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: