



Dear Parent/Guardian,

Your son/daughter's school has been selected and will be participating in the Young Athletes program. This is a program that will take place at the Early Learning Center during motor time with their teacher. The Young Athletes program is a program offered free of charge through Special Olympics Illinois.

The Young Athletes program is an all-inclusive sports play program for children with and without intellectual disabilities. This program is designed to introduce all children ages 2-7 into the world of sports. Young Athletes will prove enormous benefits on multiple levels, allowing your child to improve physically, cognitively and socially.

This program is designed to address two specific levels of play. Level 1 includes physical activities focused on developing fundamental motor skills and eye-hand coordination. Level 2 concentrates on the application of these physical activities through a sports skills activity program and developing skills consistent with Special Olympics sports play. The activities will consist of foundational skills, walking & running, balance & jumping, trapping & catching, throwing, striking, kicking and advanced skills. I hope this program will also raise awareness of the Special Olympics program and serve as an introduction for you to the resources and support available within the Special Olympics.

In the eyes of Special Olympics Illinois, this is a training program only; however, all students active in the Young Athletes program will participate in our Culminating Event. This event will be held at the Early Learning Center in the springtime. At this time, each student will receive a t-shirt and awards for their participation, followed by drinks and snacks for all our Young Athletes and their family members.

We are very excited about this program and your family's participation! Please complete and sign the attached permission form and return it to your child's teacher allowing them to participate in this program. **The permission form is due at the time of registration if you would like your child to participate in the Young Athletes program!** If you should have any questions about the program, would like to get further involved or have questions in regards to Special Olympics, please contact Marlyn Orozco, Family Facilitator, at (847) 472-3677 or [orozco.marlyn@ccsdCCSD59.org](mailto:orozco.marlyn@ccsdCCSD59.org).

Please click [here](#) to print out the registration form.

Sincerely,

Marlyn Orozco, Family Facilitator

**Program Info Section (To be Completed by Site Coordinator)**

Region \_\_\_\_\_ Agency Name \_\_\_\_\_

School Name \_\_\_\_\_

**FORM VALID UNTIL INDIVIDUAL'S 10TH BIRTHDAY WITH CONTINUED PARTICIPATION****Athlete Information Section**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Athlete Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

Young Athlete is being registered as a:

\_\_\_\_\_ Traditional Young Athlete (with Intellectual Disability /Developmental Delay)

\_\_\_\_\_ Peer Partner (without Intellectual Disability)

**Athlete Ethnicity/Race:**

Asian	American Indian/Alaskan Native	Black/African American
Hispanic/Latino	Native Hawaiian/Other Pacific Islander	White
Two or More Races	Prefer Not to Answer	Other

Medical Conditions: \_\_\_\_\_

**Parent Guardian Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Contact Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION*****No information can be altered or crossed out.***

I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant") do hereby:

- Request permission for the Entrant to participate in SOILL programs.
- Represent and warrant to you that Entrant is physically and mentally able to participate in SOILL sports training and competition.
- Acknowledge that Entrant understands and will execute and follow the Athlete Partner Code of Conduct.
- Acknowledge that Entrant understands and will follow SOILL's Eligibility Policy.
- Acknowledge that Entrant understands and will execute and follow the COVID Code of Conduct.
- Acknowledge that Entrant understands that participation includes possible exposure to an illness from infectious and/or communicable diseases including but not limited to MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, Entrant willingly agrees to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, Entrant observes any unusual or significant hazard during presence or participation, Entrant will remove themselves from participation and bring such to the attention to the nearest official immediately.

- Acknowledge that Entrant understands there is a risk of injury and understands the risk of Entrant continuing to play sports with or after a concussion or other injury. Entrant may have to get medical care if they have a suspected concussion or other injury. Entrant may have to wait 7 days or more and get permission from a doctor before resuming sports activities.
- In permitting the Entrant to participate, I am specifically granting permission to SOILL and Special Olympics Inc. to use the likeness photo, video, name, voice, words and biographical information in television, radio, films, newspapers, magazines, social media and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of SOILL and Special Olympics Inc. in appealing for funds to support such activities.
- Consent for Entrant to participate in the SOILL Healthy Athlete Program that provides individual screening assessments of health status and health care needs. Entrant has no obligation to participate and I understand the Entrant should seek his/her/their own medical advice and assistance and SOILL is not responsible for the Entrant's health.
- For some events, Entrant may stay in a hotel, university type housing or someone's home. If I have questions I will ask.
- If I am unable, or my parent/guardian is unavailable, to consent or make medical decisions in an emergency, I authorize SOILL to seek medical care on my behalf.
- I understand that SOILL will be collecting Entrant's personal information as part of participation, including name, image, address, telephone number, health information and other provided personally identifying and health related information. Personal information may be used and shared consistent with this form and as further explained in the Special Olympics Inc. Privacy Policy at [www.SpecialOlympics.org/Privacy-Policy](http://www.SpecialOlympics.org/Privacy-Policy)

I further agree and consent to SOILL:

- o Using Entrant personal information in order to: make sure Entrant is eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); analyze data for the purpose of improving programming and identifying and responding to the needs of SOILL participants; perform computer operations, quality assurance, testing and other related activities; and provide event-related services.
- o Using Entrant contact information for communicating with me about SOILL.
- o Sharing information with medical professionals in an emergency or for injury treatment.

Entrants, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY FREELY AND VOLUNTARILY ASSUME ALL RISK, WAIVE AND RELEASE FROM LIABILITY, AGREE TO INDEMNIFY AND HOLD HARMLESS, Special Olympics Illinois, it's officers, officials, agents and/or employees, other participants, coaches, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of the venue/premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent, guardian, and/or individual with legal responsibility for this Entrant, have read and explained the provisions in this ATHLETE CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION FORM to said Entrant including the risks of presence and participation, as well as their personal responsibilities to adhere to the rules and regulations promulgated by SOILL. Furthermore, said Entrant understands and accepts these risks and responsibilities. I, for myself, spouse (if applicable), and Entrant do hereby consent and agree that said Entrant freely and voluntarily assumes all risk, and that we waive and release from liability, indemnify and hold harmless the above referenced RELEASEES for any and all liabilities incident to said Entrant's presence or participation in SOILL sports, training, competition and/or any other SOILL group activities as provided above, EVEN IF ARISING FROM THE RELEASEE'S NEGLIGENCE, OR OTHERWISE to the fullest extent provided by law.

Parent/Guardian/legally responsible individual's signature (required for Entrant who is a minor (younger than age 18) or otherwise lacks legal capacity to sign document). **Electronic Signature ARE NOT acceptable.**

Printed Name of parent/guardian/legally responsible individual: \_\_\_\_\_

**Signature of parent/guardian/legally responsible individual:** \_\_\_\_\_

Date \_\_\_\_\_