Special Olympics Ireland

# ATHLETE 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

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

**Middle Name:** MARIE

**Surname:** SMITH

**Preferred First Name:** TRUDY

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

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

**Eye Colour:** BLUE

**Hair Colour:** BROWN

**ATHLETE'S CURRENT HOME ADDRESS**

**Address Line 1:** 12 PARK AVENUE

**Address Line 2:** OFF NORTH CIRCULAR ROAD

**Address Line 3:**

**City/Townland:** NAVAN

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

(e.g. Ardee or Dublin 7)

**County:** COMEATH

**Post Code (Northern Ireland Only):**

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

**Day Phone:** 032 12345

**Evening:** 032 5432 1

**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 2: EMERGENCY & NEXT OF KIN CONTACT DETAILS (in case of emergency)

### EMERGENCY CONTACT DETAILS

This is the name and contact details of the person who will be first contacted in case of an emergency involving the athlete.

**First Name** ANN **Relationship to Athlete** CARER
(e.g. Spouse, Father, Mother, Brother, Sister, Guardian, Carer)

**Surname** CONSIDINE

**Address Line 1** STGERARDSWORKSHOPSERVICE

**Address Line 2** RIVERROAD

**Address Line 3**

**Day Phone** 032 7892 3

**City/Townland** NAVAN

**Evening** 032 32987

(e.g. Ardee or Dublin 7)

COMEATH

**Mobile Phone** 082 7892345

**Post Code (Northern Ireland Only)**

**Email** ann@stgerards.ie

***Please provide contact details for next of kin . If the above named person (ie emergency contact) is also the next of kin please skip to Section 3***

This is the name and contact details of the athlete's legal next of kin.

**First Name** IMELDA **Relationship to Athlete** MOTHER
(e.g. Spouse, Father, Mother, Brother, Sister, Guardian, Carer)

**Surname** SMITH

**Address Line 1** 12 PARK AVENUE

**Address Line 2** OFF NORTH CIRCULAR ROAD

**Address Line 3**

**Day Phone** 032 54321

**City/Townland** NAVAN

**Evening** SAME

(e.g. Ardee or Dublin 7)

COMEATH

**Mobile Phone** NONE

**Post Code (Northern Ireland Only)**

**Email** None

## Section 3: ATHLETE'S FAMILY / GUARDIAN CONTACT DETAILS *(for communication purposes)*

**This nominated family member will receive information relevant to family members from time to time.**
**Your details will not be passed on to any third party without your prior consent.**

The person listed here will receive information about activities and events specifically for family members.

**First Name** DONAL **Relationship to Athlete** BROTHER
(e.g. Spouse, Father, Mother, Brother, Sister, Guardian, Carer)

**Surname** SMITH

**Address Line 1** 23 MEATH LANE

**Address Line 2**

**Address Line 3**

**Day Phone** 032 43210

**City/Townland** NAVAN

**Evening** 032 23401

(e.g. Ardee, Dublin 7)

**County** COMEATH

**Mobile Phone** 082 5634782

**Post Code (Northern Ireland Only)**

**Email** donal@meathlane.com

**Please tick here if you prefer to receive family newsletters and updates by email rather than post** ☑

# 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.

| Cardiac Problem | Yes | No |
|---|---|---|
| 1. Myocardial Infarction | | ✓ |
| 2. Heart Murmur | | ✓ |
| 3. Blood Pressure | ✓ | |
| 4. Cardiac Surgery | | ✓ |
| 5. Angina | | ✓ |

| Epilepsy | Yes | No |
|---|---|---|
| 6. Absence seizure | | ✓ |
| 7. Tonic Clonic seizure | | ✓ |
| 8. Status epilepticus | | ✓ |
| 9. Frequency *(Number of seizures per month)* | | |

| Mobility | Yes | No |
|---|---|---|
| 10. Fully Mobile | | ✓ |
| *If not fully mobile please answer 11. and 12. below* | | |
| 11. Wheelchair User | | ✓ |
| 12. Assistance Needed | ✓ | |

| Kidney | Yes | No |
|---|---|---|
| 13. Urinary Tract Infection | | ✓ |
| 14. Cystitis | | ✓ |
| 15. Incontinence | | ✓ |

| Mental Health | Yes | No |
|---|---|---|
| 16. Depression | | ✓ |
| 17. Manic Depression | | ✓ |
| 18. Other, please state | | ✓ |

| Diabetes | Yes | No |
|---|---|---|
| 19. Insulin Dependant | | ✓ |
| 20. Hypoglycaemia | | ✓ |
| 21. Hyperglycaemia | | ✓ |

| Bone/Joint Problems | Yes | No |
|---|---|---|
| 22. Arthritis | | ✓ |
| 23. Osteoporosis | | ✓ |
| 24. Hemiparesis | | ✓ |

| Asthma | Yes | No |
|---|---|---|
| 25. Status asthmaticus | ✓ | |
| 26. Frequency *(number of seizures per month)* | 2 per month | |

| Hearing Problems | Yes | No |
|---|---|---|
| 27. Hearing Aid | | ✓ |
| 28. Uses sign language | | ✓ |
| 29. Other | | ✓ |
| *If yes, please specify* | | |

| Vision Problems (excluding glasses / lenses) | Yes | No |
|---|---|---|
| 30. Blindness | | ✓ |
| 31. Glaucoma | | ✓ |
| 32. Conjuntivitis | | ✓ |

| Other | Yes | No |
|---|---|---|
| 33. Head Injury | | ✓ |
| 34. [illegible]eeding Problems | | ✓ |
| 35. [illegible]ypothermia | | ✓ |
| 36. Sickle Cell | | ✓ |
| 37. Hernia | | ✓ |
| 38. Fainting spells | | ✓ |
| 39. Behaviour Problems | ✓ | |
| 40. Dentures | | ✓ |
| 41. Pregnancy | | ✓ |
| 42. Major surgery | | ✓ |
| 43. Glasses / Contact Lenses | ✓ | |

| Allergies | Yes | No |
|---|---|---|
| 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 | Yes | No |
|---|---|---|
| 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 | Yes | No |
|---|---|---|
| 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 5: ATHLETE MEDICATION DETAILS

**Does the athlete have any religious objections to medical treatment?** Yes ☐ No ☑

If yes, please specify: _____

If the athlete cannot receive particular medical treatments on religious grounds they should be noted here.

**Is the athlete taking any medication?** Yes ☑ No ☐

*If yes, please specify prescribed medication below, otherwise skip to Section 6*

List here all medications that the athlete is currently taking. If there is any change or additional medications prescribed Special Olympics must be notified immediately.

**Is the athlete self medicating?** Yes ☑ No ☐

Self-medicating means that the athlete is able to administer their own medication without help.

**(a) Prescribed medication**

**Medication name:** VENTOLIN INHALER

Prescribed begin date: 1986 (D D M M Y Y Y Y)

Prescribed end date: NONE (D D M M Y Y Y Y)

Dosage amount: ONE PUFF

Frequency of dosage: AS NEEDED

**(b) Prescribed medication**

**Medication name:** BECOTIDE

Prescribed begin date: 1986 (D D M M Y Y Y Y)

Prescribed end date: NONE (D D M M Y Y Y Y)

Dosage amount: ONE PUFF

Frequency of dosage: 2 PER DAY

**(c) Prescribed medication**

**Medication name:** CODIOVAN 160

Prescribed begin date: 2007 (D D M M Y Y Y Y)

Prescribed end date: NONE (D D M M Y Y Y Y)

Dosage amount: 25MG

Frequency of dosage: 1 A DAY

**(d) Prescribed medication**

**Medication name:**

Prescribed begin date: (D D M M Y Y Y Y)

Prescribed end date: (D D M M Y Y Y Y)

Dosage amount:

Frequency of dosage:

**(e) Prescribed medication**

**Medication name:**

Prescribed begin date: (D D M M Y Y Y Y)

Prescribed end date: (D D M M Y Y Y Y)

Dosage amount:

Frequency of dosage:

**(f) Prescribed medication**

**Medication name:**

Prescribed begin date: (D D M M Y Y Y Y)

Prescribed end date: (D D M M Y Y Y Y)

Dosage amount:

Frequency of dosage:

If more space is required for additional medications please photocopy this page of the form.

## 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

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

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

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 | COMEATH |
| Postal Code *Northern Ireland only* | |
| Telephone number (day) | 032 45239 |
| Telephone number (night) | |
| Doctor's Signature | |
| Date Signed | 24 11 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 7a: DECLARATION & RELEASE

Read this page carefully before proceeding to next page.

Trudy Smith is physically and mentally able to participate in Special[illegible]ltd and is submitting the attached application for participation and registration. A licensed physician has reviewed the health information set forth in the attached application, and has certified, based on an independent medical examination, that there is no medical evidence which would preclude or render inadvisable this athlete's participation. It is understood that if this 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 establishes the absence of atlantoaxial instability. The [athlete/parent/guardian] is aware that the sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and football (soccer) and that failure to have such examination will preclude this athlete's participation.

The signature on this form grants permission to Special Olympics Ireland Ltd to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, both during and anytime after the events, and in any form, for advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

By signing below, permission is granted for this athlete to participate in Special Olympics Healthy Athlete programme that provides individual screening assessments of health status and health care needs in the areas of vision, oral health, hearing, physical therapy and a variety of health promotion areas (height, weight, sun protection, etc). It is understood these assessments are not intended for diagnosis or treatment and that provision of these health services is not intended as a substitute or alternative to regular care that has been received in the past or that may be recommended in the future. It is also understood that this athlete should seek his/her own medical advice and assistance irrespective of the provision of these services and that Special Olympics Ireland Ltd, through the provision of these services, is not making itself responsible for the athlete's health. It is understood that information that is gathered as part of the screening process may be used in group form (anonymously) to assess and communicate the overall health needs and to develop programs to address those needs.

If a medical emergency should arise during the athlete's participation in Special Olympics Ireland Ltd sporting and non sporting activities at a time when the athlete is not able to give his/her consent or make his/her own arrangements for treatment because of his/her injuries or when the parent/guardian of the athlete (in the case where the applicant is under the age of 18) is not personally present so as to be consulted regarding the athlete's care, Special Olympics Ireland Ltd is authorised to take whatever measures it shall deem necessary to ensure that the athlete is provided with any emergency medical treatment necessary, including hospitalisation, in order to protect the athlete's health and well-being.

It is understood that this athlete's personal information will be held and processed by Special Olympics Ireland Ltd for the purpose of administering the Special Olympics Ireland Ltd in accordance with the Data Protection Amendment Act 2003 (Republic of Ireland) and the Data Protection Act 1998 (UK). This athlete's personal data will be disclosed to Special Olympics Incorporated to be included in the global census for the purpose of gathering information on Athlete/Unified Partner participation in Special Olympics sporting and non sporting activities.

**DECLARATION AND RELEASE FORM CONTINUED ON NEXT PAGE**

Please proceed and complete as follows

**Section 7(b) If the athlete is an ADULT ATHLETE (over 18 years of age)**

Part (i) Where an athlete is signing the form on their own behalf

**OR**

Part (ii) Where a parent/guardian or next of kin signs the form on behalf of the athlete

**OR**

**Section 7(c) If the athlete is a MINOR ATHLETE (under 18 years of age)**

## 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)

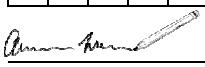
**PART (i) Athlete is signing the form on their own behalf**

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 I 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:** 

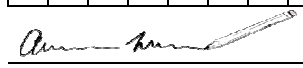
**Date:** 2 4 1 1 2 0 0 8 (D D M M Y Y Y Y)

**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

---

**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 o 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 mentally ics Ireland Ltd sporting and non sporting activities and, in particular, the activities for which he/she has applied 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 Olyn g activities. I DECLARE that, to the best of my knowledge and belief, all the particulars given in this fon

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 ☐

## Section 8 Photo


In order for you to be registered as an athlete with Special Olympics Ireland, you will need to provide us with either

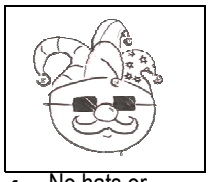
1. A colour passport quality photo OR 2. A digital image

Attach photo here

Do NOT use staples

Photo should be approximately 5cm x 4cm (about the size of this box)

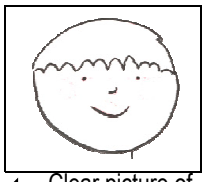
**Rules to adhere to for all photographs:**
* The athlete in the photograph must not be wearing a hat or sunglasses
* The photo / digital image must be from the shoulders up and the background must be clear and plain
* The photo / digital image must be of passport quality and dimensions



✗ No hats or sunglasses

✗ Eyes open, face

✗ Only one face in the picture



✔ Clear picture of athlete's face on plain background

There are two options for supply of the athlete's photograph. Either attach a passport photograph here or email a photograph following the instructions below.

**1. A Colour Photo**
If you chose this option please ensure that:
* The photo is in colour on a pale backgro
* Attach the photo in the space above using
* Staples or tape that cover the photo will render it
* Write clearly on the back of this photo your firstname, surname and date of birth (DD/MM/YYYY)

**2. Digital Image**
If you chose this option please ensure that:
* The digital image is saved in the format **LASTNAME_FIRSTNAME_DATEOFBIRTH.JPG** eg. RYAN_PAUL_251189.JPG
* The image should be 600dpi and measure approximately 5cm x 4cm (the same dimensions as a passport photograph)
* Email the digital image to **photo@specialolympics.ie**

## Section 9 DECLARATION to be signed by Affiliated Group

**I accept that this athlete Participation Form has been fully completed and will be submited to the Regional Office in accordance with Special Olympics Ireland registration**

**Affiliated Group Member:** (Print name) J E A N N E R Y A N

**Signature:**

0 0 8 (Y Y Y)

**Volunteer ID Number:** 1 2 3 4 5 4 3 2 (N/A for staff member)

A representative of the athlete's club or service fills in this section and checks that all sections above are completed correctly before the form is submitted.

**State your volunteer role within the Affiliated Group:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Club Manager | ✓ | Volunteer Officer | | Athlete Protection Officer | | Staff member of Service/school/centre | |
| Secretary | | Sports Officer | | Safety Officer | | | |

**FINAL CHECKLIST**
Please tick ☑ all completed sections

| | | | |
|---|---|---|---|
| Section 1: Athlete Personal & Programme Information | ✓ | Section 7a: Declaration and Release | ✓ |
| Section 2: Emergency Contact Details | ✓ | Section 7b: Consent form for an Adult Athlete | ✓ |
| Section 3: Family Contact Details (optional) | ✓ | **OR** | |
| Section 4: Athlete Medical Record | ✓ | Section 7c: Consent form for a Minor Athlete | |
| Section 5: Athlete Medication Details | ✓ | Section 8: Photograph attached | ✓ |
| Section 6: Registered Medical Doctor Physical Examination | ✓ | **OR** Photograph emailed | |
| | | Section 9: You have signed it? | ✓ |

## REGIONAL CONTACT DETAILS

Well done! All you need to do now is to photocopy the form for your own records and post the **original** to the address below:

Return form to:

Special Olympics Ireland
4th Floor, Park House
North Circular Road
Dublin 7

The address where you should send this form to will be here. Make sure to keep a copy of the form for your own records and to have a back up in case of postal delays.