ATHLETE POLICIES

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STATEMENT OF ELIGIBILITY FOR SPECIAL OLYMPICS WISCONSIN

Special Olympics Wisconsin (SOWI) was created, and exists today, to give individuals with intellectual disabilities[1] the opportunity to train and compete in year-round sports activities.

To be eligible to participate as a registered SOWI athlete[2], a person must meet the following criteria:

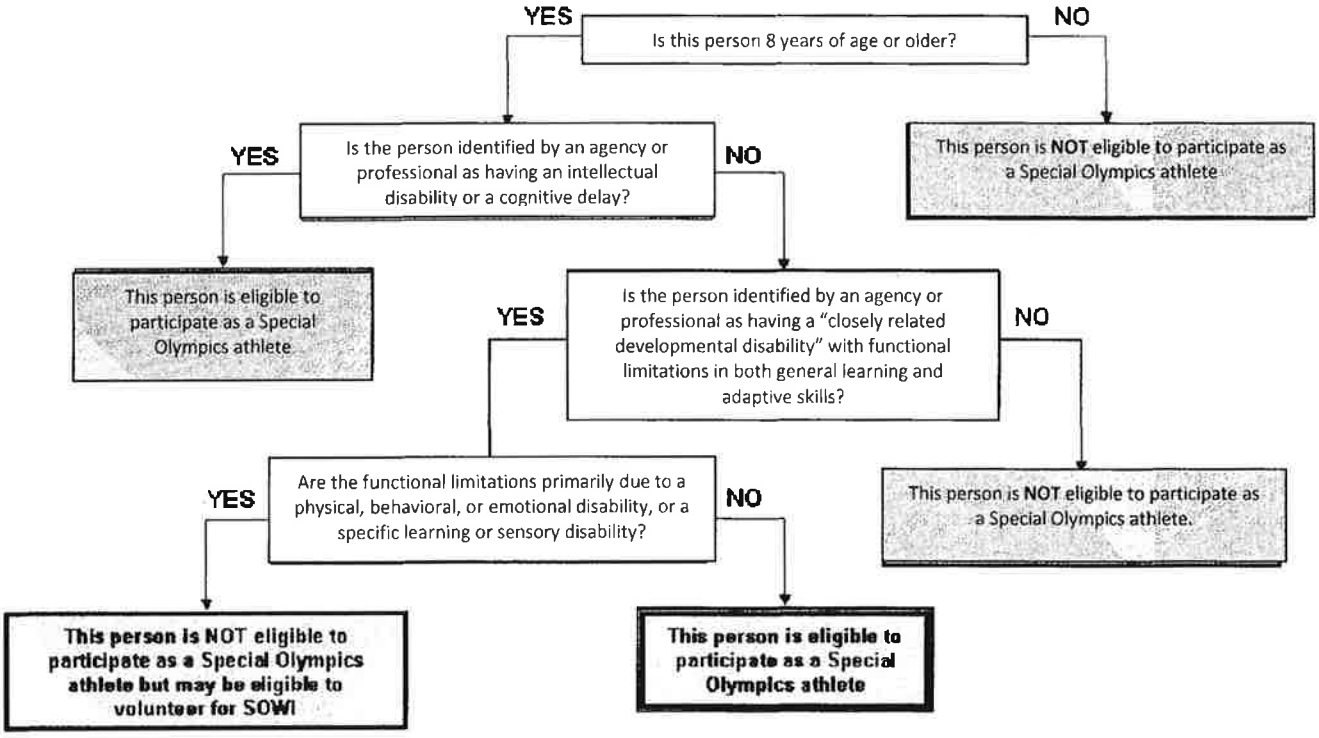
1. Be at least 8 years of age. There is no maximum age limit. Individuals ages 2-7 may inquire about Special Olympics Wisconsin's Young Athletes™.
2. Be identified by an agency or professional as having:
   a. An intellectual disability[1] (IQ is below 70 – 75); or
   b. An intellectual delay[3] as determined by standardized measures such as intelligence quotient (IQ) or other generally acceptable measures; or
   c. A closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning[4] and adaptive skills[5] such as recreation, work, independent living, self direction or self care. However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability are not eligible to participate as Special Olympic athletes, but may be eligible to volunteer for SOWI.
3. Agree to abide by the Official Special Olympics Sports Rules and the SOWI Athlete Code of Conduct.
4. Persons with multiple disabilities may participate in SOWI as long as they also meet the noted criteria above.

NOTE: No person shall, on the grounds of sex, race, religion, color or national origin, be excluded from participation in, be denied benefits of, or otherwise subjected to discrimination under any program or activity of SOWI.

[1] A synonym for mental retardation. May also be used synonymously with mental or cognitive disability/delay.
[2] To be a registered SOWI athlete, eligible persons must complete an Application for Participation (medical form) and a release form and register under one of approximately 200 SOWI accredited Agencies.
[3] Learning slower than ones typical peers and requiring specially designed instruction.
[4] General learning limitation refers to substantial deficits in conceptual, practical and social intelligence that will result in performance problems in academic learning and/or general life functioning.
[5] Adaptive skill limitations refers to an ongoing performance deficit in skill areas considered essential to successful life functioning.

Source: Article 6.01, Special Olympics Official General Rules, Revised 2004.

WHO IS THE SPECIAL OLYMPICS ATHLETE?



ATHLETE REGISTRATION INFORMATION

The *Athlete Medical Form* and *Release Form* serve as an athlete's registration for Special Olympics and must be completed before an athlete participates in any Special Olympics training program. They provide for necessary medical information, a photo release, secondary insurance coverage by Special Olympics, Inc., and emergency medical treatment in the event a parent or guardian cannot be reached. A current WIAA physical form may be submitted in lieu of the new *Athlete Medical Form*.

Forms from another Special Olympics program or organization (i.e. camp medical, school medical, etc.) are not transferable or acceptable, with the exception of the new *Athlete Medical Form*. The *Athlete Medical Form* is acceptable from another Special Olympics program under the condition the program has made no changes to the form.

THE SPECIAL OLYMPICS WISCONSIN MEDICAL POLICY

Athletes who are new to Special Olympics, Wisconsin, must submit both the *Athlete Medical Form* and *Release Form*, postmarked by the appropriate medical deadline date for the sport in which they are participating. An athlete must be 8 years old by the medical deadline date for the sport in which they are participating in order to be eligible for that sports' competitions.

If a current athlete's medical form expires prior to the last day of the State competition for which the athlete is registered, the new *Athlete Medical Form* must be completed correctly and mailed to the Headquarters office, postmarked by the appropriate medical deadline date for that sport and approved. (Example: An athlete whose medical expires on March 10, 2018 wishes to compete in team basketball. The last day of the Indoor State Tournament is April 8, 2018; therefore, the new *Athlete Medical Form* must be postmarked by February 1, 2018.).

Medical deadline dates are strictly enforced. There will be no exceptions to the medical deadline policy. Completed medical forms may not be faxed to the Headquarters Office.

If an athlete's medical will expire prior to the last day of the state competition for which s/he is registered and the medical deadline for the state competition has passed, the athlete may practice and compete until the date their medical expires. If the athlete's medical expires after Regional/District competition but prior to Sectional competition, the athlete may participate in the Regional/District competition but is unable to advance to Sectional competition. If the athlete's medical expires after a Regional/District or Sectional competition but prior to the State tournament, s/he may participate in the Regional/District and Sectional competitions but is unable to advance to the State tournament. Please use discretion when allowing an athlete to compete if his or her medical expires prior to Regional/District, Sectional and/or State competition.

The *Athlete Medical Form* must be completed at least once every three years from either date of the medical examiner's signature or the date of exam if indicated, or if the athlete has a significant medical condition change during the three-year period. The *Athlete Medical Form* may be completed yearly if/when the athlete has their annual physical examination.

The *Release Form* only needs to be completed once unless there is a change in guardianship for the athlete.

According to Special Olympics, International (SOI) guidelines, all athletes (or the parents/guardians for athletes who are minors and/or not their own guardian) are required to sign an addendum indicating they are aware of SOI housing information for overnight activities and tournaments if they have not signed the *Official Special Olympics Release Form* dated August 2013 or the *Participant Release Form*. This requirement applies to all athletes, even if they do not participate in overnight housing for overnight activities and tournaments. The addendum must be signed and mailed to the Headquarters Office. A roster indicating which athletes are in need of the housing addendum will be mailed approximately six weeks prior to every medical deadline.

Athlete Medical Forms, *Release Forms*, and Housing Addendums are available from the Regional or Headquarters offices, the SOWI website and via e-mail – please contact the Headquarters office to obtain forms via e-mail. (Samples are included in this section of the handbook, but they are not for duplication.)

ATHLETE MEDICAL RESTRICTIONS

Athletes must have their restriction lifted prior to training and competition in that particular sport. The following healthcare providers may lift a sports restriction: Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O), Nurse Practitioner (N.P.), and Physician Assistant (P.A.). Releases from medical restrictions must be mailed or faxed to the Headquarters office. Medical deadline dates do not apply when lifting medical restrictions, but restrictions must be lifted by the end of the business day on the Wednesday following the event entry deadline date.

ATHLETE RELEASE FORM

Special Olympics Wisconsin

I want to take part in Special Olympics and agree to the following:

1. **Able to Participate.** I am able to take part in Special Olympics. I know there is a risk of injury.

2. **Photo Release.** Special Olympics organizations may use my picture, video, name, voice, and words to promote Special Olympics.

3. **Overnight Stay.** For some events, I may stay in a hotel or dormitory. If I have questions, I will ask.

4. **Emergency Care.** If I am unable, or my guardian is unavailable, to make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I check one of these boxes:

   ☐ I have a religious or other objection to receiving medical treatment.
   ☐ I do not consent to blood transfusions.
   (If either box is checked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)

5. **Health Programs.** If I take part in a health program, I consent to health activities, exams, and treatment. This should not replace regular health care. I can say no to treatment or anything else any time.

6. **Personal Information.** I understand my information may be used and shared by Special Olympics to:
   - Make sure I am eligible and can participate safely;
   - Run trainings and events and share results;
   - Put my information in a computer system;
   - Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
   - Research, share, and respond to needs of Special Olympics athletes (identifying information removed if shared publically); and
   - Protect health and safety, respond to government requests, and report information required by law.

   I can ask to see and change my information.

7. **Concussions.** I understand the risk of concussions and continuing to play sports with a concussion. I may have to get medical care if I have a suspected concussion. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.

ATHLETE NAME: _____

ATHLETE SIGNATURE (required for athlete over 18 years old with capacity to sign legal documents)

I have read and understand this release. If I have questions, I will ask. By signing, I agree to this form.

Participant Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (required for athlete under 18 years old or lacking capacity to sign legal documents)

I am a parent or guardian of the Athlete. I have read and understand this form and have explained the contents to the Athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the Athlete.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

ATHLETE MEDICAL FORM SAMPLE

Athlete Medical Form – HEALTH HISTORY

(pages 1 & 2 to be completed by the athlete or parent/guardian/caregiver)

Special Olympics

REGION/AREA:

DELEGATION/TEAM:

ATHLETE INFORMATION

First Name: Middle Name:

Last Name:

Date Birth (mm/dd/yyyy): Female: Male:

Address (Street):

Address (City, State, Zip):

Phone: Cell:

E-mail:

Eye color: Ethnicity: (optional)

Athlete Employer, if any:

I am my own guardian. Yes No

Does the athlete have (check any that apply):

Autism Down syndrome Fragile X Syndrome

Cerebral Palsy Fetal Alcohol Syndrome

Other syndrome, please specify:

Is the athlete allergic to any of the following (please list):

Latex No Known Allergies

Medications:

Insect Bites or Stings:

Food:

List any special dietary needs:

List all past surgeries:

Does the athlete currently have any chronic or acute infection?

No Yes *If yes, please describe:*

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? *If yes, select below and describe*

Yes, had abnormal EKG Yes, had abnormal Echo

PARENT GUARDIAN INFORMATION (If not own guardian)

Name:

Phone: Cell:

E-mail:

Emergency Contact Name: Same as Above:

Emergency Contact Phone (cell):

Emergency Contact Relationship:

Does the athlete have a primary care physician? Yes No *If yes, list:*

Physician Name: Physician Phone:

Insurance Policy (Company and Number):

Does the athlete have any objections to emergency medical care?

No Yes *If yes, contact your local Program to get the Emergency Care Refusal Form.*

List any sports the athlete wishes to play:

Has a doctor ever limited the athlete's participation in sports?

No Yes *If yes, please describe:*

Does the athlete use (check any that apply):

Brace	Colostomy	Communication Device
C-PAP Machine	Crutches or Walker	Dentures
Glasses or Contacts	G-Tube or J-Tube	Hearing Aid
Implanted Device	Inhaler	Pacemaker
Removable Prosthetics	Splint	Wheel Chair

Has the athlete had a Tetanus vaccine in the past 7 years? No Yes

FAMILY HISTORY

Has any relative died of a heart problem before age 50? No Yes

Has any family member or relative died while exercising? No Yes

List all medical conditions that run in the athlete's family:

Athlete Medical Form – HEALTH HISTORY

(pages 1 & 2 to be completed by athlete or parent/guardian/caregiver)

Athlete's Name:

HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS

Loss of Consciousness	☐ No	☐ Yes	High Blood Pressure	☐ No	☐ Yes	Stroke/TIA	☐ No	☐ Yes
Dizziness during or after exercise	☐ No	☐ Yes	High Cholesterol	☐ No	☐ Yes	Concussions	☐ No	☐ Yes
Headache during or after exercise	☐ No	☐ Yes	Vision Impairment	☐ No	☐ Yes	Asthma	☐ No	☐ Yes
Chest pain during or after exercise	☐ No	☐ Yes	Hearing Impairment	☐ No	☐ Yes	Diabetes	☐ No	☐ Yes
Shortness of breath during or after exercise	☐ No	☐ Yes	Enlarged Spleen	☐ No	☐ Yes	Hepatitis	☐ No	☐ Yes
Irregular, racing or skipped heart beats	☐ No	☐ Yes	Single Kidney	☐ No	☐ Yes	Urinary Discomfort	☐ No	☐ Yes
Congenital Heart Defect	☐ No	☐ Yes	Osteoporosis	☐ No	☐ Yes	Spina Bifida	☐ No	☐ Yes
Heart Attack	☐ No	☐ Yes	Osteopenia	☐ No	☐ Yes	Arthritis	☐ No	☐ Yes
Cardiomyopathy	☐ No	☐ Yes	Sickle Cell Disease	☐ No	☐ Yes	Heat Illness	☐ No	☐ Yes
Heart Valve Disease	☐ No	☐ Yes	Sickle Cell Trait	☐ No	☐ Yes	Broken Bones	☐ No	☐ Yes
Heart Murmur	☐ No	☐ Yes	Easy Bleeding	☐ No	☐ Yes	Dislocated Joints	☐ No	☐ Yes
Endocarditis	☐ No	☐ Yes						

Difficulty controlling bowels or bladder	☐ No	☐ Yes
If yes, is this new or worse in the past 3 years?	☐ No	☐ Yes
Numbness or tingling in legs, arms, hands or feet	☐ No	☐ Yes
If yes, is this new or worse in the past 3 years?	☐ No	☐ Yes
Weakness in legs, arms, hands or feet	☐ No	☐ Yes
If yes, is this new or worse in the past 3 years?	☐ No	☐ Yes
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet	☐ No	☐ Yes
If yes, is this new or worse in the past 3 years?	☐ No	☐ Yes
Head Tilt	☐ No	☐ Yes
If yes, is this new or worse in the past 3 years?	☐ No	☐ Yes
Spasticity	☐ No	☐ Yes
If yes, is this new or worse in the past 3 years?	☐ No	☐ Yes
Paralysis	☐ No	☐ Yes
If yes, is this new or worse in the past 3 years?	☐ No	☐ Yes

Describe any past broken bones or dislocated joints *(if yes is checked for either of those fields above):*

Epilepsy or any type of seizure disorder	☐ No	☐ Yes
If yes, list seizure type:		
If yes, had seizure during the past year?	☐ No	☐ Yes
Self-injurious behavior during the past year	☐ No	☐ Yes
Aggressive behavior during the past year	☐ No	☐ Yes
Depression (diagnosed)	☐ No	☐ Yes
Anxiety (diagnosed)	☐ No	☐ Yes

Describe any additional mental health concerns:

List any other ongoing or past medical conditions:

PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW *(includes inhalers, birth control or hormone therapy)*

Medication, Vitamin or Supplement	*Dosage*	*Times per Day*	*Medication, Vitamin or Supplement*	*Dosage*	*Times per Day*	*Medication, Vitamin or Supplement*	*Dosage*	*Times per Day*

Is the athlete able to administer his or her own medications? ☐ No ☐ Yes **If female athlete, list date of last menstrual period:**

Name of Person Completing this Form	Relationship to Athlete	Phone	Email

Athlete Medical Form – PHYSICAL EXAM
(to be completed by a Medical Professional only)

Athlete's Name:

MEDICAL PHYSICAL INFORMATION (TO BE COMPLETED BY EXAMINER ONLY)

Height	Weight	BMI (optional)	Temperature	Pulse	O_2Sat	Blood Pressure		Vision
cm / in	kg / lbs	BMI / Body Fat %	C / F			BP Right:	BP Left:	Right Vision 20/40 or better ☐ No ☐ Yes ☐ N/A Left Vision 20/40 or better ☐ No ☐ Yes ☐ N/A

Right Hearing (Finger Rub)	☐ Responds	☐ No Response	☐ Can't Evaluate			Bowel Sounds	☐ Yes	☐ No	
Left Hearing (Finger Rub)	☐ Responds	☐ No Response	☐ Can't Evaluate			Hepatomegaly	☐ No	☐ Yes	
Right Ear Canal	☐ Clear	☐ Cerumen	☐ Foreign Body			Splenomegaly	☐ No	☐ Yes	
Left Ear Canal	☐ Clear	☐ Cerumen	☐ Foreign Body			Abdominal Tenderness	☐ No	☐ RUQ ☐ RLQ ☐ LUQ ☐ LLQ	
Right Tympanic Membrane	☐ Clear	☐ Perforation	☐ Infection	☐ NA		Kidney Tenderness	☐ No	☐ Right ☐ Left	
Left Tympanic Membrane	☐ Clear	☐ Perforation	☐ Infection	☐ NA		Right upper extremity reflex	☐ Normal	☐ Diminished	☐ Hyperreflexia
Oral Hygiene	☐ Good	☐ Fair	☐ Poor			Left upper extremity reflex	☐ Normal	☐ Diminished	☐ Hyperreflexia
Thyroid Enlargement	☐ No	☐ Yes				Right lower extremity reflex	☐ Normal	☐ Diminished	☐ Hyperreflexia
Lymph Node Enlargement	☐ No	☐ Yes				Left lower extremity reflex	☐ Normal	☐ Diminished	☐ Hyperreflexia
Heart Murmur (supine)	☐ No	☐ 1/6 or 2/6	☐ 3/6 or greater			Abnormal Gait	☐ No	☐ Yes, describe below	
Heart Murmur (upright)	☐ No	☐ 1/6 or 2/6	☐ 3/6 or greater			Spasticity	☐ No	☐ Yes, describe below	
Heart Rhythm	☐ Regular	☐ Irregular				Tremor	☐ No	☐ Yes, describe below	
Lungs	☐ Clear	☐ Not clear				Neck & Back Mobility	☐ Full	☐ Not full, describe below	
Right Leg Edema	☐ No	☐ 1+ ☐ 2+	☐ 3+ ☐ 4+			Upper Extremity Mobility	☐ Full	☐ Not full, describe below	
Left Leg Edema	☐ No	☐ 1+ ☐ 2+	☐ 3+ ☐ 4+			Lower Extremity Mobility	☐ Full	☐ Not full, describe below	
Radial Pulse Symmetry	☐ Yes	☐ R>L	☐ L>R			Upper Extremity Strength	☐ Full	☐ Not full, describe below	
Cyanosis	☐ No	☐ Yes, describe				Lower Extremity Strength	☐ Full	☐ Not full, describe below	
Clubbing	☐ No	☐ Yes, describe				Loss of Sensitivity	☐ No	☐ Yes, describe below	

ATLANTO-AXIAL INSTABILITY (AAI)

☐ Athlete shows NO EVIDENCE of neurological symptoms or physical findings associated with spinal cord compression or atlantoaxial instability.

☐ Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial instability and must receive an additional neurological evaluation to rule out additional risk of spinal cord injury prior to clearance for sports participation.

RECOMMENDATIONS (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please use the Special Olympics Further Medical Evaluation Form, page 4, to provide the athlete with medical clearance.

☐ This athlete is ABLE to participate in Special Olympics sports without restrictions/limitations

☐ This athlete is ABLE to participate in Special Olympics sports WITH restrictions/limitations →

☐ This athlete MAY NOT participate in Special Olympics sports at this time and MUST be further evaluated by a physician for the following concerns:

- ☐ Concerning Cardiac Exam
- ☐ Concerning Neurological Exam
- ☐ Other, please describe:
- ☐ Acute Infection
- ☐ Stage II Hypertension or Greater
- ☐ O_2 Saturation Less than 90% on Room Air
- ☐ Hepatomegaly or Splenomegaly

Additional Licensed Examiner's Notes and Recommended Follow-up:

- ☐ Follow up with a cardiologist
- ☐ Follow up with a vision specialist
- ☐ Follow up with a podiatrist
- ☐ Follow up with a neurologist
- ☐ Follow up with a hearing specialist
- ☐ Follow up with a physical therapist
- ☐ Follow up with a primary care physician
- ☐ Follow up with a dentist or dental hygienist
- ☐ Follow up with a nutritionist
- ☐ Other/Exam Notes:

Licensed Medical Examiner's Signature | Date of Exam | Name: / E-mail: / Phone: | License:

Athlete Medical Form – MEDICAL REFERRAL FORM
(to be completed by a Medical Professional only if referral is needed)

Athlete's Name:

This page only needs to be completed and signed if the physician on page three **does not clear** the athlete and indicates follow-up is required. Athlete should bring the previously completed pages to the appointment with the specialist.

Examiner's Name:

Specialty:

I have examined this athlete for the following medical concern(s):
Please describe

In my professional opinion, this athlete MAY participate in Special Olympics sports (indicate restrictions or limitations below):

☐ Yes, without restrictions ☐ Yes, but with restrictions *(list below)* ☐ No

Additional Examiner Notes/Restrictions:

Examiner E-mail:

Examiner Phone:

License:

Examiner's Signature Date

This section to be completed by Special Olympics staff only, if applicable.

This medical exam was completed at a MedFest event? ☐ Yes ☐ No

The athlete is a Unified Partner or a Young Athlete Participant? ☐ Unified Partner ☐ Young Athlete

Special Olympics Wisconsin

ADDENDUM TO OFFICIAL SPECIAL OLYMPICS RELEASE FORM

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for each event may differ. I understand that I should contact the Special Olympics Program in my jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

SIGNATURE OF ADULT ATHLETE _____ DATE _____

I hereby certify that I have reviewed this information with the Athlete whose signature appears above. I am satisfied based on that review that the Athlete understands this information and has agreed to its terms.

Name (Print): _____

Relationship to Athlete: _____
(e.g. family member, teacher, coach, etc.)

-or-

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

ATHLETE REGISTRATION – *SPECIAL OLYMPICS UNIFIED SPORTS® PARTNERS*

Special Olympics Unified Sports® is a program which provides individuals with intellectual disabilities (athletes) and individuals without intellectual disabilities (partners) the opportunity to train and compete together as a team. (see the *Unified* section of this handbook for more details about this program and other inclusive opportunities).

Individuals participating as Unified Partners in the Unified Sports program will be categorized as one of the following:

- Class A Unified Partners: These are individuals with extended contact or overnight chaperoning duties with athletes. Class A Unified Partners are required to be class A volunteers by the event registration deadline. Class A Unified Sports® partners are required to complete the Protective Behaviors Training (online at SpecialOlympicsWisconsin.org) and to be re-screened every three years as required of all Class A volunteers. Please refer to the Volunteer Policies section for more information on Class A volunteers.

- Class B Unified Partners: These are individuals with limited and non-overnight contact with athletes. This includes Unified Partners in unity games, player development events or single day competition or multi-day events with no overnight/chaperoning. Class B Unified Partners are required to complete Class B volunteer form by the day of the event.

ATHLETE CODE OF CONDUCT

SOWI prides itself in sponsoring high quality sports training and competitions for people with intellectual disabilities. The primary purpose of this code of conduct is to establish a high standard of athlete behavior, which will ensure the safety and well being of all athletes involved in training and competition. All athletes (including Unified Sports® Partners) are expected to abide by the Athlete Code of Conduct as established by SOWI. Athletes should be reminded that **participation in Special Olympics is a privilege, not a right, and that the Agency manager has the authority to make immediate accommodations until final decisions can be made**.

By agreeing to abide by the Special Olympics Wisconsin Code of Conduct, each athlete agrees to adhere to the following athlete behavior:

- Uphold the mission, philosophy, principles and policies of Special Olympics, Inc. and Special Olympics Wisconsin
- Behave in a manner consistent with Special Olympics Wisconsin's core values of mutual respect, positive attitude, accountability, teamwork and dedication
- Each athlete further agrees and acknowledges that participation in SOWI is voluntary and SOWI may terminate an athlete's participation if the athlete fails to follow SOWI rules and policies, including the athlete code of conduct.

SPORTSMANSHIP

I will practice good sportsmanship.
I will act in ways that bring respect to me, my coaches, my team and Special Olympics.
I will not use bad language.
I will not swear or insult other persons.
I will not fight with other athletes, coaches, volunteers or staff.

TRAINING AND COMPETITION

I will train regularly.
I will learn and follow the rules of my sport.
I will listen to my coaches and the officials and ask questions when I do not understand.
I will always try my best during training, divisioning and competitions.
I will not "hold back" in preliminary competition just to get into an easier finals competition division.

RESPONSIBILITY FOR MY ACTIONS

I will not make inappropriate or unwanted physical, verbal or sexual advances on others.
I will not smoke in non-smoking areas.
I will not drink alcohol or use illegal drugs at Special Olympics events.
I will not take drugs for the purpose of improving my performance.
I will obey all laws and Special Olympics rules, the International Federation and the National Federation/Governing Body rules for my sport(s).

ATHLETE STANDARDS OF BEHAVIOR

The following athlete behavior is unacceptable while participating in Special Olympics training or competition, including, but not limited to, practice, in transit, and at the competition venue:

- Profanity or verbal abuse
- Tobacco use in restricted areas
- Use of alcohol
- Physical or verbal sexual overtures
- Physical abuse*/Assault
- Use of illegal drugs or any controlled substance*
- Frequent unexcused absences
- Exhibition of poor sportsmanship
- Violent or disruptive behavior
- Any unwelcome physical contact
- Possession of harmful weapons*
- Public forum posts that degrade the organization
- Felony or misdemeanors (or any other illegal or socially unacceptable behavior) which seriously disrupts or impedes the participation of athletes or others*
- The non-payment for any purchased items from the Agency of participation. Items to include but not limited to: Articles of clothing, banquets, travel, etc.

**Criminal offenses regardless of where it occurs may result in immediate suspension from any and all Special Olympics activities.*

Guidelines for limiting or denying an athlete's involvement in SOWI

SOWI may limit or deny an athlete's participation in SOWI based on the following, as determined by SOWI in its sole discretion.

a. Admission or adjudication of involvement in abuse, neglect, sexual assault, or conduct involving violence or threat of violence (for example, assault and battery or armed robbery)

b. Record of being charged with abuse, neglect, conduct involving violence or threat of violence (for example, assault and battery or armed robbery), or sexual assault with corroborating information

c. Extreme or repeated violations of the SOWI Code of Conduct

d. Current use of illegal drugs

e. If the safety of other athletes is at risk

f. An open invoice that has not been rectified when there has been a request of the agency and the Regional Athletic Director

Not all situations or circumstances can be addressed in these guidelines. SOWI will address each situation on a case-by-case basis.

SOWI recommends all Special Olympics athletes and Unified Sports partners review, understand and sign the Athlete Code of Conduct before sports training begins. If an athlete or Unified Sports partner participates in multiple sports seasons, he/she need only submit one form per SOWI sports year (i.e., October - September). The Agency manager should retain a copy in the Agency files throughout the SOWI sports year.

Athlete/Unified Sports Partner's Signature_____ **Date**_____

Print Athlete's Name_____

Agency #: ____ Agency Name:_____

Parent/Guardian Signature (If athlete is a minor or not their own guardian.)_____

_____

ATHLETE CODE OF CONDUCT DISCIPLINARY STEPS

The following steps may be taken by the Agency manager or a staff member from the Regional or Headquarters office. The Regional office must be contacted before an Agency manager suspends an athlete. The Regional office will discuss the circumstances and approve the action. The action will be documented in writing and presented to the athlete and parent/guardian (or caseworker) and a copy will be sent to the Headquarters office.

- Verbal warning given to the athlete
- Written warning given to the athlete with a copy to the Region office and parent/guardian or caseworker
- Personal meeting with the athlete to review unacceptable behavior and work out a plan for improvement
- If the athlete is under 18, or over 18 and not their own guardian, he/she will be accompanied by his/her parent/guardian or caseworker. If the athlete is over 18 and is his/her own guardian, he/she may choose to have another adult present. The meeting will be documented in writing and copies distributed to the athlete, Regional office, Headquarters office, Agency file, and parent/guardian or caseworker.
- Suspension from practices or competition during the specific sport season

Any further action must be referred to the Regional office. The Regional office and Headquarters staff member responsible for Regional management will approve any further action to be taken.

Further action could be, but is not limited to:

- Suspension for more than one sport season
- Expulsion for one year or more
- Permanent expulsion

Appeal Process

The athlete has the right to appeal any disciplinary actions with the Regional office. The athlete or representative must submit a written request for a meeting to appeal the decision within 30 days of being notified of the disciplinary action. SOWI will review the request and determine whether to uphold the decision of the Regional office or hold an appeal meeting to obtain additional information.

If deemed necessary, the appeal will be heard by a Regional and/or Headquarters staff representative, and an Agency manager (either the manager from that Agency or if deemed necessary a manager not involved with the situation). A decision to reverse, amend or affirm a disciplinary action will be submitted in writing to the Agency manager and should include a plan of action for the athlete to correct the unacceptable behavior that led to the disciplinary action.