



Special Olympics
Wisconsin
Be a fan.
Support. Volunteer. Compete.

SPECIAL OLYMPICS RELEASE FORM

Dear Athlete/Staff/Caregiver,

This form has to be filled out when the Athlete Joins Special Olympics and only has to be renewed if guardianship changes.

When completing the Release Form, the top section is to be signed and dated by an Athlete who is their own guardian, and must be signed by a witness. The bottom section is to be signed and dated by the guardian or parent when the adult athlete is not their own guardian or the athlete is a minor (under age 18).

When the form is signed, please place it in the attached envelope and mail it back to me. Please do so as soon as you can because the Medical Form cannot be processed without it.

If you, a family member or staff person, have any questions, please e-mail at westmadisonspecialolympics@charter.net or call at 608.658.1122.

Thank you,
Tony Goossens



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SPECIAL OLYMPICS MEDICAL FORM

Dear Athlete/Staff/Caregiver,

Special Olympics rules state that you must have a current Medical to participate in any of their programs. This letter gives you information about the Medical Form and how to fill it out. Attached is a blank Medical form for you to get filled out and then send back in the attached envelope.

The medical forms are good for three years from the date of the doctor's signature.

On the front of the medical form is a list of the different sporting events along with the dates the Medical needs to be returned to the State Office. Please make sure they get back to me with enough time to forward them to the State Office to meet the specific deadline.

The following two areas on the form must be filled out completely,

1) ATHLETE INFORMATION AND HEALTH HISTORY: TO BE COMPLETED BY PARENTS /CAREGIVERS

And the area,

2) SIGNATURE OF PARENT/GUARDIAN/ADULT ATHLETE need to be filled out and signed before going to the Doctors office.

If there isn't enough space for the medications on the form, please attach a sheet with the medications used by the athletes.

The rest of the examination should be filled out by the doctor or appropriate medical personnel.

Special Olympics make no exceptions when it comes to unfilled information, missed signatures or not having the Medicals turned in by the date specified. Please don't misinterpret my insistence on filling out all the information on the forms, **THEY WILL BE SENT BACK** if not complete. The two parts that get missed most:

- **Signature of Parents/Guardian/Adult Athlete**
- **Physician's Name and Title, not being signed**

If you, a family member or staff person, have any questions, please e-mail at westmadisonspecialolympics@charter.net or call at 608.658.1122.

When completed, have all copies delivered back in the enclosed envelope.

Thank you,
Tony Goossens

West Madison Special Olympics

October 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<div> Lydena Goossens – Agency Manager: 212.1360 Tony Goossens – Medicals: 658.1122 Annual Fees of \$35 are due. Volleyball fees of \$25 are due. </div>						
4	5	6	7	8	9	10
11	12	13	14	15	16	17
Volleyball 5:00 – 6:30PM Blessed Sacrament 2112 Hollister Ave \$25 Fee due						17 Bowling 11:30AM Schwoegler's
18	19	20	21	22	23	24
Volleyball 5:00 – 6:30PM Blessed Sacrament						24 Area Bowling Bowl-A-Vard Lanes More info to come
25	26	27	28	29	30	31
North Suburban Volleyball Tournament Milwaukee More info to come		<div> Upcoming Events November: Swimming Starts – More info to come November 7th: Regional Bowling – Madison November 7th: District Volleyball – Watertown December 5th: Fall Sports Tournament – Milwaukee </div>			30 Oregon Special Olympics Halloween party Please see second page for more info	31 Bowling 11:30AM Schwoegler's

2009 Summer State Games

Cost: \$75 (this includes transportation, lodging, and meals)
Make checks payable to: West Madison Special Olympics
Mail to Lydena Goossens @ 4513 Stein Ave, Madison, WI 53714
or give them to her on Thursday, June 4th.

When: Thursday, June 4th – Saturday, June 6th

Where: UW-Stevens Point

- Housing: Burroughs Hall-3rd Floor (201 Isadore Street) Phone:(715) 346-4539
- Athletics(Track): Colman Track (200 Reserve St.)
- Aquatics(Swimming): Health Enhancement Center Pool (2050 Fourth Ave.)

-We will meet at the **Madison Marriott West** (1313 John Q Hammons Dr, Middleton) at **1:30pm on Thursday, June 4th**. We will be traveling together to Stevens Point on a Lazars Charter Bus. Our anticipated return time is around **4pm on Saturday, June 6th**.

-Your ride home will get a call on Saturday afternoon with a more specific time on when to expect you. **It is expected that your ride home from the Madison Marriott West will be there waiting for you upon our return (we will not be able to wait with athletes).**

-PLEASE return the bottom portion of this form with your contact information (you will need this to load the bus).

-Don't forget your water bottle, appropriate competition attire, clothes for free time, and any other personal items you may need.

-Tournament schedules and other information attached.

-Contact Lydena with questions before or during the tournament @ 608.212.1360

PLEASE BRING THIS SLIP WITH YOU ON THURSDAY, JUNE 4th

_____ will be picking _____ up.

They can be reached at this phone number: _____.

OR

_____ will be walking or taking the bus home.