

# Youth Unified Partner(Under 18)

- This form must be completed and an approval letter received before any Youth/Unified Partner participates in a Special Olympics activity.

## Part 1 - General Information (please print)

DELEGATION: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Registered Address: \_\_\_\_\_ City: \_\_\_\_\_, AZ Zip Code: \_\_\_\_\_  
 Gender: ☐ Female ☐ Male DOB: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical History (Please list all allergies and medical conditions): \_\_\_\_\_

## Part 2 - Special Olympics Release and Waiver of Liability

- In consideration of participating in Special Olympics Unified Sports®, I represent I understand the nature of the event and I am qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I participation. I acknowledge at any time I feel the event conditions are unsafe, I will discontinue participation immediately.

- If during my participation in Special Olympics activities, I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

- I release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages I may incur as a result of participation in Unified Sports® events and further agree if despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement", I or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

- I have read and agree to the correct code of conduct which refers to the volunteer position I am applying for (ex: Coaches Code of Conduct, Volunteer Code of Conduct, Unified Code of Conduct, Code of Conduct Compliance Policy etc.)

- I, the Parent/Guardian of this youth volunteer, hereby give my permission for this youth volunteer to participate in Special Olympics games, training, recreation programs and physical activity program. By signing, I agree to the provisions of this release.

- I understand the nature and risk of concussion and head injuries, including the risks of continuing to play after concussion or head injury. I acknowledge that Special Olympics has a concussion awareness and safety recognition policy that may require an athlete/partner to seek medical attention from a medical professional in the event of a suspected concussion. Any athlete/partner suspected of sustaining a concussion will not be permitted to return to Special Olympics sports activities until written medical clearance is provided and at least 7 days have passed since the date of the suspected injury. I further acknowledge that additional information regarding concussions may be found on the Centers for Disease Control Heads Up website at <http://www.cdc.gov/headsup/youthsports/index.html>

X \_\_\_\_\_  
 Guardian Signature Print Name Date

## Part 3 - HOD/Head Coach Reference

By signing, I confirm the following: I know \_\_\_\_\_ (Name of Applicant) in either a personal or professional capacity.

I am at least 18 years of age and am not a legal guardian or relative of the applicant. I am not aware of any reason the applicant should not be permitted to volunteer on behalf of Special Olympics. I do not possess any information which would cause me to believe the applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

\_\_\_\_\_  
 HOD/Head Coach Signature Date

Please submit application to your local head of delegation/head coach.  
[www.SpecialOlympicsArizona.org](http://www.SpecialOlympicsArizona.org)