



Special Olympics

Georgia

Cobb

Thank you for your interest in our program. Special Olympics is a year round program of training and competition for children (ages 8 & up) and adults with special needs. Participants receive opportunities to increase physical fitness, demonstrate courage, and develop friendships with other Special Olympics athletes and the community. Special Olympics offers a variety of athletic opportunities including bowling, gymnastics, ice skating, basketball, alpine skiing golf and tennis to name a few. Athletes practice/train for at least 8 weeks before state level competitions. Please note the time of year during which your sport is held, and expect to be contacted by your coach. If you do not hear from your coach 8 –10 weeks prior to each listed State Games Competition, please contact our office. Additionally, Cobb County is looking for athletes interested in Unified Sports. Unified Sports are programs that pair a special athlete with a corporate athlete or community athlete for training and competition.

Eligibility

In Special Olympics, you must be at least 8 years of age and be diagnosed by an agency or professional with one of the following conditions: intellectual disabilities, cognitive delays as measured by formal assessment, or significant learning or vocation challenges due to cognitive delays that require or have required specially designed instructions.



How Do You

Get To Participate?

Call Kim Battiste at (770)-528-2583 and request a registration packet. Each athlete must complete the following: a physical exam by a licensed examiner, the new 4 page Special Olympics athlete medical form, Behavior Code of Conduct Policy, Atlanto-axial release form and transportation policy. Complete all forms and make sure the appropriate person(s) sign the forms. When this packet is completed and returned to our office, you will receive a call from the coach of your selected sport. He/she will give you information regarding training, practice dates, and more. Please retain a copy of the medical form for your records.

Cobb County Training Programs

Cobb County offers a number of programs in which athletes receive coaching and training in certain sports specifically for competition in Special Olympic meets. Interested in coaching, volunteering or serving on the Special Olympic Management Team? *We need your support!* Contact us at (770)-528-2583 >1885 Roswell St. Smyrna, GA 30080.

Special Olympics GA-Cobb needs caring individuals who are able to donate their time during sports practices as well as during various Local, Area and State Competitions. There are many volunteer opportunities available throughout the year. If you or someone you know is interested, please contact Kim Battiste at the number listed above for more information.



Cobb County...Expect the Best!

SPORTS AND TRAINING

SPORTS-Special Olympics Georgia-Cobb offers athletes the opportunity to excel in 23 sports:

Alpine Skiing	Bowling	Gymnastics-Artistic	Sailing
Aquatics	Cycling	Gymnastics-Rhythmic	Soccer
Athletics	Equestrian	Ice Skating-Figure	Softball
Badminton	Floor Hockey	Distance Running/Walking	Table Tennis
Basketball	Golf	Power Lifting	Tennis
Bocce	Kayaking	Roller Skating	Volleyball

TRAINING-Athletes are required to engage in an eight week minimum training program prior to any Special Olympics state competition to develop fitness and skills and learn rules and strategies from their coaches. Special Olympics also trains and certifies coaches, officials and games management team members in accordance with guidelines and standards set by Special Olympics International to ensure that all athletes receive the highest quality training and competition.

UNIFIED SPORTS-Introduced in 1987, Unified Sports furthers Special Olympics Georgia-Cobb's commitment to fostering integration into school and community sports programs. They bring together on the same team athletes with and without developmental disabilities. These teams train and compete against other Unified Sports teams in 17 Sports.

COMPETITIONS- Thousands of children and adults with developmental disabilities see a dream come true as they train, compete and succeed in more than 500 sports competitions at the local, area, state, regional, national and world levels. Special Olympics Georgia-Cobb athletes may become eligible to participate in five state-level competitions throughout the year.

Every two years, the World Special Olympics Games are held alternating winter and Summer Games. These are patterned after the traditional Olympic Games and follow many of the same customs, rules and regulations.

<u>COMPETITION</u>	<u>MONTH</u>	<u>LOCATION</u>	<u>SPORTS</u>
Indoor Winter Games	January	Cobb County	Basketball, Bowling, Floor Hockey, Artistic Gymnastics, Power Lifting, Roller Skating, Floor Hockey
Alpine Skiing	February	Boone, NC	Southeast Alpine Skiing
Southeast Ice Skating	February	Cobb County	Ice Skating
Summer Games	May/June	Emory	Aquatics, Rhythmic Gymnastics, Badminton, Volleyball, Table Tennis, Athletics, Tennis, Soccer, Flag Football
Masters Bowling Kayaking	August September	Outside Metro Atlanta Macon, GA	Bowling for Ages 22+ Ages 8+
Fall Games	October	Outside Metro Atlanta	Bocce, Cycling, Golf, Long Distance Walking/Running Softball
Equestrian	October	Gainesville, GA	English & Western Riding: Dressage, Equitation, Trail & Showmanship



CREATING AN ONLINE ACCOUNT

Go to our website, www.cobbcounty.org/parks. From the P.A.R.K.S. home page, click the **Register or Reserve** button to go to our online registration page.



If you will be registering a child for an activity, please use your own information when creating your Customer Account, NOT the information of the child. Once you have created your Customer Account, you will have the opportunity to add family members.

To create a new Customer Account:

1. On the registration home screen, click the **Create an Account** link.
2. Enter your name and address information.



DO NOT use punctuation or enter suffixes such as NW, SW, etc, when entering your address. If you have an apartment or suite number, enter it on the second address line. Your residential address is used to determine if you are a Cobb County resident. P.O. Boxes are not acceptable for determining residency. Your account will be flagged as a non-resident if you do not enter it correctly. If your mailing address is different from your residential address, or if your mailing address is a P.O. Box, click "Add Mailing Address" to enter that information.

3. Enter your contact information.
 - ◆ We may send text message alerts to our customers about unexpected facility closures or activity cancellations. To receive these alerts, you must provide your cell phone number and select your carrier from the drop-down list. We may also, on occasion, send promotional messages. If you would like to receive these promotional messages, click the box for **Yes, I agree to receive text messages**. Choosing not to receive promotional text messages does not effect alert messages.
 - ◆ Your email address will be your login name. You **MUST** have an email address to create an online Customer Account. If you do not have an email address, please visit any of our locations and our staff will happy to create a Customer Account for you. Please remember that without an online account, you will **NOT** be able to perform any online transactions.
4. Enter your personal information.
 - ◆ The Customer Type for all online Customer Accounts is "General Public". If you wish to create an account for a commercial business or a non-profit organization, please contact one of our locations for information about creating a Customer Account.
5. Enter your account information.
 - ◆ Your email address is your login name. Once your account has been created, you may change your email address or password by clicking **My Account** and selecting **Change Account Address or Personal Information**. There are no minimum password requirements, but we recommend you select one that is at least 6 characters long and contains a mix of upper and lower case letters, numbers and symbols.
6. If you will not be adding anyone else to your account, click the **Create Account** button. If you wish to add other family members to your account, click the **Create Account and Add Family Member** button and follow the instructions.

When you have finished creating your Customer Account, a "Thank You!" message will display and a New Account Confirmation email will be sent to the email address you entered during account creation.

PARTICIPANT RELEASE FORM

Special Olympics

Georgia



I want to take part in Special Olympics and agree to the following:

1. **Able to Participate.** I am able to take part in Special Olympics. I know there is a risk of injury.
2. **Photo Release.** Special Olympics organizations may use my picture, video, name, voice, and words to promote Special Olympics.
3. **Overnight Stay.** For some events, I may stay in a hotel, college dorm or someone's home. If I have questions, I will ask.
 - **SOGA Housing Policy –** Special Olympics Georgia (SOGA) usually provides housing for Athletes, Unified Partners and Coaches entered in each State Games. SOGA totals the number of male and female Athletes, Unified Partners and Coaches per agency and assigns room allotments based on those totals. When determining allotted room numbers, SOGA allocates and provides 4 persons of the same gender per room for a Double/Double or King room with a pullout, 2 persons of the same gender per room for a King room and 5 persons of the same gender per room for a Queen/Queen with a pullout. In dorm rooms, SOGA allots one bed per person. Athletes, Unified Partners, Coaches and general volunteers may not share a room with Athletes, Unified Partners, Coaches and general volunteers of the opposite sex.
4. **Emergency Care.** I consent to medical care if needed in an emergency, unless I check one of these boxes:
 - I have a religious or other objection to receiving medical treatment.
 - I do not consent to blood transfusions.

(If either box is checked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Health Programs.** If I take part in a health program, I consent to health activities, exams, and treatment. This should not replace regular health care. I can say no to treatment or anything else any time.
6. **Personal Information.** I understand my information may be used and shared by Special Olympics to:
 - Make sure I am eligible and can participate safely;
 - Run trainings and events and share results;
 - Put my information in a computer system;
 - Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
 - Research, share, and respond to needs of Special Olympics participants (identifying information removed if shared publically); and
 - Protect health and safety, respond to government requests, and report information required by law.I can ask to see and revise my information. I can ask to limit how my information is used.
7. **Concussions.** I understand the risk of concussions and continuing to play sports with a concussion. I may have to get medical care if I have a suspected concussion. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.

PARTICIPANT NAME (PRINT): _____

PARTICIPANT SIGNATURE (required if over 18 years old and signing on own behalf)

I have read and understand this release. If I have questions, I will ask. By signing, I agree to this form.

Participant Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (required if under 18 years old or has a legal guardian)

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. By signing, I agree to this form on my own behalf and on behalf of the Participant.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

(You cannot alter this form under any circumstances)

Athlete Medical Form – HEALTH HISTORY

(pages 1 & 2 to be completed by the athlete or parent/guardian/caregiver)



REGION/AREA/COUNTY:

DELEGATION/TEAM/AGENCY:

Must complete all items on this page

ATHLETE INFORMATION

First Name: Middle Name:

Last Name:

Date Birth (mm/dd/yyyy): Female: Male:

Address (Street):

Address (City, State, Zip):

Phone: Cell:

E-mail:

Eye color: Ethnicity: (optional)

Athlete Employer, if any:

I am my own guardian. Yes No

Does the athlete have (check any that apply):

- Autism
- Down syndrome
- Fragile X Syndrome
- Cerebral Palsy
- Fetal Alcohol Syndrome
- Other syndrome, please specify:

Is the athlete allergic to any of the following (please list):

- Latex
- No Known Allergies
- Medications:
- Insect Bites or Stings:
- Food:

List any special dietary needs:

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, select below and describe.

Yes, had abnormal EKG Yes, had abnormal Echo

PARENT GUARDIAN INFORMATION (if not own guardian)

Name:

Phone: Cell:

E-mail:

Emergency Contact Name: Same as Above:

Emergency Contact Phone (cell):

Emergency Contact Relationship:

Does the athlete have a primary care physician? Yes No If yes, list.

Physician Name: Physician Phone:

Insurance Policy (Company and Number):

Does the athlete have any objections to emergency medical care?

No Yes If yes, contact your local Program to get the Emergency Care Refusal Form.

LIST ANY SPORTS THE ATHLETE WISHES TO PLAY:

Has a doctor ever limited the athlete's participation in sports?

No Yes If yes, please describe:

Does the athlete use: (check any that apply):

- Brace
- Colostomy
- Communication Device
- C-PAP Machine
- Crutches or Walker
- Dentures
- Glasses or Contacts
- G-Tube or J-Tube
- Hearing Aid
- Implanted Device
- Inhaler
- Pacemaker
- Removable Prosthetics
- Splint
- Wheel Chair

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

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:

Athlete Medical Form – HEALTH HISTORY

(pages 1 & 2 to be completed by athlete or parent/guardian/caregiver)

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Athlete's Name:

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

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

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

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

Epilepsy or any type of seizure disorder No Yes

If yes, list seizure type:

If yes, had seizure during the past year? No Yes

Self-injurious behavior during the past year No Yes

Aggressive behavior during the past year No Yes

Depression (diagnosed) No Yes

Anxiety (diagnosed) No Yes

Describe any additional mental health concerns:

List any other ongoing or past medical conditions:

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

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

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

If female athlete, list date of last menstrual period:

Name of Person Completing this Form Relationship to Athlete Phone Email

Athlete Medical Form – PHYSICAL EXAM

(to be completed by a Medical Professional only)

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Athlete's Name:

MEDICAL PHYSICAL INFORMATION (TO BE COMPLETED BY EXAMINER ONLY)

Height	Weight	BMI (optional)	Temperature	Pulse	O₂Sat	Blood Pressure		Vision
<input type="text"/> cm	<input type="text"/> kg	<input type="text"/> BMI	<input type="text"/> C	<input type="text"/>	<input type="text"/>	BP Right	BP Left	Right Vision 20/40 or better
<input type="text"/> in	<input type="text"/> lbs	<input type="text"/> Body Fat %	<input type="text"/> F					Left Vision 20/40 or better
Right Hearing (Finger Rub)	<input type="checkbox"/> Responds	<input type="checkbox"/> No Response	<input type="checkbox"/> Can't Evaluate	Bowel Sounds		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Left Hearing (Finger Rub)	<input type="checkbox"/> Responds	<input type="checkbox"/> No Response	<input type="checkbox"/> Can't Evaluate	Hepatomegaly		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Right Ear Canal	<input type="checkbox"/> Clear	<input type="checkbox"/> Cerumen	<input type="checkbox"/> Foreign Body	Splenomegaly		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Left Ear Canal	<input type="checkbox"/> Clear	<input type="checkbox"/> Cerumen	<input type="checkbox"/> Foreign Body	Abdominal Tenderness		<input type="checkbox"/> No	<input type="checkbox"/> RUQ <input type="checkbox"/> RLQ <input type="checkbox"/> LUQ <input type="checkbox"/> LLQ	
Right Tympanic Membrane	<input type="checkbox"/> Clear	<input type="checkbox"/> Perforation	<input type="checkbox"/> Infection <input type="checkbox"/> NA	Kidney Tenderness		<input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Left Tympanic Membrane	<input type="checkbox"/> Clear	<input type="checkbox"/> Perforation	<input type="checkbox"/> Infection <input type="checkbox"/> NA	Right upper extremity reflex		<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Oral Hygiene	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Left upper extremity reflex		<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Thyroid Enlargement	<input type="checkbox"/> No	<input type="checkbox"/> Yes		Right lower extremity reflex		<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Lymph Node Enlargement	<input type="checkbox"/> No	<input type="checkbox"/> Yes		Left lower extremity reflex		<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Heart Murmur (supine)	<input type="checkbox"/> No	<input type="checkbox"/> 1/6 or 2/6	<input type="checkbox"/> 3/6 or greater	Abnormal Gait		<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe below	
Heart Murmur (upright)	<input type="checkbox"/> No	<input type="checkbox"/> 1/6 or 2/6	<input type="checkbox"/> 3/6 or greater	Spasticity		<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe below	
Heart Rhythm	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular		Tremor		<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe below	
Lungs	<input type="checkbox"/> Clear	<input type="checkbox"/> Not clear		Neck & Back Mobility		<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Right Leg Edema	<input type="checkbox"/> No	<input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+		Upper Extremity Mobility		<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Left Leg Edema	<input type="checkbox"/> No	<input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Radial		Lower Extremity Mobility		<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Pulse Symmetry	<input type="checkbox"/> Yes	<input type="checkbox"/> R>L <input type="checkbox"/> L>R		Upper Extremity Strength		<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Cyanosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe		Lower Extremity Strength		<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Clubbing	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe		Loss of Sensitivity		<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe below	

ATLANTO-AXIAL INSTABILITY (AAI)

- Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlantoaxial instability.
- Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

RECOMMENDATIONS (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: 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 use the Special Olympics Further Medical Evaluation Form, page 4, to provide the athlete with medical clearance.

- This athlete is **ABLE** to participate in Special Olympics sports without restrictions/limitations
- This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions/limitations →
- This athlete **MAY NOT participate** in Special Olympics sports at this time and **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: <input type="text"/>		

Additional Licensed Examiner's Notes and Recommended Follow-up:

- | | | |
|---|--|---|
| <input type="checkbox"/> Follow up with a cardiologist | <input type="checkbox"/> Follow up with a neurologist | <input type="checkbox"/> Follow up with a primary care physician |
| <input type="checkbox"/> Follow up with a vision specialist | <input type="checkbox"/> Follow up with a hearing specialist | <input type="checkbox"/> Follow up with a dentist or dental hygienist |
| <input type="checkbox"/> Follow up with a podiatrist | <input type="checkbox"/> Follow up with a physical therapist | <input type="checkbox"/> Follow up with a nutritionist |
| <input type="checkbox"/> Other/Exam Notes: <input type="text"/> | | |

Licensed Medical Examiner's Signature _____

Date of Exam _____

Name: _____

E-mail: _____

Phone: _____ License: _____

SPECIAL OLYMPICS COBB POLICY

Behavior Code of Conduct

Athletes are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to help make our training program and competitions safe and enjoyable for all athletes, coaches, volunteers, opponents, chaperones, officials and /or spectators.. Additional rules may be developed for the program as deemed necessary by coaches, team managers, and Special Olympics Cobb Management Team.

Athletes will:

1. Show respect to all athletes and coaches/team, managers/chaperones/officials and follow directions given by coaches/chaperones/officials.
2. Refrain from using abusive/foul language or inappropriate gestures.
3. Refrain from causing bodily harm to self, others athletes, or coaches/officials.
4. Show respect for equipment, supplies and facilities.
5. Not possess tobacco, alcohol, illegal drugs, and firearm/weapons
6. Refrain from horseplay
7. Refrain from harassment of fellow athletes and talking back to athletes, coaches, chaperones and officials.

This behavior code of conduct is to be followed by all athletes, family members, volunteers and friends at all events at all times.

DISCIPLINE

A positive approach will be used regarding discipline. Coaches/officials periodically review rules with athletes during the training program. Parents are asked to also review the rules with their child. If inappropriate behavior occurs, prompt resolution will be sought specific to each individual situation. If parent is not present when incident occurs, they will be contacted by phone to determine the best discipline approach. Coaches/officials reserve the right to dismiss an athlete whose behavior is detrimental to the program or endangers the safety of him/herself or others.

Discipline action will be reported to the Sports/Training Director who will report the actions to the Special Olympics Cobb Management Team to determine the final disciplinary action, which may result in the athlete's suspension from the sport.

PRACTICE POLICY

If a parent/guardian must leave an athlete at practice, an emergency phone number must be given to the sports manager or head coach. In addition, they must return at least twenty (20) minutes prior to the end of practice to pick up the athlete. If the parent/guardian is late in picking up their athlete more than twice, the athlete will not be able to compete.

USE OF SPECIAL OLYMPICS AWARDS

An athlete who does not participate or who has been disqualified from the competition for unsportsmanlike conduct shall not receive an award of any kind. An athlete who does not finish or is disqualified for a sports rules infraction shall receive a participation ribbon.

All athletes will be awarded for his/her performance in accordance to the rules of divisioning by age, gender, and ability.

Criteria for Advancement to Higher Level Competition

Athletes of all ability levels have an equal opportunity to advance to the next higher level competition. Each competition reflects all aspects of the previous competition, including but not limited to the age, gender and ability level of the athletes and the variety of sports events competed in at the previous competition.

The procedure used for selecting athletes to fill assigned quota for an event must follow procedures set forth as stated:

- a. An athlete is eligible to advance to the next competition provided she or he has:
 1. Participated in an organized training program directed by a qualified coach consistent with Special Olympic rules of training and competition and occurring at a level of frequency that provides necessary skill acquisition and preparation for competition in the specific sport and events in which the athletes competes. The recommended minimum training is 8 to 12 weeks of one-hour practice or games (leagues) within two months prior to competition.
 2. Participated in the previous competition with the following 2 exceptions:
 - When the Games or Tournament is the first competition opportunity for an athlete (e.g. at the local or area level), previous competition experience is not required. Some flexibility is also left to Accredited Programs for determining, in exceptional circumstances, eligibility for participation prior to completing the recommended minimum training time(e.g., a basketball team may begin league play after 5 one hour practices)
 - A team for which there has been no competition opportunity at a Tournament or Games shall be eligible to advance to the next competition.
- b. Training and previous competition experience must be in the same sport as the athlete will be competing in at the next competition. If additional events within that sport are available at the next competition, athletes should receive proper training prior advancing.
- c. If number of eligible athletes or teams exceed the quota, athletes or teams that advance shall be selected as follows:
 - Attendance at each practice. Athletes must participate to be counted as present. If athlete is sick, injured, or have a doctor's order to not practice, athlete will be counted as absent. Two absences will be allowed as long as the athlete does train during the 8 to 12 weeks training prior to competition.
 - Divisioning by age, gender and/or ability determined by score/time for individual sports or by skills test scores for team sports.
 - Priority is given to 1st place finishers from all divisions of the sport/event. If the number of 1st place finishers exceeds the quota, select athletes or teams to advance by random draw. Repeat this process, adding each place of finish as necessary, until the quota is filled.
 - Athlete abides by the sports rules and is responsible for conducting himself/herself in a sportsmanlike manner at all times.
 - Athletes abide by the behavior code of conduct listed above.

Dear Parent/Guardian,

The Special Olympics Cobb Policy has been written for your information as well as for your child's well being and safety during practices and all events in all sports. Once a year all parent/guardian will be required to sign below after reviewing the policy. You will receive a duplicate copy for future references.

Let's be a team and help us make every season a fun and safe experience for all. Thank you for all your support.

Special Olympics Cobb
Management Team

.....

I have read, understand, and agree to the Special Olympics Cobb Policy. _____ Date

Adult Athlete (Age 18+)
(Optional)

Parent/Guardian

Address: _____

Phone: _____



ATLANTO-AXIAL INSTABILITY (AAI) SPECIAL RELEASE FORM

(SPECIAL RELEASE CONCERNING SPINAL CORD COMPRESSION AND ATLANTO-AXIAL INSTABILITY)

Instructions: Only complete this form if symptoms of spinal cord compression or Atlanto-axial instability were found in a pre-participation examination and a doctor then provided clearance for participation following a neurological evaluation.

I agree to the following:

1. **Spinal Cord Compression Symptoms.** In a pre-participation examination, a licensed medical professional found symptoms that might be the result of spinal cord compression or Atlanto-axial instability.
2. **Neurological Evaluation.** After a neurological evaluation, a qualified doctor concluded that:
 - The cause of the symptoms will not result in additional risk of neurological injury due to participation in sports, and
 - Participation in Special Olympics activities is safe without restrictions or with restrictions that will be shared with Special Olympics and followed.
3. **Liability Release.** I acknowledge that I have been informed of the findings and determinations of the physician. I release and hold harmless Special Olympics from all claims in connection with possible spinal cord compression or Atlanto-axial instability.

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE (required if Participant is over 18 years old and is signing on own behalf)

I have read and understand this release. By signing, I agree to this release.

Participant Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (required if Participant is under 18 years old or has a legal guardian)

I am a parent or guardian of the Participant and am authorized to enter into this release on the Participant's behalf. I have read and understand this release and have explained the contents to the Participant as appropriate. By signing, I agree to this release on my own behalf and on behalf of the Participant. This Release shall be binding upon me, the Participant and our respective heirs and legal representatives.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

SPECIAL OLYMPICS GA-COBB
TRANSPORTATION POLICY

I understand that transportation may or may not be provided by Special Olympics GA-Cobb. In the event that transportation is not provided by Special Olympics GA-Cobb, transportation will be the athlete's or the parent's/guardian's responsibility to and from the event or competition. This is to include any training, practice, invitational, or local, area, state, or Southeast US competition.

I understand that in the event Special Olympics GA-Cobb is providing transportation, it is the responsibility of the athlete or his/her parent or guardian to transport the athlete to the location of departure as well as retrieve the athlete from the designated pick up location for any training, practice, invitational, or local, area, state, or Southeast US competition.

I understand that if any emergency medical procedures or treatment are required by the athlete during transportation, by signing the Special Olympics Georgia Application for Participation, I have consented to allow the Special Olympics coaches/volunteers/medical personnel to do what they deem necessary for the benefit of the athlete.

By signing below, I acknowledge and agree that I have read and understand the Special Olympics GA-Cobb Transportation Policy.

***Signature of Parent/Guardian**

Date

***Signature of Adult Athlete**

Date

Please submit completed packet to:

BY MAIL:

Special Olympics of Georgia – Cobb

4455 Lower Roswell Road

PO Box# 683184

Marietta, GA 30068

BY FAX: **770-528-2568**

BY E-MAIL:

kimberly.battiste@cobbcounty.org

****Be sure to include all 4 pages of the medical form to be accepted.**

***Participant release form**

***2-page Health history**

***Physical exam page: Must have doctor's signature**