

**YOUNG ATHLETES PROGRAM
SPECIAL OLYMPICS NEW HAMPSHIRE**

**HEALTH INFORMATION
A PHYSICAL EXAMINATION IS NOT REQUIRED TO COMPLETE THIS FORM**

Name _____ Date of Birth _____

Home Address _____ Male Female

Home Phone _____ T-Shirt Size (XS – XL): *Please write in size.*
 Youth _____

Local Program Name _____ I am a(n) (please check one):
 Athlete Partner

Parent/Guardian

Name _____ Relationship to Applicant _____

Cell Phone _____

Athlete Health Information - to be completed by parent/guardian

- | | |
|--|---|
| <p>Y N</p> <p><input type="checkbox"/> Uses wheelchair</p> <p><input type="checkbox"/> Blindness/visual problems</p> <p><input type="checkbox"/> Seizures/epilepsy</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Chest pain/fainting spells</p> <p><input type="checkbox"/> Concussion/serious head injury</p> <p><input type="checkbox"/> Major surgery/serious illness</p> <p><input type="checkbox"/> Heat stroke/exhaustion</p> <p><input type="checkbox"/> Heart disease/heart defect/high blood pressure</p> <p><input type="checkbox"/> Impaired motor ability</p> <p><input type="checkbox"/> Down Syndrome</p> <p><input type="checkbox"/> Immunizations are up to date</p> <p><input type="checkbox"/> Date of last tetanus shot ____/____/____</p> | <p>Y N</p> <p><input type="checkbox"/> Tendency to bleed easily</p> <p><input type="checkbox"/> Emotional/psychiatric/behavioral problems</p> <p><input type="checkbox"/> Serious bone or joint disorder</p> <p><input type="checkbox"/> Sickle cell trait or disease</p> <p><input type="checkbox"/> Hearing aid/hearing loss</p> <p><input type="checkbox"/> Contact lenses/eyeglasses</p> <p><input type="checkbox"/> Tobacco usage</p> <p><input type="checkbox"/> Special diet</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Allergies</p> <p><input type="checkbox"/> Medicines _____</p> <p><input type="checkbox"/> Food _____</p> <p><input type="checkbox"/> Insect stings/bites _____</p> <p><input type="checkbox"/> Other</p> |
|--|---|

Medications: Please print medication name, dosage, date prescribed and number of times per day medicine is taken. Please use additional space on page two if needed.

Medication Name	Dosage	Date Prescribed	Times per Day

Signature of parent/guardian _____ Date ____/____/____

**YOUNG ATHLETES PROGRAM
SPECIAL OLYMPICS NEW HAMPSHIRE**

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement
YOUNG ATHLETES PROGRAM PARTICIPANT

SPECIAL OLYMPICS NEW HAMPSHIRE RELEASE AND WAIVER OF LIABILITY

In consideration of participating in Special Olympics Young Athletes Program, I represent that I understand the nature of the event and that my minor child is qualified, in good health, in proper physical condition to participate in the Special Olympics Young Athletes Program. I fully understand the event involves risks of serious bodily injury, which may be caused by my own child's actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, cost, and/or damages my minor child may incur as a result of his/her participation. I acknowledge that at any time that if he/she feels that the event conditions are unsafe, my minor child will discontinue participation immediately.

If during my participation in Special Olympics activities my son/daughter should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my absence or other reasons, I authorize Special Olympics to take whatever measures are necessary to protect the child's health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Young Athletes Program participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in the Young Athletes Program events and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I grant Special Olympics permission to use my child's likeness, voice, and words in television, radio, film, websites, social media or in any form to promote activities of Special Olympics.

I give my permission for my child to participate in optional health education and screening activities (for example, dental, vision and hearing screenings).

I have read this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' and fully understand it.

Signature of Parent/Guardian _____ Date _____