

CONSENT FOR ATHLETE PARTICIPATION

Healthy Athletes is designed to improve athletes' health and fitness in order to enhance their ability to train and compete in Special Olympics. All of these programs are non-invasive screenings designed to offer additional support at no cost to our athletes and their families. Healthy Athletes is made up of six disciplines (noted below).

Please fill out this form and return it to cdrob@specialolympicspa.org or bring it with you to this year's event. **At Special Olympics Pennsylvania's 2018 Summer Games you will be able to find all of the Healthy Athletes disciplines at Pollock Commons.**

Program Name (i.e. Adams /Area P, etc.): _____

Athlete Name (Please print): _____

May participate in the checked Healthy Athletes discipline, all of which will be held at Special Olympics Pennsylvania's 2018 Summer Games. I understand that the participation in the Healthy Athletes venue is voluntary and that authorization can be withdrawn at any time without penalty. I understand that the provision of this health service is not intended as a substitute or alternative to regular care that has been received in the past or that may be recommended in the future. I understand that information that is gathered as part of the screening process may be used in group form to assess and communicate the overall health needs of athletes, and to develop programs to address those needs.

Authorized signature(s) required below:

Signature of Adult Athlete (If over 18 yrs old)

X _____

Signature of Parent/Guardian for Minor Athlete OR Young Athlete Participant (2-7 yrs old)

X _____

Signature of Witness

X _____

This table
MUST be filled
in and signed
for athlete to
participate!

Please check next to the discipline(s) in which athlete is to participate in:

- Fit Feet (podiatry)
- Health Promotion (better health & well-being)
- FUNfitness (physical therapy)
- Special Smiles (dentistry)
- Opening Eyes (vision)
- Healthy Hearing (audiology)