



School Age Welcome Packet

Welcome to Northampton County Special Olympics! We are a school based program that covers the school districts within the Colonial Intermediate Unit 20. Those districts are located in both Northampton and Monroe counties. Most of the activities occur during the school day. The athletes are trained during school time during their Physical Education class or their Adapted Physical Education class. The athletes will attend local events and tournaments during the school day with their teachers and peers.

All athletes that participate must have an Application for Participation. This application is also a medical form. Every athlete is required to have a medical exam prior to training and competition participation.

- Arrange for your family doctor or frequently seen physician to review your athlete's medical history and complete the Physical Examination section. Many physicians and Public Health Agencies will perform the necessary examination for free or at a reduced cost when asked to do so for Special Olympics. A signature from authorized medical personnel is required on the form. Authorized medical personnel to include CRNPs, FNPs, and PAs (in addition to MDs and DOs already authorized).
- Upon completion of the application and medical form, return it to the local program representative or your child's teacher who will arrange for your athlete to begin training in the sport of his/her choice.

Our school age athletes are also welcome to participate in after school activities in our community based program. Those activities include: skiing, floor hockey, fitness, basketball, tennis, softball, bowling, swimming and equestrian. In order to participate in these programs, you must have an Application for Participation on file. Parents also must provide their own transportation to and from the training site.

In order to register for our community based program, you must visit our website at ncspecialolympicspa.org and click on community based. You will then need to register your athlete for each sport that your athlete would like to train for.

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. If you have any questions about our school based program or our community based program, please contact Amanda Sechrist at asechrist@ciiu20.org.

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

APPLICATION FOR ATHLETE PARTICIPATION IN SPECIAL OLYMPICS - NORTHAMPTON COUNTY

Athlete ID or Social Security #	Parent or Guardian Email Address: _____	Please check appropriate box: <input type="checkbox"/> Special Olympics Athlete <input type="checkbox"/> Unified Teammate / Partner
Male _____ Female _____	Athlete's School Teacher: _____	
Date of Birth: ____/____/____		
Height _____ Weight _____		

Name of Athlete:	Day Phone Number: () _____	Evening Phone Number: () _____
Address:	City:	State: _____ Zip: _____
Parent or Guardian:	Day Phone Number: () _____	Evening Phone Number: () _____
Address:	City:	State: _____ Zip: _____

EMERGENCY INFORMATION

Emergency Contact Person:	Day Phone Number: () _____	Evening Phone Number: () _____
Address:	City:	State: _____ Zip: _____

HEALTH AND ACCIDENT INSURANCE INFORMATION

Company Name: (Athletes without insurance, write NONE)	Policy Number:
---	----------------

HEALTH INFORMATION

Please Circle Appropriate:					
Down Syndrome	YES	NO	Fainting Spells	YES	NO
Atlanto-axial instability Evaluation by X-ray (circle YES for positive, NO for negative and NONE for no X-Ray available)	YES	NO	Heat illness or Cold Injury	YES	NO
HISTORY OF			Hernia or Absence of 1 Testicle	YES	NO
Diabetes	YES	NO	Recent Contagious Disease or Hepatitis	YES	NO
Heart Problems	YES	NO	Kidney problems or loss of function in one kidney	YES	NO
Seizures	YES	NO	Pregnancy	YES	NO
Legally Blind	YES	NO	Bone or Joint problems	YES	NO
Vision problems and/or less than 20/20 vision in one or both eyes	YES	NO	Contact Lens / Glasses	YES	NO
Legally Deaf	YES	NO	Dentures / False Teeth	YES	NO
Hearing Aid / Hearing problems	YES	NO	Emotional problems	YES	NO
Requires Wheelchair	YES	NO	Special Diet needs	YES	NO
Motor impairment requiring special equipment	YES	NO	Asthma	YES	NO
Non-Verbal Individual	YES	NO	High / Low Blood Pressure	YES	NO
Bleeding Problem	YES	NO	Other		
			Blood Pressure _____ / _____	Pulse: _____	

COMMENTS - SEE BACK

MEDICATIONS

Medication Name:	Amount:	Time:	Date Prescribed:

Allergies to Medication: _____

IMMUNIZATIONS

Tetanus:	Yes	No	Date of Last Tetanus Shot: _____	Polio:	Yes	No
----------	-----	----	----------------------------------	--------	-----	----

Signature of Person Who Completed Health Information (Normally signed by Parent, Guardian or Adult Athlete)

SIGNATURE: _____ DATE: _____

IF THERE IS ANY SIGNIFICANT CHANGE IN THE ATHLETE'S HEALTH THE ATHLETE'S CONDITION SHOULD BE REVIEWED BY A PHYSICIAN BEFORE FURTHER PARTICIPATION

MEDICAL CERTIFICATION

NOTICE TO PHYSICIAN: If the athlete has Down Syndrome, Special Olympics requires that the athlete have a full radiological examination establishing the absence of Atlanto-axial instability 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 equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing and soccer.

CHECK: I have reviewed the above health information and examined (he named in the application) and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics.

THIS CERTIFICATION IS VALID UP TO 3 YEARS

Athlete Restrictions	
Physician's Name	Phone Number () _____
Address	City: _____ State: _____ Zip: _____
PHYSICIAN'S SIGNATURE	DATE

Doctor's Comments: _____

RELEASE 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 physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which 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 have had a full radiological examination which establishes the absence of Atlanto-axial instability. I am aware that I must have this radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

Special Olympics has my permission, both during and anytime after, 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 advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If, during my participating 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 because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

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 _____

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF A MINOR ATHLETE

I am the parent/guardian of _____ a minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that 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 activities. With my approval, a licensed physician has reviewed the health information set forth in 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 a full radiological examination is required in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), 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 advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

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, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

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 activities programs.

Signature of parent/guardian _____ Date _____ / _____ / _____