

TO BE COMPLETED BY THE PARENT/GUARDIAN OR STUDENT

AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that my/my child's participation in the field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under KSD supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless KSD and any of the individuals and other organizations associated with KSD in this field trip from any claim or liability arising out my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither Kent School District, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the KSD *Student Rights & Responsibilities-Code of Conduct*, and to abide by all decisions made by teachers, staff, and those in authority. I agree the KSD has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by KSD in the light of my/my child's failure to follow these regulations, or for any reason which KSD may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to complete in its entirety the attached "Important Medical Information Form" and " Medication Administration Form" found on the last page of the Authorization.

I agree to disclose to KSD any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to myself/my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of myself/my child while participating in the above described trip including the admittance to and release from a medical facility.

If the applicant is at least 18 years of age, the following statement must be read and signed by the student:

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

Student Signature Date

If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.
(student)

Parent/Guardian Signature Date

The student, if at least 18 years of age, or parent/legal guardian must complete the information below:

Print First and Last Name: _____

Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Emergency Contact's First and Last Name: _____

Relationship to Student: _____

Emergency Contact's Telephone #s: _____



UNIFIED PARTNER REGISTRATION

Registration Forms Instructional Cover Letter

Dear Special Olympics Unified Partner,

Welcome to Special Olympics Washington! Through the power of sports, our participants find joy, confidence and fulfillment — on the playing field and in life. Whether you are new to Special Olympics Washington or have been involved for years, we are excited you are part of the movement!

To register or re-register as a Special Olympics unified partner, please complete the enclosed forms and provide them to your coach. All forms or applications are required to participate:

- REGISTRATION FORM:** This form asks for contact and other important information related to the athlete. If you do not yet have a team, please indicate that you need one in the 'Program-Team' line on the registration form.
- RELEASE FORM:** This form goes over some important details about Special Olympics Washington participation.
- BACKGROUND CHECK:** This is required for Unified Partners 18 years and older. You can complete this form by following the link [here](#) or downloading the form on our website listed [here](#).

If you have any additional questions or need clarification on any of the items on the forms, please contact us: participation@sowa.org

We are looking forward to seeing you out on the field!

-Your Special Olympics Washington Staff and Community

UNIFIED PARTNER REGISTRATION



Program/Team/School Name: _____ Area/District: _____

Unified Partner Type (mark one or both): School Community

Are you a new or Re-Registering? New Re-Registering

UNIFIED PARTNER INFORMATION

First Name:		Last Name:	
Date of Birth (mm/dd/yyyy):		Gender Identity: Female	Male Prefer: _____
Address:			
City:	State:	Postal Code:	
Phone:	E-mail:		
Sports/Activities:			
Race/Ethnicity (optional):			
Asian	Hispanic/Latinx	Two or more races (please check all boxes that apply) Other (please list): _____	
Black/African	Native American		
Caucasian/White	Pacific Islander		
Language (please mark all that apply):			
English	Spanish	Other (please list):	

PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)

Name:	Relationship:
<input type="checkbox"/> Same as contact information above.	
Address:	
City:	State: Postal Code:
Phone:	E-mail:

EMERGENCY CONTACT INFORMATION Same as Parent/Guardian

Name:	Relationship:	Phone:
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HEALTH INFORMATION **** Health information is collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate.**

Please mark if you have any of the following conditions and provide details:

Assistive or Implantable Devices	Diabetes	High Blood Pressure
Asthma or Respiratory Condition	Epilepsy or Seizure Disorder	Mental Health Condition
Chronic Infection	Heart Condition	Missing Organ (e.g., spleen, kidney)
Neurological Condition	Sickle Cell Anemia/Trait	
Allergies:		
Other Health Conditions:		
Special Dietary Needs:		

Please list any medications, vitamins, or dietary supplements below:

Medication Name	Dosage	Times per Day

UNIFIED PARTNER REGISTRATION



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **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.
5. **Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else 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 personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media.
 - 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.aspx.
7. **Optional Informational Responses**
 - Please list your current living/housing situation (group home, with family, etc.): _____
 - How did you hear about us: _____
8. **Background Check Authorization-click here to access form [APPLIES TO ADULTS 18 YEARS AND OLDER ONLY]** I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.
9. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I hereby release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("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. 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.

Name:	
UNIFIED PARTNER SIGNATURE (required for adult 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.	
Volunteer/Unified Partner Signature:	Date:
PARENT / GUARDIAN SIGNATURE (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent / Guardian Signature:	Date:
Printed Name:	Relationship:

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT
FOR COMMUNICABLE DISEASES
("Agreement") for
SPECIAL OLYMPICS**

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

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and 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 official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Washington their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

**KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT
PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION**

Name: _____ Birth Date: _____ Exam Date: _____ Grade: (2022-2023)

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Sport: _____ KSD Student ID#: _____

EXAMINER'S NOTE: This examination is for participation at the **middle school level** (grades 7 - 8).

This examination is for participation at the **senior high level** (grades 9 - 12).

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability.

Physician: Please review with the athlete details of any positive answers.

HISTORY

- | | Yes | No | |
|--------|--------------------------|--------------------------|--|
| 1. a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any illness/injury recently, or do you have an illness/injury now? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem, illness, or injury since your last exam? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any chronic or recurrent illness? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any illness lasting more than a week? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy? |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician? |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)? |
| 4. a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack or sudden death before they were age 50? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching, rashes, etc.)? |
| 6. a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures, or severe dizziness? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent severe headaches? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "stinger" or "burner" or "pinched nerve"? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been "knocked out" or "passed out"? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck injury, head injury or concussion? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had asthma, trouble breathing, or a cough during or after exercise? |
| 9. a. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses or protective eyewear? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problem with your eyes or vision? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, or retainer? |
| 11. a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES: Have you had any menstrual problems? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any medical concerns about participating in your sport? |

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

Physicians Only: Complete this page at Special Olympics MedFest.

KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT

STUDENT NAME: _____

EXPIRATION DATE:
(SCHOOL USE ONLY)

PHYSICAL EXAMINATION

Age: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

Height: _____ Visual Acuity: Left 20/_____
Right 20/_____

Normal

Abnormal

- | | | | | |
|--------------------------|-----|------------------------------|--------------------------|-------|
| <input type="checkbox"/> | 1. | Head | <input type="checkbox"/> | |
| <input type="checkbox"/> | 2. | Eyes (pupils), ENT | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 3. | Teeth | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 4. | Chest | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 5. | Lungs | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 6. | Heart | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 7. | Abdomen | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 8. | Neurologic | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 9. | Skin | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 10. | Physical Maturity | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 11. | Spine, Back | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 12. | Shoulders, Upper extremities | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 13. | Lower extremities | <input type="checkbox"/> | _____ |

PLEASE NOTE: THIS EXAMINATION IS FOR A PERIOD OF 24 MONTHS PER WIAA REGULATION, UNLESS OTHERWISE INDICATED. A NEW PHYSICAL EXAMINATION IS REQUIRED PRIOR TO INITIAL PARTICIPATION AT BOTH THE MIDDLE SCHOOL LEVEL (GRADES 7 – 8) AND SENIOR HIGH LEVEL (GRADES 9 – 12).

Assessment: Full participation at the **senior high level** (grades 9 - 12).
 Full participation at the **middle school level** (grades 7 - 8).
 Limited participation (describe limitations, restrictions): _____

To be eligible to participate, an examiner must check one of these boxes.

Participation contraindicated (list reasons): _____

Recommendations (equipment, taping, rehabilitation, etc.): _____

EXAMINER'S SIGNATURE: _____

DATE: _____

PRINT EXAMINER'S NAME: _____ EXAMINER'S PHONE NUMBER: (_____) _____