



## 2018 Special Olympics USA Games Team Washington Athlete Application

### **DIRECTIONS**

*All parts of this application must be completed for an athlete to be considered as an applicant for Team SOWA. Any form that is submitted incomplete will be returned to the person whose name appears as the official contact. Any form that has been intentionally submitted containing false information will result in the invalidation of that applicant and possible ineligibility of the athlete.*

**All applications must be submitted to the address listed below**

**Special Olympics Washington  
Attn: Joe Hampson  
1809 7<sup>th</sup> Avenue, Suite 1509  
Seattle, WA 98101**

### **PART A – ATHLETE INFORMATION**

Athlete's Gender  MALE  FEMALE

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Athlete's Social Security Number \_\_\_\_\_

### **PART B – PARENT/LEGAL GUARDIAN/OFFICIAL CONTACT INFORMATION**

*Parent/Legal Guardian*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_

Cell Telephone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

**PART C – ATHLETE’S SPORTS BACKGROUND**

Athlete’s Sport: \_\_\_\_\_

Number of **years** the athlete has spent training in this sport \_\_\_\_\_

Full Name of your most recent Coach in this sport \_\_\_\_\_

***(Be sure to fill out the reverse side.)***

Has the athlete competed at the National / World Games level before?  YES  NO

*If yes, what year(s)?* \_\_\_\_\_

*If yes, which sport(s)?* \_\_\_\_\_

Does the athlete have a **Current** “Application for Participation in Special Olympics” Medical and Parent Release form on file with his/her Special Olympics Program?  YES  NO

Is the athlete willing and able to commit to an intensive training program as prescribed by your local and National Games coach?  YES  NO

Can the athlete attend training camps that may require them to be away from home and work?  
 YES  NO

Is the athlete prepared and capable of spending approximately two (2) weeks away from home and work?  
 YES  NO

**PART D – MEDICAL OVERVIEW**

*This section will be supplemented by doctor’s information on the athlete’s SOWA medical.*

Please check all that apply:

\_\_\_\_\_ Seizures      \_\_\_\_\_ Allergies      \_\_\_\_\_ Hepatitis      \_\_\_\_\_ Recent Surgery  
\_\_\_\_\_ Broken Bones      \_\_\_\_\_ Glasses/Contacts      \_\_\_\_\_ Diabetes

Does the athlete have Down syndrome?  YES  NO  
If yes, has athlete had an x-ray to evaluate Atlanto-axial instability?  YES  NO  
If yes, was the x-ray positive for Atlanto-axial instability?  YES  NO  
NO

Does the athlete take any medications?  YES  NO  
*If yes, please list*  
Medication Name      Dosage      Date Prescribed      Times per  
day  
*(Please list on the back)*

Is the athlete susceptible to colds, infections, etc.?  YES  NO  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**PART E – TRAVEL EXPERIENCE**

Has the athlete ever traveled by bus?  YES  NO  
Has the athlete ever traveled by airplane?  YES  NO

During travel, does the athlete experience motion sickness, homesickness, etc...  YES  
 NO

*If yes, please explain* \_\_\_\_\_

Is the athlete able to sit for an extended period of time  YES  NO

**PART F – SIGNATURE OF AGREEMENT**

The information presented in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature of Athlete (if 18 or older)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Person Completing the Form (if different from above)*

\_\_\_\_\_  
*Date*