



FORM C 2 – Athlete Authorization Minor

Section B Authorization to be completed by PARENT or GUARDIAN of MINOR ATHLETE

I am the parent/guardian of _____; (the "Minor Athlete"), on whose behalf I have submitted the attached application for participation in Special Olympics. The Minor Athlete has my permission to participate in Special Olympics activities.

I represent and warrant that, to the best of my knowledge and belief, the Minor Athlete is physically and mentally able to participate in Special Olympics activities. I also represent that a licensed medical professional has reviewed the health information contained in the Minor Athlete's application and has certified, based on an independent medical examination, that there is no medical evidence that would preclude the Minor Athlete from participating in Special Olympics. The medical history form asks a series of questions about possible neurological symptoms that could be associated spinal cord compression and/or atlantoaxial instability. The physical exam form asks the examiner to assess for signs of possible spinal cord compression and/or atlantoaxial instability. The presence of any signs or symptoms should be taken seriously as the presence of spinal cord compression and/or atlantoaxial instability is associated with significant risk of spinal cord injury in the sports environment. Athletes who describe incontinence or any numbness, weakness, pain or discomfort, head tilt, spasticity or paralysis of any part of the body, especially if any of those symptoms are new or have worsened within the past 3 years may need additional neurological evaluation before they can be cleared to participate in any Special Olympics sports. Likewise, abnormal reflexes, gait, spasticity, tremors, changes in mobility, strength or sensitivity may also suggest that an athlete needs additional neurological evaluation. It should be noted that not all neurological signs and symptoms (such as those that are stable and long-standing) will require further neurological evaluation.

If the examiner specifies there are any signs or symptoms that could be associated with spinal cord compression and/or atlantoaxial instability, I understand that the Minor Athlete may not be cleared for sports participation until the Minor Athlete has been seen by a neurologist, neurosurgeon or other physician qualified to determine definitively if participation in sports activity, in the presence of the noted neurological signs and symptoms, will be safe for the Minor Athlete.

By signing below, I am also permitting the Minor Athlete to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for the Minor Athlete to participate in the Healthy Athlete program and that I may decide that the Minor Athlete may not to participate at any time. I understand that provision of these health services is not intended as a substitute for regular health care. I also understand that the Minor Athlete, or I on the Minor Athlete's behalf, should seek independent medical advice and assistance irrespective of the provision of these services and that neither Special Olympics, Inc. nor the Special Olympics World Games Los Angeles 2015 Organizing Committee are, through the provision of these services, making itself responsible for Minor Athlete's health or health care. I understand that information gathered as part of the Healthy Athletes program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

If a medical emergency should arise during the Minor Athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the Minor Athlete's care, I hereby authorize Special Olympics, Inc. and/or the Special Olympics World Games Los Angeles 2015 Organizing Committee, on my behalf, to take whatever measures are necessary to ensure that the Minor Athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics, Inc. and/or the Special Olympics World Games Los Angeles 2015 Organizing Committee deems advisable in order to protect the Minor Athlete's health and well-being.

I understand that Special Olympics, Inc. is collecting the Minor Athlete's personal information as provided by me and/or the Minor Athlete through this registration packet and that all such information may be transferred to, and processed and maintained in the United States. I further understand and acknowledge that Special Olympics, Inc. may disclose the Minor Athlete's personal information, including the information collected through this registration material, to the Special Olympics World Games Los Angeles 2015 Organizing Committee and other entities as Special Olympics, Inc. deems necessary to conduct the Games and provide for the Minor Athlete's health and safety at the Games and that either Special Olympics, Inc. or the Special Olympics World Games Los Angeles 2015 Organizing Committee may input the personal information I or the Minor Athlete provides into a computerized database that will be maintained by Special Olympics, Inc. after the Games end. I further understand that Special Olympics, Inc. and the Special Olympics World Games Los Angeles 2015 Organizing Committee may use the information provided by me or the Minor Athlete to conduct the Games, including for the following or similar purposes: 1) compiling results of the Games for Special Olympics, Inc., the Special Olympics World Games Los Angeles 2015 Organizing Committee, the media and the public (including via a Web site that may provide certain information about the Minor Athlete and video or pictures of the Minor Athlete participating at the Games); 2) verifying participation in the Games; 3) conducting training on divisioning; 4) conducting statistical analysis; 5) providing Games related services, such as housing, transportation, meals and medical and 6) protecting the Minor Athlete's health and safety by providing the necessary information to medical personnel, hospitals, or insurers; and 7) publicizing and promoting Special Olympics. I acknowledge and understand that the Special Olympics, Inc. and/or the Special Olympics World Games Los Angeles 2015 Organizing Committee may disclose the Minor Athlete's personal information to certain government authorities for the purpose of obtaining any required visas or as lawfully requested by any government authority.

I am the parent (guardian) of the Minor Athlete named in this application and am authorized to sign this on Minor Athlete's behalf. I have read and fully understand the provisions of the above Authorization, and have explained these provisions to the Minor Athlete. Through my signature on this Authorization form, I am agreeing to the above provisions on my own behalf and on the behalf of the Minor Athlete named above.

I hereby give my permission for the Minor Athlete named above to participate in Special Olympics, Games, recreation programs, and physical activity programs.

Signature of Parent or Guardian

Date