

ALL INFORMATION IS REQUIRED. PLEASE PRINT LEGIBLY.

PARTICIPANT NAME: _____ SCHOOL: _____

E-MAIL ADDRESS: _____ GENDER: _____ DATE OF BIRTH: ___/___/___

HOME ADDRESS: _____

CITY / STATE / ZIP CODE: _____

PARENT/GUARDIAN/EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

PARENT/GUARDIAN/EMERGENCY CONTACT EMAIL: _____

PARENT/GUARDIAN/EMERGENCY CONTACT PHONE #(S), INCLUDING AREA CODE. 911 is NOT a valid entry: _____

DOES THE STUDENT HAVE A DISABILITY? YES NO

If 'YES', PLEASE CHOOSE ALL THAT APPLY:

<input type="checkbox"/>	AUTISM
<input type="checkbox"/>	DEVELOPMENTAL DELAY
<input type="checkbox"/>	DOWN SYNDROME
<input type="checkbox"/>	FETAL ALCOHOL SYNDROME
<input type="checkbox"/>	SPECIFIC LEARNING DISABILITY
<input type="checkbox"/>	TRAUMATIC BRAIN INJURY
<input type="checkbox"/>	MULTIPLE DISABILITIES, COGNITIVE (SPECIFY) _____

<input type="checkbox"/>	ASPERGER SYNDROME
<input type="checkbox"/>	BLIND
<input type="checkbox"/>	DEAF
<input type="checkbox"/>	EMOTIONAL DISTURBANCE
<input type="checkbox"/>	HEARING IMPAIRMENT
<input type="checkbox"/>	MULTIPLE DISABILITIES, SENSORY (SPECIFY) _____
<input type="checkbox"/>	MULTIPLE DISABILITIES, PHYSICAL (SPECIFY) _____

<input type="checkbox"/>	ORTHOPEDIC IMPAIRMENT
<input type="checkbox"/>	OTHER HEALTH IMPAIRMENT
<input type="checkbox"/>	SPEECH OR LANGUAGE IMPAIRMENT
<input type="checkbox"/>	VISUAL IMPAIRMENT
<input type="checkbox"/>	WHEELCHAIR USE REQUIRED

Has student ever been charged / convicted, as an adult / juvenile, with abuse, neglect or other criminal offense? YES NO

IF YOU ANSWERED YES TO THE QUESTION ABOVE PLEASE EXPLAIN THE DATES AND DETAILS OF EACH CASE ON A SEPARATE SHEET OF PAPER.

ANSWERING 'YES' DOES NOT EXCLUDE YOU FROM PARTICIPATING IN SPECIAL OLYMPICS IUS ACTIVITIES.

I (or my minor child), (Print name) _____ have / has submitted this application for participation in Special Olympics Maryland Interscholastic Unified Sports®. I further confirm that I have abided by all medical and participation forms requirements as mandated by the Maryland public school system listed above, the Maryland State Department of Education, the Maryland Public Secondary Schools Athletics Association and other associated entities for participation in this sport activity. By signing below, I specifically grant my permission, forever, to Special Olympics and/or Special Olympics Maryland to use my, or my minor child's, likeness, name, voice, and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose or publicizing, promoting or communicating the purposes and activities of Special Olympics and/or Special Olympics Maryland and/or applying for funds to support those purposes and activities.

PARTICIPANT SIGNATURE:

PARENT / GUARDIAN SIGNATURE:

Printed Name of Participant

Printed Name of Parent / Guardian

Signature of Participant

Date

Signature of Parent / Guardian

Date

PLEASE BE SURE TO DATE ALL SIGNATURES. STUDENT WILL BE UNABLE TO PARTICIPATE UNLESS FORM IS PROPERLY DATED

BOTH SIGNATURES ARE REQUIRED UNLESS STUDENT IS 18 OR OLDER

Revised: JULY 2016