Special Olympics Tennessee

Athlete Registration Form (2015)

Special Olympics Tennessee

SECTION A – ATHLETE HEALTH INFORMATION

to be filled out by Athlete, Parent or Guardian

Area Program _____ Sex/Gender ☐ M ☐ F

Athlete Name _____ Date of Birth (month, day, year) _____

Address _____

Address 2 _____ Phone: _____

City _____ State _____ Zip _____ Email: _____

Health/Insurance Co. _____ Policy # _____

I am my own guardian: ☐ Yes ☐ No ☐ Not sure

1. Heart Disease/Heart Defect/High Blood Pressure	☐ Yes ☐ No	11. Impaired motor ability	☐ Yes ☐ No
2. Chest Pain or Fainting Spells	☐ Yes ☐ No	12. Uses a wheelchair	☐ Yes ☐ No
3. Seizure/Epilepsy	☐ Yes ☐ No	13. Allergy to the following (list specific)	☐ Yes ☐ No
4. Diabetes	☐ Yes ☐ No	Food:	
5. Down Syndrome	☐ Yes ☐ No	Medicine	
(If YES) Have Cervical spine X-rays been done?	☐ Yes ☐ No	Insect sting/bite	
(If YES) Presence of Atlanto Axial Instability?	☐ Yes ☐ No	14. Tendency to bleed easily	☐ Yes ☐ No
6. Family History of Heart Disease	☐ Yes ☐ No	15. Emotional/psychiatric/behavioral problems	☐ Yes ☐ No
7. Previous concussion or serious head injury	☐ Yes ☐ No	16. Serious bone of joint disorder	☐ Yes ☐ No
8. Major Surgery or Serious illness	☐ Yes ☐ No	17. Sickle cell trait or disease	☐ Yes ☐ No
9. Heat Stroke Exhaustion	☐ Yes ☐ No	18. Immunizations (shots) are up-to-date	☐ Yes ☐ No
10. Other problem that would interfere with sports participation? If YES,Please list in Comments.	☐ Yes ☐ No	19. Date of last tetanus shot:	

Comments: _____

MEDICATIONS- Please print medication name, amount, date prescribed and number of times per day medication needs to be taken

Person completing form (normally parent/guardian or adult athlete) Signature: Date:

If Health Information in Section A is completed by adult athlete-I have reviewed the health history with the athlete whose signature appears above.

Signature: _____ Date: _____ Relationship to Athlete: _____

IMPORTANT: If at any time there is any significant change in the athlete's health, the athlete's condition should be reviewed by a licensed examiner before further participation.

SECTION B – Parent/Guardian INFORMATION

Parents/Guardian Name _____ Phone 1: _____

Address (If different from athlete) _____ Phone 2: _____

Address 2 _____

City _____ State _____ Zip _____ Email: _____

To receive current Special Olympics information in an E-Newsletter, please list your email.

Emergency Contact 1 (if other than parent/guardian _____ Phone: _____

Emergency Contact 2 (if other than parent/guardian _____ Phone: _____

SECTION C – MEDICAL CERTIFICATION AND SIGNATURE

☐ **I have reviewed the above health information on and examined the athlete named in the application, and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics.**

Restrictions/Comments: _____

Examiner's Signature: _____ DATE: _____

Examiners Name: (Print Clearly) _____

ADDRESS: _____ EMAIL: _____

CITY STATE ZIP PHONE: