

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: _____

EMERGENCY CONTACT PHONE (S) #: _____

DOES STUDENT HAVE A DISABILITY? YES NO

If 'YES', PLEASE CHOOSE ALL THAT APPLY:

- | | | |
|---|--|--|
| <input type="checkbox"/> AUTISM | <input type="checkbox"/> ASPERGERS SYNDROME | <input type="checkbox"/> ORTHOPEDIC IMPAIRMENT |
| <input type="checkbox"/> DEAF – BLINDNESS | <input type="checkbox"/> DEAF | <input type="checkbox"/> OTHER HEALTH IMPAIRMENT |
| <input type="checkbox"/> DEVELOPMENTAL DELAY | <input type="checkbox"/> EMOTIONAL DISTURBANCE | <input type="checkbox"/> SPEECH OR LANGUAGE IMPAIRMENT |
| <input type="checkbox"/> INTELLECTUAL DISABILITY | <input type="checkbox"/> HEARING IMPAIRMENT | <input type="checkbox"/> VISUAL IMPAIRMENT |
| <input type="checkbox"/> SPECIFIC LEARNING DISABILITY | <input type="checkbox"/> MULTIPLE DISABILITIES, SENSORY (SPECIFY) _____ | |
| <input type="checkbox"/> TRAUMATIC BRAIN INJURY | <input type="checkbox"/> MULTIPLE DISABILITIES, PHYSICAL (SPECIFY) _____ | |
| <input type="checkbox"/> MULTIPLE DISABILITIES, COGNITIVE (SPECIFY) _____ | | |

Have you ever been charged / convicted, as an adult / juvenile, with abuse, neglect or other criminal offense..... YES NO

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

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

FOR INTERNAL USE ONLY:

NEW UPDATED _____ R.D. Initials _____ DATE

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BOTH SIGNATURES ARE REQUIRED