Special Olympics Wyoming
232 East 2nd Street, Suite 201
Casper, WY 82601
(307) 235-3062 telephone
(307) 235-3063 fax

PARTNER APPLICATION FOR PARTICIPATION IN UNIFIED SPORTS™

(For individuals without cognitive disabilities)

This form must be updated every three years

DEMOGRAPHICS

PARTNER INFORMATION

Local Program:_____ **Social Security Number**:____ - ____ - ____ **Gender:** ☐ Male ☐ Female

Partner Name: _____ **Date of Birth:** ____/____/____ **Home Phone**: (____)_____

LAST FIRST MI

Address:_____

STREET CITY STATE ZIP CODE

PARENT/GUARDIAN INFORMATION

☐ **Please add us to the SOWY Newsletter mailing list**

Name: _____

Address (If different):_____

STREET CITY STATE ZIP CODE

Work Phone: (_____)_____ **Home Phone**: (_____)_____ **e-mail**: _____

Emergency Contact (if other than parent/guardian):_____ **Phone:**(_____)_____

Health/Accident Insurance Company:_____ **Policy Number**:_____

HEALTH HISTORY

YES	NO		YES	NO	
☐	☐	Heart Disease/Heart Defect/High Blood Pressure	☐	☐	Allergies:
☐	☐	Chest Pain			Medicines:_____
☐	☐	Seizures/Epilepsy/Fainting Spells			Food:_____
☐	☐	Diabetes			Insect Stings/Bites:_____
☐	☐	Concussion or Serious Head Injury	☐	☐	Special Diet
☐	☐	Major Surgery or Serious Illness	☐	☐	Asthma (exercise induced wheezing)
☐	☐	Heat Stroke/Exhaustion	☐	☐	Tobacco Use
☐	☐	Blindness/Impaired Vision	☐	☐	Tendency to bleed easily
☐	☐	Contact Lenses/Glasses	☐	☐	Emotional/Psychiatric/Behavioral
☐	☐	Hearing Loss/Hearing Aid	☐	☐	Sickle Cell Trait or Disease
☐	☐	Impaired Motor ability	☐	☐	Uses a wheelchair
☐	☐	Bone or Joint Problem	☐	☐	Dentures/False Teeth
☐	☐	Parent/Sibling (under 40) died of Heart Disease	☐	☐	Immunizations Up To Date
Date of most recent tetanus immunization: _____/_____/_____			☐	☐	Other:_____

(Use separate sheet for additional space.)

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY

- In consideration of participating in Special Olympics Unified Sports™, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Unified Sports™ events. I fully understand the event involves risks of serious bodily injury, which may be caused by my own 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, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.
- If during my (and/or my minor child's) participation in Special Olympics activities I (and/or my minor child) 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 injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (and/or my minor 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 Unified Sports™ participants, and sponsors, advertisers, and if applicable, and owners and lessors of premises on which the activity takes place from all liability, and 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 Unified Sports™ 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 have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

Signature of Unified Sports™ Partner **Date** **Signature of Parent/Guardian*** **Date**

*If Unified Sports™ Partner is under the age of 18, signature of both Unified Sports™ Partner AND Parent/Guardian are required.

INFORMATION/APPLICATION

Please Answer All Four Questions:	**YES**	**NO**
1. Do you use illegal drugs?	☐	☐
2. Have you ever been convicted of a criminal offense?	☐	☐
3. Have you ever been charged with neglect, abuse, assault, sexual assault or crimes involving violence or threat of violence?	☐	☐
4. Has your driver's license ever been suspended or revoked in any state?	☐	☐

PLEASE READ CAREFULLY BEFORE SIGNING—I understand that:

- the information I have provided may be verified, and I give permission to Special Olympics to conduct a check of criminal and/or driver's license records, and to make inquiry of others concerning my suitability to act as a Special Olympics Unified Sports™ Partner;
- in the course of participating for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between Special Olympics and Unified Sports™ Partners is an "at will" arrangement, and that it may be terminated at any time without cause by either the Unified Sports™ Partner or Special Olympics;
- I grant Special Olympics permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics;
- I, the Unified Sports™ Partner, agree to be held accountable for the standards outlined in the Athlete Code of Conduct. I am aware the standards may change slightly from year to year, and understand it is my responsibility to stay up-to-date on the current standards.

I affirm that I have read the above and that the information I have given is true and complete.

Signature of Unified Sports™ Partner* **Date** **Signature of Parent/Guardian*** **Date**

*If Unified Sports™ Partner is under the age of 18, signature of both Unified Sports™ Partner AND Parent/Guardian are required.