

ATHLETE REGISTRATION

Welcome to Special Olympics of Wisconsin!

The *Official Special Olympics Wisconsin Release Form and Application for Participation in Special Olympics* serves as an athlete's registration for Special Olympics and must be completed before an athlete participates in any Special Olympics training program. It provides for: a photo release; necessary medical information; secondary insurance coverage by Special Olympics, Incorporated; and emergency medical treatment in the event a parent or guardian cannot be reached.

Documents Enclosed:

_____ **Official Special Olympics Release Form** (once unless there is a change in guardianship)

_____ **Application for Participation in Special Olympics Form** (every 3 years)

_____ **Special Examination Form** (Athletes with Down Syndrome) (only once)

_____ **Athlete Code of Conduct Form** (once a year)

_____ **Medical Emergency Form** (to be updated for each sport)

Please complete appropriate forms and return to:
6-50 Stoughton Special Olympics Agency Manager
Brenda Slovacek
890 County Road N
Stoughton, WI 53589
Phone: 608-873-1340

If you have any questions, please give me a call or email at james_grunewald@sbcglobal.net.

ATHLETE MEDICAL

Time to update Medicals.

The *Application for Participation in Special Olympics* serves as an athlete's registration for Special Olympics and must be done every 3 years.

This form should be done sooner if there is a there is a major medical change in the athlete.

Athlete Name: _____

Medical Expiration Date: _____

Medical Deadlines:

| | |
|------------|---|
| October 1 | Bowling & Volleyball |
| December 1 | Skiing, Skating, Snowshoeing & Snowboarding |
| February 1 | Basketball & Gymnastics |
| April 1 | Aquatics, Athletics, Soccer & Powerlifting |
| July 1 | Softball, Tee Ball, Tennis, Golf & Bocce |

NOTE: If a returning athlete's Application for Participation in Special Olympics form expires prior to the last day of the state competition for which the athlete is registered, a new form must be completed, mailed to the Program Office, postmarked by the appropriate medical deadline date and approved.

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Cell: 608-576-7047

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