LUCAS COUNTY
SPECIAL OLYMPICS
OHIO

LUCAS COUNTYSPECIAL OLYMPICS
1154 LARC LANE • TOLEDO, OH 43614
(419) 380-5115 • FAX (419) 380-2636

Lucas County Board of Developmental Disabilities
creating connections, inspiring possibilities

Dear Interested Athlete:

Thank you for your interest in Lucas County Special Olympics. In order to participate in our program, you must be at least 16 years old, have a qualifying Intellectual or Developmental diagnosis and have a current Special Olympics medical form on file with our office.

We have included the medical forms that need to be filled out. You will need to complete and sign the health history and release form. Please make sure that the physical examination section is completely filled out by your physician and signed. Make sure to have them include any restrictions you may have. These forms are valid up to three (3) years from the date of the physician's signature on the form.

Please return completed forms to:
Lucas County Special Olympics
Attn: Pamala Banner

Email: pbanner@lucasdd.org ** Preferred and fastest method
Mail: 1154 Larc Lane, Toledo, OH 43614
or Fax: 419-380-2636

The enclosed Lucas County Special Olympics Fact Sheet will give you more details about our program and the sports offered.

Upon receipt of your forms, your information will be added to our database and you will begin to receive emails each quarter with information of the upcoming sports seasons and how to sign up.

Thanks again for your interest. Should you have any questions, please reach out to us at specialolympics@lucasdd.org or 419-380-5115.

Sincerely,

Kelley Watson
Kelley Watson
Lucas County Special Olympics
Recreation Specialist

Lucas County Special Olympics (LCSO)
Adult Program Fact Sheet

Eligibility: In order to participate in LCSO, an individual must reside in Lucas County and be at least 16 years of age. All participants must have a doctor signed Special Olympics medical form on file and documentation that the participant meets one of the following requirements:

1. The person has been identified by an agency or professional as having an intellectual disability; or
2. The person has a cognitive delay as determined by standardized measure; or
3. The person has a closely related developmental disability which means having functional limitations in general learning and adaptive skills.

Sports Currently Offered: Aquatics (swimming), athletics (track and field), basketball, bocce, competitive cheer, cornhole, flag football, golf, pep club, power lifting, softball, tennis, and volleyball. In addition, we offer the following unified sports, where individuals with and without disabilities participate together: basketball, golf, softball, corn hole, and flag football.

Information Sharing: You will receive at least 4 newsletters each year via email about sports offered by LCSO, news about LCSO athletes and coaches, and updates on fundraising. Please follow instructions in the newsletters to register for sport training programs. These are sent to athletes who have a current medical form on file with our office. So that more athletes can participate, we ask that you train in only one sport per season.

Fund Raising: According to Special Olympic rules, training and competition is free to LCSO athletes. Each year we have expenses related to umpires/referees, facility fees, competition/entry fees, equipment, uniforms, charter bus rental, and meals / lodging when we attend out of town competition, such as Summer Games. These costs must be covered by donations and fundraising. LCSO expects that all who participate will take part in our fundraising efforts. If funds are not available, the number of athletes attending or participating in an event may be affected. If you or your family member would like to be a part of our fund-raising committee, please contact our office.

Code of Conduct: All athletes, volunteers, spectators, and coaches must abide by the Special Olympic Code of Conduct. This Code of Conduct is discussed at the beginning of each training season and athletes and/or their guardian sign a form indicating they have received and understand it. Violations of the code of conduct may result in suspension from competitions and/or the program. Smoking and the use of alcohol are not allowed while in uniform or at any Special Olympic program or event.

Personal Safety: Please be advised that some of the individuals who participate in LCSO have personal space issues. We ask that all athletes and volunteers treat each other respectfully and limit physical contact to handshakes and high fives.

Supervision: It is not the role of LCSO staff to provide supervision to anyone at any practice, competition or overnight stays. As a result, if an athlete requires supervision for any safety, medical, dietary and/or behavioral concerns, they must be accompanied by an adult family member or a homemaker/personal care staff that is familiar with their needs. Please note that LCSO staff, volunteers, and coaches have not been trained on athletes' Person Centered and Specialized Support Plans so we are unaware of potential concerns. LCSO athletes attending competitions involving an overnight stay generally share rooms with other athletes. Chaperones are housed in nearby rooms.

Have any questions? Please contact:
Kelley Watson, LCSO Recreation Specialist-Local SO Coordinator
(419) 380-5109 or kwatson@lucasdd.org

Lucas County Special Olympics
1154 Larc Lane
Toledo, OH 43614
(419) 419-380-5115

Athlete Intake Form

Special Olympics

Required for all athletes participating in Special Olympics.

Local Special Olympics Program: _____

Athlete Information - *To be completed by the athlete or parent/guardian/caregiver.*

First name: _____ Last name: _____ Middle name: _____

Date of birth (dd/mm/yyyy): ____/____/_____ Gender: ○ Female ○ Male ○ Prefer not to answer

Email: _____ Phone number: _____ ○ Mobile ○ Landline

Home address: _____

Optional – *Check all that apply:*		
Race / Ethnicity	☐ American Indian / Alaskan Native ☐ Black / African American ☐ Middle Eastern / North African ☐ White / Caucasian ☐ Other: _____	☐ Asian American ☐ Hispanic / Latino ☐ Native Hawaiian / Other Pacific Islander ☐ Unknown ☐ Prefer not to answer
Language(s) Spoken by Athlete	☐ English ☐ French ☐ Spanish ☐ American Sign Language (ASL) ☐ Other (please list): _____	

Parent/Guardian Information - *Required if minor or otherwise has a legal guardian.*

First Name: _____ Last Name: _____ Relationship to athlete: _____

Email: _____ Phone number: _____ ○ Mobile ○ Landline

Home address: _____

Emergency Contact ☐ *Same as Parent/Guardian*

First name: _____ Last name: _____ Phone number: _____ ○ Mobile ○ Landline

Relationship to athlete: ○ Parent/guardian ○ Caregiver ○ Family member ○ Healthcare provider ○ Coach ○ Other

Associated Conditions - ***Mandatory***

Associated Conditions ***Check all that apply:***	☐ Autism ☐ Marfan Syndrome ☐ Other	☐ Cerebral Palsy ☐ Spina Bifida ☐ Unknown	☐ Down Syndrome ☐ Epilepsy	☐ Fetal Alcohol Syndrome ☐ Fragile X Syndrome
Please specify other known intellectual disability diagnoses:				

Assistive Devices and Accommodations - *Do you use any of the following? Check all that apply:*

Mobility	☐ Walker ☐ Prosthetics	☐ Braces or crutches ☐ None	☐ Wheelchair	☐ Removable orthotics
Lifestyle Aids	☐ CPAP ☐ None	☐ Dentures	☐ Glasses, contact lenses, or protective eyewear	
Communications	☐ Hearing Aid	☐ Communication devices	☐ Sign Language	☐ None
Medical Devices	☐ Implantable cardioverter defibrillator (ICD) ☐ VP Shunt	☐ Pacemaker	☐ Implantable device for seizure management ☐ None	

Do you have a specific dietary requirement?	○ Yes	○ No	If yes, please specify:
Do you use other assistive devices?	○ Yes	○ No	If yes, please specify:

General Health Questions

Do you have a heart condition?	○ Yes	○ No
Do you have asthma?	○ Yes	○ No
Do you have diabetes that requires you to take insulin?	○ Yes	○ No
Do you have a vision impairment?	○ Yes	○ No
Do you have a hearing impairment?	○ Yes	○ No
Do you have a bleeding disorder?	○ Yes	○ No
Has a doctor ever limited your participation in sports?	○ Yes	○ No
Do you have epilepsy or any type of seizure disorder?	○ Yes	○ No
Do you have sickle cell disease?	○ Yes	○ No

Have you ever had a concussion?	○ Yes	○ No	If yes, please specify how many in your lifetime: _____ Date of last one (mm/yyyy): _____
Do you have behavioral, mental health, and/or sensory conditions?	○ Yes	○ No	If yes, please specify:
Do you have severe allergies that requires the use of an EpiPen?	○ Yes	○ No	If yes, please specify if it is to any of the following: ☐ Insect stings ☐ Medication/drugs ☐ Food ☐ Latex ☐ Other (please specify): _____

Medication and Treatment - *Please list:*

Are you taking any prescription or over-the-counter medications or treatments? (Including birth control pills, insulin, multivitamins allergy shots or pills, EpiPen, asthma inhalers, epilepsy medication, anti-inflammatory medication, supplements of any kind. etc.)

○ Yes ○ No

If yes, please list:

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Name of person completing the form: _____

Today's date (dd/mm/yyyy): ____/____/_____

Is this form being completed by someone other than the athlete? ○ Yes ○ No

If yes, please select the relationship to athlete:

Relationship to athlete: ○ Parent/guardian ○ Caregiver ○ Family member ○ Healthcare provider ○ Coach ○ Other

Special Olympics encourages all participants to get a yearly physical examination.

WAIVERS, RELEASES, AND POLICIES

Please read the following information and check boxes fully before signing.

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities, and will abide by all applicable rules, requirements and codes of conduct.

2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, Special Olympics accredited Programs (collectively "Special Olympics"), as well as official Special Olympics supporters and partners that have authorization from Special Olympics, to use my likeness, photo, video, name, voice, words, biographical information and similar or related material (my "likeness") to promote Special Olympics and raise funds for Special Olympics. I understand that my likeness may be used in all forms of media in local or global campaigns – including those by supporters and partners of Special Olympics – but understand that my likeness will not be used to endorse commercial products or services. I understand that I will not be compensated for the use of my likeness.

3. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark 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 marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)

4. **Overnight Stay.** For some events, overnight accommodations may be required. If I have questions, I will contact my Special Olympics Program.

5. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I have the right to decline Health programming treatment (which is different from sideline or emergency medical care) at any time."

6. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").

I agree and consent to Special Olympics:

- using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.

- using my contact information for communicating with me about Special Olympics.

- sharing my personal information confidentially with (i) researchers such as universities and public health agencies that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.

- I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.

Privacy Policy. Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.

SYMPTOMS FOR SPINAL CORD COMPRESSION and ATLANTOAXIAL INSTABILITY
(For athlete with Down syndrome only)

If I (or the athlete) have been diagnosed with or experienced any of the following symptoms that have increased in severity over the past three years – difficulty controlling bowels or bladder; numbness or tingling in legs, arms, hands, or feet; weakness in arms, legs, hands or feet; burner/stinger/pinches nerve, pain in neck, back shoulders, arms, hands, buttocks, legs or feet; spasticity or paralysis – I must obtain a review and permission from a licensed medical practitioner to train and/or participate in Special Olympics activities.

WAIVER AND RELEASE OF LIABILITY / ASSUMPTION OF RISK / INDEMNIFICATION

In consideration of being allowed to participate in any way in Special Olympics activities, the undersigned acknowledges, appreciates, and agrees that:

1. While particular rules and personal discipline may reduce this risk, the risk of illness (including communicable diseases), injury (including concussion), disability, and death does exist;

2. If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Special Olympics representative immediately; and,

3. **I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. To the fullest extent of the law, I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and lessors of premises on which any Special Olympics activity is occurring ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees even if arising from the negligence of the Releasees. I have read this release of liability and assumption of risk provision, fully understand its terms, acknowledge that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.**

Athlete Name: _____

ATHLETE SIGNATURE
(required for adult athlete with capacity to sign legal documents)

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

Athlete Signature: _____ Date (dd/mm/yyyy): _____/_____/_____

PARENT/GUARDIAN SIGNATURE
(required for athlete who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: _____ Date (dd/mm/yyyy): _____/_____/_____

Printed Name: _____ Relationship: _____

EVALUATION AND RESEARCH
(Optional)

Special Olympics wants to help our athletes and their families stay healthy and happy. We may take part in research studies and would share information for your potential participation. All studies will be checked by the Special Olympics Chief Health Officer.

Would you or your family be interested in learning about research studies?

○ Yes ○ No

Athlete Medical Form

Special Olympics

To be completed by a Licensed Medical Practitioner qualified to conduct physical exams and prescribe medications. If necessary, please use additional pages to list anything else Special Olympics should know about this athlete.

Athlete first and last name: _____ Date of birth (dd/mm/yyyy): ____/____/_____

Height (in/cm)	Weight (lb/kg)	Waist Circumference (in/cm)	Temperature (°F/°C)	Pulse (bpm)	O2Sat (%)	Blood Pressure (mmHG)		Vision (out of 20)	
						systolic	diastolic	os	od

Does the athlete present with any of the following?							
High Blood Pressure	○ Yes	○ No		Coeliac Disease	○ Yes	○ No	○ Unknown
Kidney Disease	○ Yes	○ No	○ Unknown	Osteoporosis	○ Yes	○ No	○ Unknown
Anemia	○ Yes	○ No	○ Unknown	Non-verbal	○ Yes	○ No	

Has any family member or relative died of heart problems or of sudden death before age 50?	○ Yes	○ No	
Was the athlete born without or missing a kidney, an eye, a testicle, or any other organ?	○ Yes	○ No	

Does the athlete have any past surgeries?	○ Yes	○ No	○ Unknown
Did the athlete ever have an abnormal Electrocardiogram (EKG) or Echocardiogram (ECHO)?	○ Yes	○ No	○ Unknown
Did the athlete ever have any broken bones or dislocated joints?	○ Yes	○ No	○ Unknown
Does the athlete have liver disease?	○ Yes	○ No	○ Unknown
Does the athlete have lung disease?	○ Yes	○ No	○ Unknown
Does the athlete have heart disease?	○ Yes	○ No	○ Unknown

Medical		
Eyes, ears, nose, and throat: include pupils, hearing	○ Normal	○ Abnormal
Heart: include murmurs (auscultation standing, auscultation supine, and ± valsalva maneuver)	○ Normal	○ Abnormal
Lungs	○ Normal	○ Abnormal
Abdomen	○ Normal	○ Abnormal
Skin: HSV, MRSA, or tinea corporis	○ Normal	○ Abnormal
Neurological	○ Normal	○ Abnormal

Musculoskeletal					
Neck	○ Normal	○ Abnormal	Hip and thigh	○ Normal	○ Abnormal
Back	○ Normal	○ Abnormal	Knee	○ Normal	○ Abnormal
Shoulder and arm	○ Normal	○ Abnormal	Lower leg and ankle	○ Normal	○ Abnormal
Elbow and forearm	○ Normal	○ Abnormal	Foot and toes	○ Normal	○ Abnormal
Wrist, hand, and fingers	○ Normal	○ Abnormal			

Additional findings for any of the above conditions:

Medical Physical Examination - *To be completed by practitioner only.*

MEDICAL ELIGIBILITY FOR SPORT *(TO BE COMPLETED BY PRACTITIONER ONLY)*

Licensed Medical Practitioner: It is recommended that the practitioner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If further medical evaluation is warranted, the practitioner must refer the athlete to a specialist and reassess the results from this examination to determine eligibility for participation.

- ○ Medically eligible for all sports or for sports listed: _____ without restriction.
- ○ Medically eligible for all sports or for sports listed: _____

  with recommendations for further evaluation or treatment of: _____
- ○ Not medically eligible pending further evaluation of: _____
- ○ Not medically eligible to participate in the following sports: _____
- ○ Not medically eligible for any sports

I have examined the athlete named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of licensed medical practitioner (print or type): _____ Date (dd/mm/yyyy):___/___/_____

Address: _____ Phone: _____

Signature of licensed medical practitioner: _____

NPI or License number: _____ License type (MD, DO, NP, or PA): _____

Lucas County Board of Developmental Disabilities

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Special Olympics Ohio Lucas County

Little Lightning
LUCAS COUNTY SPECIAL OLYMPICS

TeamReach App Acknowledgment Form

Lucas County Special Olympics uses a free app for mobile devices to allow us to communicate to our various teams throughout the season. We utilize this for the following reasons:

1. TeamReach provides us with one place for all communication about the team you are on which stops the need for phone calls, emails, and handouts.
2. We are able to send messages, post team schedules, provide event details, such as location/addresses and post pictures.
3. Anyone that has joined the group on the app can set it up so notifications such as messages and changes in schedules show up on your phone. This is great for notifications of any schedule changes, including any last-minute cancellations.
4. It's a safe way for staff, coaches, athletes, providers and parents to communicate without exchanging contact information.

To use the TeamReach app, you must download it from your app store on your mobile device. It is free, so there is no cost to do so. Because it is free, there will be ads that pop up while in the app. There is no way to avoid this unless you pay for the app. So, we ask that you simply ignore them. We in no way support or approve the ads that are in the app.

You will receive instructions and password to sign up for the team you are assigned to. Each team will have a separate group on the app. Please note that this is changed every season/sport.

I agree and consent to using TeamReach for Lucas County Special Olympics sports teams. By signing this form, I acknowledge that I have willingly downloaded the app, understand that everyone that has joined the group/team on the app could contact me through the app, but understand my contact information will not be accessible to anyone.

Print Name of Athlete/Guardian **Signature** **Date**

This form is valid and will expire when the athlete's Special Olympics physical form expires, once every 3 years. The athlete has the right to revoke this at any time. To do so, please notify a Lucas County Special Olympics staff person in writing.