

Registration Form

ALL INFORMATION BELOW MUST BE COMPLETED FOR FORM TO BE PROCESSED.
ANY FORM NOT COMPLETELY FILLED OUT WILL BE RETURNED TO PARTICIPANT.

MAIL CUSR • 1311 W. Church St., Champaign, IL 61821
FAX 217-373-7951 • **QUESTIONS:** (phone) 217-239-1152 • 711 Relay

PARTICIPANT NAME _____

ADDRESS _____ **PHONE (H)** _____

_____ **PHONE (W)** _____

CITY _____ **ZIP** _____

BIRTHDATE _____ **AGE** _____ **SEX** _____ **SHIRT SIZE** _____

PRIMARY DISABILITY _____

PROGRAM NAME	CODE	PICK UP POINT	TRANSPORT CODE	FEE
1.				
2.				
3.				
4.				
5.				

Would you like to make a donation to the CUSR scholarship fund? \$5.00 \$10.00 Other _____

Fee Waiver/Scholarship applied for? _____ NO _____ YES (If yes, please attach)

PARENT/GUARDIAN _____ **PHONE (H)** _____ **PHONE (C)** _____

EMERGENCY NAME _____ **PHONE (H)** _____ **PHONE (C)** _____

DOCTOR'S NAME _____ **PHONE** _____

PREFERRED HOSPITAL _____

CUSR may use pictures and videos taken at programs for publicity purposes. Is this okay? _____ Yes _____ No

List Medications: _____

List Allergies: _____

List Dietary Restrictions: _____

List Special Needs/Assistance Necessary: _____

Please circle all that apply: Wheelchair: manual/electric Nonverbal Sign Lanuage Close Supervision
Seizures Cane/Walker Atlantoaxial Subluxation Condition

See back of form for credit card payment information

Participant's name _____

Participant's signature* _____ Date* _____

(18 YEARS/OLDER OR PARENT/GUARDIAN)

* Participation can be denied if the signature of adult participant or parent/guardian and date are not on this waiver.
Please call 239-1152, if you require special accommodations.



**Champaign-Urbana
Special Recreation**

Important information

CUSR is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. CUSR continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the CUSR programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/ programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered illness, injury, or impairment, to consult a physician before undertaking any physical activity.

Warning of risk

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/ programs exist. In this regard, it must be recognized that it is impossible for CUSR to guarantee absolute safety.

Waiver and release of all claims and assumption of risk

Please read this form carefully and be aware that in signing up and participating in CUSR programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these program/activities against CUSR and Champaign and Urbana Park Districts, including their respected officials, officers, employees, and volunteers (hereinafter collectively referred as "CUSR"). I do hereby fully release and forever discharge CUSR from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. I have read and understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

PLEASE SEE FRONT SIDE FOR WAIVER. THE WAIVER MUST BE SIGNED BEFORE YOUR REGISTRATION MAY BE PROCESSED.

Please make checks payable to CUSR. Complete below when using VISA/MasterCard

Account Number _____

3-4 Digit CCID# (on back of card) _____

Expiration Date _____

Authorized Signature _____

Charge Amount _____



APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS ILLINOIS

Valid Application for Participation is mandatory for all competitors
605 E. Willow St. • Normal, IL 61761-2682 • 309-888-2551

SO ILL Rev. 8-1-1-10

ATHLETE INFORMATION

Athlete Name (last name, space, first name)

Grid for Athlete Name

Agency Name

Grid for Agency Name

Athlete's Mailing Address

Grid for Athlete's Mailing Address

Athlete's City

Grid for Athlete's City

State

Grid for State

Zip Code

Grid for Zip Code

Ethnicity

White

Black/African American

Asian

Hispanic/Latino

Other

MEDICAL CLEARANCE

PLEASE CHECK MEDICAL INFORMATION

Does athlete have Down Syndrome? Yes No

If yes, have x-rays of the C1-C2 vertebrae been taken and examined? Yes No

Date of x-ray

Is the athlete clear of Atlantoaxial Instability? Yes No

Does the athlete have or is the athlete:

Heart Problems Yes No

Diabetic Yes No

Epileptic/Seizures Yes No

Blind Yes No

Deaf Yes No

Hepatitis Yes No

Other Yes No

Current Medication

Dosage

HEALTH INSURANCE & EMERGENCY INFORMATION (Required for Processing)

Person to be contacted in case of emergency

Emergency

Contact Phone ()

Medical Insurance Company

Policy Number

PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all entrants using the Sex Offender Public Registry and the Child Murder and Violent Offender Against Youth Registry and understand that entrants listed on either Registry will be denied participation. I affirm that this Entrant has never been on said Registries or, if Entrant was listed on either Registry but has since been removed, I will contact Special Olympics Illinois for instructions before submitting this application.

I represent and warrant to you that the Entrant is physically and mentally able to participate in Special Olympics, and I submit herewith a subscribed medical certificate. 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 establishes the absence of Atlantoaxial Instability. I am aware that the sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, soccer skills, powerlifting squat and butterfly stroke and diving starts in swimming.

On behalf of the Entrant and myself, I acknowledge that the Entrant will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Entrant.

In permitting the Entrant to participate, I am specifically granting permission to Special Olympics Illinois to use the likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Entrant to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Entrant has no obligation to participate and I understand the Entrant should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Entrant's health.

If I am not personally present at Special Olympics activities in which the Entrant is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.

I, **THE UNDERSIGNED ADULT ENTRANT**, have read and fully understand the provisions of the above release and/or have had them explained. I hereby agree that I will be bound thereby and I shall defend Special Olympics Illinois and hold it harmless from disaffirmation thereof.

Entrant

Signature of Entrant

Witness

Signature of Witness

Date

Date

Athlete's Email Address

Grid for Athlete's Email Address

Parent's Email Address

Grid for Parent's Email Address

Signature of Parent and/or Legal Guardian (Check appropriate box)

Print Name

Date

Date

SO ILL OFFICE ONLY

MEDICAL CLEARANCE

PLEASE CHECK MEDICAL INFORMATION

Does athlete have Down Syndrome? Yes No

If yes, have x-rays of the C1-C2 vertebrae been taken and examined? Yes No

Date of x-ray

Is the athlete clear of Atlantoaxial Instability? Yes No

Does the athlete have or is the athlete:

Heart Problems Yes No

Diabetic Yes No

Epileptic/Seizures Yes No

Blind Yes No

Deaf Yes No

Hepatitis Yes No

Other Yes No

Current Medication

Dosage

Allergies to medication, if any:

Date of last Tetanus shot:

I have examined the above-named Entrant and, in my opinion, there is no mental or physical reason why he or she should not participate in the Special Olympics sports training and competition program. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

Examination Date

Doctor's Signature

Print Name

Address

City

State

Zip

Phone ()

Original parent/guardian and doctor signatures are required by the office of Special Olympics Illinois. Faxed signatures will not be accepted.

Instructions for Completing the Application for Participation

The Application for Participation (App) must be filled in completely. Apps with blank sections or attachments (exception: letter from State Office of Guardianship, 2a below) will not be accepted.

This App is valid for 2 years from the date of the examination date, regardless of the parent/guardian/Entrant signature date.

Parent/guardian and doctor signatures must be original and both original signatures must be on the same App form. Faxed signatures, phone consents or verbal consents will not be accepted.

If Entrant was listed on the Sex Offender Public Registry or the Child Murder and Violent Offender Against Youth Registry but has since been removed, contact the Special Olympics Illinois office for instructions before submitting this application.

ATHLETE INFORMATION AND HEALTH INSURANCE & EMERGENCY INFORMATION

1. The first two sections must be filled in completely. The ethnicity information is requested to assist in the organizational outreach efforts.

PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

2. The Parent or Legal Guardian must read, sign and date the Parent/Guardian Authorization and Media Release.

a. The section must be signed and dated as printed. Deletions or alterations to the section will result in an invalid App. (Exception: Deletion of the last paragraph regarding medical treatment and attachment of a letter of explanation and 24-hour emergency telephone numbers from the State Office of Guardianship. **As of January 1, 1987, the letter of explanation must be attached.**)

b. Only one of the two signature blocks must be completed. Special Olympics Illinois works under the understanding that this section may be signed by either:

♦The (biological or adoptive) parent unless the athlete has been designated a ward of the state;

OR

♦The legal guardian; this person must be legally assigned for the individual;

OR

♦The athlete if he/she is over the age of 18 and has not been designated as needing and having been assigned a legal guardian. A witness signature is necessary if the athlete's signature is unrecognizable (for example, if the athlete's signature is an "X.")

MEDICAL CLEARANCE

3. The Medical Clearance section must be completed, signed and dated by a medical practitioner licensed to administer physical examinations by the state in which he/she practices. **As of September 1, 1990, the Special Olympics Illinois Application for Participation is the only Medical Clearance form which will be accepted as valid by Special Olympics Illinois.**

This person, by signing the Medical Clearance, is stating that the athlete is in good health and can safely participate in Special Olympics sports training and competition. It is strongly suggested that the person administering the physical examination possess the following:

♦Background and preparation in giving sports physical examinations.

♦Qualifications to administer examinations that would not compromise his/her area of specialty.

AFTER COMPLETING THE APPLICATION ...

4. Send the original copy of the Application for Participation to the Area Director who will send the App to the Special Olympics Illinois Chapter office. The Chapter office will validate the Application for Participation and send a copy of the App with an approved stamp back to the SOAD (Special Olympics Athletic Director). An Application for Participation will not be validated until all information is correct and completed on the approved form.

5. Special Olympics Illinois requires that all Applications for Participation be presented prior to and no later than the established Medical App deadline of a Chapter championship level event (Winter Games, State Basketball Tournament, Summer Games, Outdoor Sports Festival, Fall Games, Floor Hockey or State Bowling Tournament). All Apps for the event in question must be valid throughout the completion of that Chapter competition.

Applications for Participation for athletes participating in District Tournaments and Sectional Tournaments must be received before the entry deadline or with registration materials.

Applications not on file or in receipt by the specified deadline will not be accepted.



Special Olympics
Illinois