Athlete Medical Form-Health History



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

	,-							
County								
Organization ATHLETE II	NFORMATION	□ PARENT □ GUARDIAN INFORMATION (if not own guardian)						
First Name	Middle Name:	Name:						
Last Name	,	Phone:	Cell:					
Date of birth month/day/year	Female [] Male []	E-mail:		a see the se				
Address (Street)		Emergency Contact Name:		Same as Above:				
Address (City, State, Zip):		Emergency Contact Phone (cell):					
Phone:	Cell:	Emergency Contact Relation	ship:					
E-mail:		Does the Athlete have a Prin	nary care Physician:	Yes No If yes, list				
Eye color:	Ethnicity: (voluntary)	Physician Name:	F	Physician Phone:				
Employer:		Insurance Policy (Company a	nd Number):	.;				
l am my own guardian. 🔲 Ye	s No	Does the athlete have any o		ency medical care? It the Emergency Care Refusal Form.				
Does the athlete have (check any	y that apply):	List any sports the athlete	wishes to play:					
Autism Down sy	ndrome Fragile X Syndrome							
Cerebral Palsy Fetal Alc	ohol Syndrome			W .				
Other syndrome, please speci	fy:	Has a doctor ever limited to No Yes If yes, please		pation in sports?				
is the athlete allergic to any of	f the following (please list):							
Latex	☐ No Known Allergies			\$				
Medications:		Does the athlete use (check	any that apply):					
Insect Bites or Stings:		Brace	Colostomy	Communication Device				
Food:		C-PAP Machine	Crutches or Wa	lker Dentures				
List any special dietary needs:		Glasses or Contacts	G-Tube or J-Tu	be Hearing Aid				
		☐ Implanted Device	☐ Inhaler	☐ Pacemaker				
List all past surgeries:		Removable Prosthetics	Splint	Wheel Chair				
		Has the athlete had a Tetal	nus vaccine in the p	ast 7 years? No Yes				
	re any chronic or acute infection?	FAMILY HISTORY						
No Yes If yes, please descr	ILPE.	Has any relative died of a he	art problem before a	ge 50? No Yes				
		Has any family member or re	elative died while exe	ercising? No Yes				
	normal Electrocardiogram (EKG) or Echo)? If yes, select below and describe Yes, had abnormal Echo	List all medical conditions th	at run in the athlete	's family:				
				!				

Athlete Medical Form-Health History

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



Athlete's name

Athlete's Name																
INDICATE IF THE	ATHLETE HAS	EVER I	BEEI	N DIA						IENCI						
Loss of Consciousness			lo [Yes		High	Blood	d Pressur	e	No	☐ Ye	es	Stroke/TIA	'	No	Yes
Dizziness during or after	zziness during or after exercise No Yes High Ch						No	☐ Ye		Concussions		No	Yes			
Headache during or afte	eadache during or after exercise No Yes Vision Impairment						No	∐ Ye		Asthma		No	Yes			
Chest pain during or after exercise $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			Yes			_	pairmen	it 📙	No	∐ Ye		Diabetes		No	Yes	
Shortness of breath during or after exercise			ю [Yes			_	pleen		No	∐ Ye		Hepatitis		No	Yes
Irregular, racing or skipp	gular, racing or skipped heat beats			Yes		_	le Kidi	-		No	∐ Ye		Urinary Discomfort		No	Yes
Congenital Heart Defect	:		lo [Yes			oporo			No	∐ Ye		Spina Bifida		No	Yes
Heart Attack			lo [Yes			openi			No	Ye		Arthritis		No.	Yes
Cardiomyopathy			lo [Yes				Disease		No	∐ Ye		Heat Illness		No	Yes
Heart Valve Disease			lo [Yes			e Cell			No	∐ Ye		Broken Bones		No.	Yes
Heart Murmur			lo [Yes		Easy	Bleed	iing		No	☐ Ye	? S	Dislocated Joints	<u> </u>	No	Yes
Endocarditis			lo [Yes												
Difficulty controlling b	owels or bladder					No		Yes					bones or dislocate	d joints (i	f yes is	5
If yes, is this new or worse in the past 3 years?						No		Yes	спеске	а гог ек	ner of ti	nose fi	elds above):		_	
Numbness or tingling in legs, arms, hands or feet						No		Yes								
If yes, is this new or wors	e in the past 3 year.	s?				No		Yes								
Weakness in legs, arms	, hands or feet					No		Yes	Epilep	sy or a	ny type	of se	izure disorder	☐ No		Yes
If yes, is this new or worse	e in the past 3 year.	s?				No		Yes	If yes, l	ist seizu	ıre type	: [
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet						No		Yes	If yes, I	nad seiz	ure dur	ing the	past year?	☐ No		Yes
If yes, is this new or worse	e in the past 3 year.	s?		4		No		Yes	Self-in	jurious	behav	ior du	ring the past year	☐ No		Yes
Head Tilt						No		Yes	Aggre	ssive b	ehavio	durin	g the past year	☐ No		Yes
If yes, is this new or worse in the past 3 years?						No		Yes	Depre	ssion (d	diagnos	ed)		☐ No	Ė	Yes
Spasticity						No		Yes	Anxiet	y (diag	nosed)			☐ No		Yes '
If yes, is this new or worse	e in the past 3 year.	s?				No		Yes	Descri	be any	additio	nal m	ental health conce	rns:	7	1
Paralysis					П	No	П	Yes							· ·	
If yes, is this new or worse in the past 3 years?					$\overline{\Box}$	No		Yes								
List any other ongoing	or past medical c	andition	ser F		-											
				00.0	ırt	A D)/	CUE	DI PAF	NITC D	51.01						. 1
PLEASE LIST ANY Medication, Vitamin or Su,		40		dication,									n alers, birth control (n, Vitamin or Supplem			
-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	per Day								Day						er Day
															-	=
		ļ	_							ļ						
is the athlete able to a	administer his or l	ner own	medi	ications	?	No	Ye	s If	female	athlete	e, list d	ate of	last menstrual per	iod:		

Athlete Medical Form-Physical Examination (to be completed by a Medical Professional only



Height Weigh	ht BMI (o)	ptional)	Temperat	ure Pulse	O ₂ Sat	Blood	Pressure			Visio	n
cm ,	kg	ВМІ		C		BP Right:	BP Left:	_ `	tht Vision /40 or bette		□ Yes □ N/A
in	lbs .	Body Fat %		F					ft Vision /40 or bette		□ Yes □ N/A
ght Hearing (Finger Ru	ub) 🗆 Respon	ds 🗆 No	Response	☐ Can't Eval	luate	Bowel Sounds		☐ Yes	□No		
ft Hearing (Finger Rul	b) 🛘 Respon	ds 🗆 No	Response	☐ Can't Eval	luate	Hepatomegaly		□ No	☐ Yes		
ght Ear Canal	☐ Clear	☐ Cer	umen	☐ Foreign B	ody	Splenomegaly		□ No	☐ Yes		
ft Ear Canal	☐ Clear	☐ Cer	umen	☐ Foreign B	ody	Abdominal Tend	derness	□No	☐ RUQ	□ RLQ	□ LUQ □ LL
ght Tympanic Membra	ne 🗆 Clear	☐ Per	foration	□ Infection	□NA	Kidney Tendern	ess	□No	☐ Right	□ Left	
ft Tympanic Membrar	ne 🗆 Clear	☐ Per	foration	□ Infection	□NA	Right upper extremity reflex		□ Norm	nal 🗆 Dim	ninished	☐ Hyperreflex
al Hygiene	☐ Good	□ Fai	-	□ Poor		Left upper extremity reflex		□ Norm	nal 🗆 Dim	ninished	☐ Hyperreflex
yroid Enlargement	□No	☐ Yes	;			Right lower extremity reflex		□ Norm	nal 🗆 Dim	ninished	☐ Hyperreflex
mph Node Enlargeme	ent 🗆 No	☐ Yes	;			Left lower extre	•	□ Norm		ninished	☐ Hyperreflex
eart Murmur (supine)	□No	□ 1/6	ог 2/6	☐ 3/6 or gre	ater	Abnormal Gait	-	□No	☐ Yes, de		
eart Murmur (upright)	□ No	□ 1/6	ог 2/6	☐ 3/6 or gre	ater	Spasticity		□ No	☐ Yes, de	scribe be	elow
eart Rhythm	☐ Regular			, 3		Tremor		□No	☐ Yes, de		
ıngs	☐ Clear	□ No	_			Neck & Back Mo	bility	□ Full	□ Not ful		
ght Leg Edema	□ No	□ 1+	□ 2+	□ 3+ □ 4+	.	Upper Extremity	v Mobility	□ Full	☐ Not ful		
eft Leg Edema	□ No	□ 1+	□ 2+	□ 3+ □ 4+	.	Lower Extremit		Full	☐ Not ful	•	
idial Pulse Symmetry	☐ Yes	□ R>I		□ L>R		Upper Extremit		□ Full	☐ Not ful	•	
anosis	□ No		, describe			Lower Extremit	_	□ Full	□ Not full		
ubbing	□No		, describe							scribe be	
Journa	<u> </u>	□ 1C3	, describe			Loss of Sensitivi	ty	□No	□ 163, de.	SCHIDE DO	1000
Athlete shows no e instability.	evidence of an	y neurolo	ogical sym	lings that cou	ld be asse	ings that could I	be associated	d with sp pression	inal cord c	ompres	sion or atlantoa stability and <u>mu</u>
Athlete shows no e instability. Athlete has neurold receive an addition censed Medical Examination by sical exam. If an athle	ogical sympto al neurological ****** ers: It is recome te is deemed t	ms or phy al evalual **RECO mended to o need fur	ogical sym ysical find tion to rul MMEND hat the exc	lings that coule out addition ATIONS (To	ild be asso nal risk o O BE COMi items on ti	ings that could located with spire f spinal cord inju	pe associated and compary prior to cluster on the cluster of the c	d with sporession learance	inal cord cor atlanto for sports	axial ins	stability and mu pation.
Athlete shows no e instability. Athlete has neurolo receive an addition receive an addition receive an addition receive an athlete with a thlete with	ogical sympto all neurologica ****** pers: It is recom- ete is deemed t medical cleara	ms or phy al evalual **RECO mended to to need funce.	ysical sym ysical find tion to rul MMEND hat the exc ther medi	lings that coule out addition ATIONS (To aminer review to cal evaluation)	ild be asso nal risk o O BE COM items on ti please util	ings that could lociated with spire f spinal cord injustification by EXAM he medical historylize the Special Ol	nal cord company prior to cl	d with sporession learance	inal cord cor atlanto for sports	axial ins	stability and mubation.
Athlete shows no e instability. Athlete has neurold receive an addition tensed Medical Examination by sical exam. If an athle ovide the athlete with	ogical sympto nal neurologica ****** ers: It is recom- ete is deemed t medical cleara to participato	oms or phy al evalual **RECO mended to o need fun nce.	ogical symposical find tion to rule of the except the except the control of the except t	lings that coule out addition ATIONS (To aminer review of a levaluation) actions are sports with	ild be assonal risk of the original risk of the original reservation of the original r	ings that could lociated with spin f spinal cord inju PLETED BY EXAM the medical history lize the Special Ol rictions/limitati	pe associated and cord compary prior to classification with the athle sympics Further ons	d with sporession learance	inal cord cor atlanto for sports	axial ins	stability and mustation.
Athlete shows no e instability. Athlete has neurolo receive an addition receive an addition receive an addition receive an athlete with a thlete with	ogical sympto tal neurological ******* ters: It is remed to medical cleara to participate	ms or phy al evalual **RECO mended transce. e in Speci	ogical symposical find tion to rule MMEND mat the except the medical Olympical Olympic	lings that coule out addition of the country of the	eld be asse nal risk of O BE COMI items on ti please util hout rest	ings that could lociated with spin f spinal cord inju PLETED BY EXAM he medical history lize the Special Ol rictions/limitation	to e associated and cord compary prior to classification with the athle sympics Further ons	d with sporession learance lete or the r Medica	inal cord c or atlanto for sports eir guardian I Evaluation	ompres axial ins particip n, prior to n Form, p	stability and mu pation. o performing the page 4, in order to
Athlete shows no e instability. Athlete has neurolo receive an addition ensed Medical Examination by sical exam. If an athletovide the athlete with this athlete is ABLE. This athlete is ABLE.	ogical sympto ogical sympto ogle neurologica ****** ers: It is recome the deemed to medical cleara to participate to participate	ms or phy al evalual **RECO mended transce. e in Speci	ogical symposical find the except the except al Olympical Olympics s	lings that coule out addition of the country of the	eld be asse nal risk of O BE COMI items on ti please util hout rest	ings that could lociated with spin f spinal cord inju PLETED BY EXAM he medical history lize the Special Ol rictions/limitation	pe associated and cord compary prior to classification with the athle sympics Further ons	oression learance leate or the r Medica	inal cord cor atlanto for sports eir guardian (Evaluation	axial instance participant, prior to Form, p	stability and mu pation. o performing the bage 4, in order to
Athlete shows no e instability. Athlete has neurologic receive an addition censed Medical Examination ovide the athlete with this athlete is ABLE. This athlete is ABLE. This athlete MAY NO.	ogical sympto ogical sympto oal neurologica ****** eers: It is recom- tee is deemed t medical cleara to participate to participate to participate	oms or phy al evalual **RECO mended the oneed fun nce. e in Special	ogical symposical find tion to rul mat the except ther medical Olympical Olympics s	lings that coule out addition ATIONS (To aminer review of all evaluation) acts sports with the sports at this time the sports of the sports at the sports of the sports of the sports of the sports at this time the sports of the	ild be asse nal risk of O BE COMI items on the please util hout rest TH restrict ime and M	ings that could lociated with spin f spinal cord inju PLETED BY EXAM he medical history lize the Special Old rictions/limitation UST be further examples.	pe associated and cord compary prior to classification with the athle sympics Further ons as: O ₂ Sa	pression learance lete or the r Medica	or atlanto for sports eir guardian l Evaluation for the fol	axial instance participant, prior to a Form, p	stability and mu pation. o performing the bage 4, in order to
Athlete shows no e instability. Athlete has neurole receive an addition ensed Medical Examination ensed exam. If an athle ovide the athlete with this athlete is ABLE. This athlete is ABLE. This athlete MAY NO	ogical sympto lal neurological lers: It is recome ler is deemed to medical cleara to participate to participate T participate ardiac Exam leurological Ex	oms or phy al evalual **RECO mended the oneed fun nce. e in Special	ogical symposical find tion to rul mat the except ther medical Olympical Olympics s	lings that could le out addition of the country of	ild be asse nal risk of O BE COMI items on the please util hout rest TH restrict ime and M	ings that could lociated with spin f spinal cord inju PLETED BY EXAM he medical history lize the Special Old rictions/limitation UST be further examples.	pe associated and cord compary prior to classification with the athle sympics Further ons as: O ₂ Sa	pression learance lete or the r Medica	inal cord cor atlanto for sports eir guardian (Evaluation	axial instance participant, prior to a Form, p	stability and mu pation. o performing the bage 4, in order to
Athlete shows no e instability. Athlete has neurological examination and the social examination at the social examination	ogical sympto lal neurological lers: It is recome ler is deemed to medical cleara to participate to participate T participate ardiac Exam leurological Ex	oms or phy al evalual **RECO mended the oneed fun nce. e in Special	ogical symposical find tion to rul mat the except ther medical Olympical Olympics s	lings that coule out addition ATIONS (To aminer review of all evaluation) acts sports with the sports at this time the sports of the sports at the sports of the sports of the sports of the sports at this time the sports of the	ild be asse nal risk of O BE COMI items on the please util hout rest TH restrict ime and M	ings that could lociated with spin f spinal cord inju PLETED BY EXAM he medical history lize the Special Old rictions/limitation UST be further examples.	pe associated and cord compary prior to classification with the athle sympics Further ons as: O ₂ Sa	pression learance lete or the r Medica	or atlanto for sports eir guardian l Evaluation for the fol	axial instance participants of the form, p	stability and mu pation. o performing the bage 4, in order to
Athlete shows no einstability. Athlete has neurolo receive an addition tensed Medical Examinity sical exam. If an athlete with This athlete is ABLE This athlete is ABLE This athlete MAY NO Concerning Concerning Nother, please	evidence of an ogical sympto oal neurological sympto oal neurological sympto oal neurological sympto oal neurological clearant oparticipate it to participate it oparticipate it oal oal cardiac Exam deurological Exam deurological Exam deurological Examiner of the cardiac	oms or physical evaluation mended to oneed funce. e in Special Company of the co	ysical find tion to rul MMEND MMEND Matthe except ther medical al Olympi ial Olympi ial Olympi is Accept Sta	lings that coule out addition ATIONS (To aminer review in the collection of the col	old be associated risk of the contract of the	ings that could lociated with spir f spinal cord injustifications of the medical history lize the Special Oldinications/limitations ust be further expectations.	pe associated and cord compary prior to classification (INER ONLY) ** With the athle sympics Further ons as: O2 Sa Hepa	pression learance lete or the r Medica physician turation tomegal	or atlanto for sports eir guardian I Evaluation of for the fol Less than 9 y or Spleno	axial instance participant, prior to provide the prior to	stability and much pation. o performing the cage 4, in order to
Athlete shows no el instability. Athlete has neurolo receive an addition receive an additional License receive an additional License receive an additional License receive receive an additional License receive receive an additional License receive receivers receive receive receivers received receivers received receivers received receivers r	ogical sympto cal neurological eres: It is ereed to medical cleara to participate to participate transport cardiac Exam deurological Examiner	oms or physical evaluation mended to oneed funce. e in Special Common special Co	ysical find tion to rul MMEND hat the exc ther medic al Olympi ial Olymp Dlympics s	lings that coule out addition ATIONS (To aminer review of all evaluation) ics sports with ics sports with its sports at this till the Infection ge II Hyperten commende low up with a	old be asset in a line in a line and Marie and	ings that could lociated with spir f spinal cord injustification of the medical history lize the Special Official citions/limitation of the further expectation of the further expectat	pe associated and cord compary prior to classification with the athle sympics Further cons O 2 Sa Hepa	pression learance lete or the r Medica physician turation tomegaly	or atlanto for sports eir guardian (Evaluation for the fol Less than 9 y or Spleno	axial instance participants of the form, prior to t	stability and much pation. or performing the page 4, in order to
Athlete shows no einstability. Athlete has neurole receive an addition rensed Medical Examinity sical exam. If an athlete with This athlete is ABLE This athlete is ABLE This athlete MAY NO Concerning Concerning No Concer	evidence of an ogical sympto to al neurological sympto to al neurological sympto to al neurological sympto to participate is deemed to participate is to participate is ardiac Examileurological Examiner describe:	oms or physical evaluation mended to oneed funce. e in Special Common special Co	ysical find tion to rul MMEND that the exception at Olympics s	lings that coule out addition ATIONS (To aminer review of a levaluation) ics sports with ics sports WIT ports at this tip the Infection ge II Hyperten commended low up with a low up wi	old be asset in all risk of the control of the cont	ings that could incided with spin f spinal cord injustification of the medical history lize the Special Official citions/limitation of the further expecial official citions of the further expectation of the fur	pe associated and cord compary prior to classification with the athle sympics Further ons O 2 Sa Hepa Foll	pression learance lete or the r Medica physician turation tomegaly	or atlanto for sports eir guardian l Evaluation for the fol Less than 9 y or Spleno	axial instance participants of the property of the property of the property of the property care possible to reduce the pr	stability and much pation. o performing the cage 4, in order to
Athlete shows no einstability. Athlete has neurolo receive an addition tensed Medical Examinity sical exam. If an athlete with This athlete is ABLE This athlete is ABLE This athlete MAY NO Concerning Concerning Nother, please	evidence of an ogical sympto to al neurological sympto to al neurological sympto to al neurological sympto to participate is deemed to participate is to participate is ardiac Examileurological Examiner describe:	oms or physical evaluation mended to oneed funce. e in Special Common special Co	ysical find tion to rul MMEND that the exception at Olympics s	lings that coule out addition ATIONS (To aminer review of all evaluation) ics sports with ics sports with its sports at this till the Infection ge II Hyperten commende low up with a	old be asset in all risk of the control of the cont	ings that could incided with spin f spinal cord injustification of the medical history lize the Special Official citions/limitation of the further expecial official citions of the further expectation of the fur	pe associated and cord compary prior to classification with the athle sympics Further ons O 2 Sa Hepa Foll	pression learance lete or the r Medica physician turation tomegaly	or atlanto for sports eir guardian (Evaluation for the fol Less than 9 y or Spleno	axial instance participants of the property of the property of the property of the property care possible to reduce the pr	stability and much pation. or performing the bage 4, in order to concerns:
Athlete shows no einstability. Athlete has neurole receive an addition rensed Medical Examinity sical exam. If an athlete with This athlete is ABLE This athlete is ABLE This athlete MAY NO Concerning Concerning Concerning No Concernin	evidence of an ogical sympto to al neurological sympto to al neurological sympto to al neurological sympto to participate is deemed to participate is to participate is ardiac Examileurological Examiner describe:	oms or physical evaluation mended to oneed funce. e in Special Common special Co	ysical find tion to rul MMEND that the exception at Olympics s	lings that coule out addition ATIONS (To aminer review of a levaluation) ics sports with ics sports WIT ports at this tip the Infection ge II Hyperten commended low up with a low up wi	old be asset in all risk of the control of the cont	ings that could incided with spirit spinal cord injury. PLETED BY EXAM he medical history lize the Special Olderictions/limitation. UST be further expecial of the special state of the special state of the special state of the spirit state of th	pe associated and cord compary prior to classification with the athle sympics Further ons O 2 Sa Hepa Foll	pression learance lete or the r Medica physician turation tomegaly	or atlanto for sports eir guardian l Evaluation for the fol Less than 9 y or Spleno	axial instance participants of the property of the property of the property of the property care possible to reduce the pr	stability and much pation. o performing the coage 4, in order to

Athlete Medical Form- Medical Referral Form

(to be completed by a Medical Professional only if referral is needed)



Athlete's Name			
his page only needs to be completed and signed if follow-up is required. Athlete should bring the p			
Examiner's Name:			
Specialty:			
I have examined this athlete for the following medical concern(see Please describe	s):		
In my professional opinion, this athlete MAY participa Yes, without restrictions Yes, but	te in Special Olympics spo t with restrictions	orts (indicate restrictions or limital	tions below):
Additional Examiner Notes/Restrictions:			
			+
			ĵ
Examiner E-mail:			ý (
Examiner Phone:		·	ě
License:			
Examiner's Signature	na .	Date	deleteraamakkin makn midenenen merada
This Coation to be completed by Coasial Olympia	i Staff Oak, if -		
This Section to be completed by Special Oly		ppucable.	
This medical exam was completed at a MedFest Event? The athlete is a Unified Partner or a Young Athlete Participant?	☐ Yes ☐ No	Young Athlete	

ATHLETE RELEASE FORM



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.
- 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 someone's home. 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.

I understand Special Olympics is a global organization with headquarters in the United States of America. I consent to Special Olympics processing my information in countries with different privacy and data security laws, including the United States of America.

ATHLETE NAME:	<u></u>
ATHLETE SIGNATURE (required for athlete over 18 years old with ca	pacity to sign legal documents)
I have read and understand this release. If I have questions, I will ask	c. By signing, I agree to this form.
Participant Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete under 18 year	ars old or lacking capacity to sign legal documents
I am a parent or guardian of the Athlete. I have read and understand the Athlete as appropriate. By signing, I agree to this form on my own behavior.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: