olympics

Sports at the Core

Special Olympics sports are transformative experiences that bring out pride, courage and joy in athletes – while inviting families and entire communities to join in the celebration. The Special Olympics sports experience has always been rooted in a radical notion: That every person has the capacity to be an Olympian, and that human greatness is defined more by the spirit than the body.

Sports are at the heart of Special Olympics because they are universal. Sports are understood and celebrated by all people, regardless of race, nationality, gender, economic level, religion and— thanks in large part to Special Olympics—intellectual ability. Athletes with and without intellectual disabilities compete according to the same rules and have the same motivations, the same goals, and reap the same benefits.^[i]

Special Olympics is the world's leading voice in elevating awareness of the needs and abilities of people with intellectual disabilities. Sports are at the heart, but our ultimate goal is to use stories of athletes' achievements, skills and challenges to educate, engage and ultimately change attitudes toward people with intellectual disabilities.

Measurable Life Enhancement

The Special Olympics experience fills a critical need in the lives of people with intellectual disabilities by providing opportunities for physical activity, social interaction, and the demonstration of competence to themselves, their families and the community. The improvements athletes make in social skills and friendships are often dramatic. Special Olympics athletes learn developmental and life skills as the benefits of participation translate beyond sports, helping them to live more independent and rewarding lives.^[ii]

By providing a platform for achievement and a large social network of teammates, coaches, family members and community groups, Special Olympics makes a measurable difference in the lives of athletes. In fact, at least 80% of families in the United States say they have seen improvements in their athletes' self esteem, self confidence, social skills, friendships and health thanks to their participation in Special Olympics.^[iii]

Special Olympics involvement also has positive effects on how family members relate to one another and to their athlete. A majority of parents in the U.S. (70%) report that Special Olympics has a positive effect on time spent as a family, either increasing the amount of time spent together or increasing the types of shared activities. This outlook is shared by siblings as well – 82% of who feel that Special Olympics has a positive impact on their family.^[iv]

Anecdotal evidence suggests that volunteering with Special Olympics has a positive effect on all groups that work with the organization. Volunteers report a wide variety of benefits including personal satisfaction, increased tolerance, and re-examination of personal values.

Research indicates that Special Olympics can have a positive effect on members of the general public who have no relationship with the organization other than knowing about it, hearing others talk about it, and seeing its events on television or reading about them in the news. While it is harder to measure its effect on the general public, it is clear that the public in many places around the world is influenced by Special Olympics. Nonetheless, much progress still needs to be made for people with intellectual disabilities to be treated as equals in communities around the world. ^[v]

There are 381,071 ^[vi] individuals with intellectual disabilities living in the State of Pennsylvania; 5.2% are enrolled in the Special Olympics Pennsylvania program. It is very important for us to continue our mission and to provide opportunities for individuals with intellectual disabilities whereby they are accepted, respected, and given the chance to become useful and productive citizens. ^[vii]

^[i]Norins Bardon, J., Harada, C. M., Parker, R.C., and Brecklinghaus, S. (2008). Evaluation of the Special Olympics Europe/Eurasia Unified Football Pilot-Project: Findings from Austria, Poland, Romania, Serbia and Slovakia. Special Report for Special Olympics International. Boston, MA: University of Massachusetts Boston/Special Olympics Global Collaborating Center

^[ii] Impact of Special Olympics Families, Special Olympics Toolkit

^[iii]Siperstein, G.N., Harada, C.M., Parker, R.C., Hardman, M. L., McGuire, J. (2005) A Comprehensive Study of Special Olympics Programs in the United States. A Special Report for Special Olympics International. Boston, MA: University of Massachusetts Boston/Special Olympics Global Collaborating Center

^[iv] *ibid*

^[v] Special Olympics, Inc. (2009) Serving Athletes, Families, and the Community, the Universal Impact of Special Olympics: Challenging the Barriers for People with Intellectual Disability.

^[vi] World Health Organization

^[vii] Special Olympics North America



About the Participant:

Participant's Name: _____
(Last/Family) (First/Given)

Address: _____

City: _____ State: _____ Postal Code/Zip Code: _____

Gender: Male Female Birth Date: Month ____ Day ____ Year ____

T- Shirt Size:

Child Small Child Medium Child Large Child X-Large

Basic Health Information:

Heart Problems Yes No Visual Impairment Yes No

Diabetic Yes No Hearing Impairment Yes No

Epileptic / Seizure Yes No Hepatitis Yes No

Down Syndrome Yes No If Yes —————→ Clear AAI Yes No

Other: _____ Allergies: _____

Is there anything else about your child that you think we should know before he/she participates in Young Athletes?

The type of program the child will attend is:

A group site (attended by multiple families at a school, center, etc.)

At home (implemented by you or a family member at home)

Does the child attend a formal daycare or preschool program? Yes No

Does the participant attend school? Yes (What grade/year: _____)
 No

About the Parents/Guardians:

Name of Parents/Guardians of Participant: _____
Last/Family First/Given

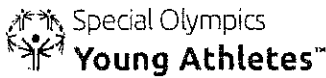
Address (If different from Participant) _____

Phone: _____ Cell Phone: _____

Email: _____

What is your relationship to the Participant you are registering?

Parent/Guardian Sibling Other family member OTHER (please specify): _____



Instructions for those with Religious Objections for emergency medical treatment:

Cross out Paragraph 3, initial the document, and request and complete the Religious Objections Form

ANY CHANGES OR ADDITIONS TO THE FORM BELOW MUST BE APPROVED BY Special Olympics

Young Athletes Release Form

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, internet 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. I also understand that group data collected from the Young Athletes Program will be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant's health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND REQUEST THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM.)** PLEASE NOTE: IF YOU HAVE RELIGIOUS OBJECTIONS FOR EMERGENCY MEDICAL TREATMENT, YOU OR A DESIGNATED FAMILY MEMBER MUST BE PRESENT AT ALL TIMES IN ORDER FOR THE PARTICIPANT TO PARTICIPATE IN ANY ACTIVITIES.

I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian _____

Date _____

Program Information (Completed by Office Staff)

Please return a copy of this completed form to the Program Manager of your local program or to Young Athletes Program, 200 Cedar Ridge Drive, Suite 214, Pittsburgh, Pa 15205 or fax to (724) 375-9183.

Local Program (county/area of participation): _____
(County/Area)

Date this form was completed: Month _____ Day _____ Year _____

Date of Young Athletes Participant Release Form: Month _____ Day _____ Year _____

(Enter date of submission of the completed Participant Release Form which contains a release to be signed by a parent/guardian of a minor participant, medical matters and permissions for publicity).

Name of person completing this form: _____