CARDINAL CUSHING CENTERS SPECIAL OLYMPICS
YOUNG ATHLETES PROGRAM
WINTER SESSION ANNOUNCED!

Who: Children, ages 2-7 with intellectual disabilities.

What: A FREE, inclusive, unique sports & play program facilitated by trained volunteers, focusing on fun activities important to mental & physical growth. This is an early introduction to sports & the world of Special Olympics.

Where: Cardinal Cushing Centers – 405 Washington St., Hanover, MA

When: 8 week WINTER session: January 5– February 23, 2019
SATURDAYS: 10-11:00am
(No program January 28)

Helpful Resources: www.specialolympicsma.org/youngathletes.org

To Register: Please submit registration form to Program Director Tom McElman at tmcelman@cushingcenters.org

Registration or program questions? Please call Tom at 781-829-1295 or Special Olympics MA Director of Community Development Megan Hoffman at Megan.Hoffman@SpecialOlympicsMa.org or at 508-485-0896 ext. 225
Young Athletes Registration Form

Athlete’s Name: ___________________________ Parent/Guardian Name: ___________________________

What is your relationship to the Athlete you are registering:

- Parent/Guardian
- Sibling
- Other family member
- OTHER (please specify): ___________________________

Address: ___________________________ City: ___________________________ State: ____ Zip Code: ___________________________

Home Phone: ___________ Cell Phone: ___________ Email: ___________________________

Birthday: Month ___________ Day ___________ Year ___________________________ Gender: □ Male □ Female

Emergency Contact Name: ___________________________ Phone Number: ___________________________ Athlete T-Shirt Size:

□ Child Small □ Child Medium □ Child Large □ Adult Small □ Adult Medium

Basic Health Information:

Heart Problems: □ Yes □ No Blind: □ Yes □ No Diabetic: □ Yes □ No
Deaf: □ Yes □ No Epileptic/Seizure: □ Yes □ No Hepatitis: □ Yes □ No
Down Syndrome: □ Yes □ No
Other: ___________________________ Allergies: ___________________________

Ethnicity: □ White □ Black/African American □ Asian □ Hispanic/Latino □ Other: ___________________________

Young Athlete is being registered as a: □ Traditional Young Athlete (with Intellectual Disability)

□ Unified Partner (without Intellectual Disability)

Young Athletes Release Form

I am the parent/guardian of the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant’s likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, internet and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Pilot Program will be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant’s participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant’s care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant’s health and well-being. (IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CONTACT SPECIAL OLYMPICS MASSACHUSETTS)

I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

_____________________________________________________________________________

Signature of Parent/Guardian

Print Name

Date