



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 7th 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