

Thank you for your interest in Special Olympics Team York

If you are interested in becoming involved as an athlete, it's easy to get started. An athlete must be at least 8 years old and be identified by an agency or professional as having an intellectual disability or functional limitations in general learning or adaptive skills. The benefits of Special Olympics to the athletes go beyond the sports. The athletes have opportunities to make new friends, enjoy new experiences, develop confidence and know the pride of accomplishment. We are happy to add you to our family of over 350 athletes in York County!

Registration is required to participate. See the information on the reverse side for registration instructions.

The athlete is now eligible to sign-up for any one of our 14 sports training programs. As part of the program, the athlete will participate with team mates to learn and practice the skills of the sport. They will also have opportunities to compete with other teams in invitational or sectional events across the state. Equipment for the sport will be provided by the program, there is no cost to the athlete. Parents or caregivers will need to provide transportation to weekly training.

Each sports season starts with athletes registering their INTEREST in participating in that season's sport through an online SEASONAL SPORT SIGN UP process which can be found on the regional website at <https://specialolympicspa.org/region-7-home> or visible from our Special Olympics Pennsylvania York County facebook page. As part of expressing your interest in an upcoming seasonal sport, please indicate that you are from York County.

SPRING/SUMMER SEASON SPORTS

Sport	Head Coach	Practice
Aquatics	Stephanie Mundorf 717-870-2038 smundorf@comcast.net	Sat mornings, Jan – Apr, Spring Grove HS & York College.
Athletics (Track & Field)	Matt Morrison 717-792-1213 mattmorrison1@comcast.net	Thursday evenings, Jan- Apr York Learning Center
Basketball	Jim Miele 717-434-5036 forevergrim@gmail.com	Saturday afternoons 1-3PM, Jan-Apr Logos Academy
Golf	George Zahos 717-495-5630 gzahos224@gmail.com	Sun evening 6-8PM, May-Aug Heritage Hills Golf Course
Softball	Rocky Coppage 717-542-3999 rcoppage0296@gmail.com	Sunday afternoons Mar-May, Dallastown Park
Tennis	Debra Gable 717-891-1130 kumu95deb@gmail.com	Fri evening, Jan-May @ Wisheaven

FALL SEASON SPORTS

Sport	Head Coach	Practice
Bocce	Hollie Keahtigh 804-551-1841 hkeytie@gmail.com	Saturday evening/afternoons, Jul-Oct @ York Township Park, Spry
Bowling	Carol Seitz 717-870-6214 Jim Miele 717-434-5036	Sat morning 8-10AM @ Colony Park Lanes and Laser Alley Lanes. Sept - Nov
Roller Skating	Carol Seitz 717-870-6214 carol.seitz1@gmail.com	Wed evening, Sep-Nov
Soccer	Sarah Lehman 717-688-5339 lehmantteams@gmail.com	Wed 6-8PM, Aug – Nov Cousler Park
Volleyball	Carol Seitz 717-870-6214 carol.seitz1@gmail.com	Tuesday evenings. Aug-Nov Logos Academy Gymnasium
Young Athletes	Jim Miele 717-434-5036 For athletes under 8 years old	Sat afternoons 1-3pm, Sep-Nov Spry Church Pine Grove

WINTER SEASON SPORTS

Sport	Head Coach	Practice
Ice Skating	Lin Huber 717-887-4034 huberstable@gmail.com	Nov-Feb, Mon evenings @ York City Ice Irena
Skiing	Allan Bagnall 717-887-4817 ajbagnall81@gmail.com	Ski Roundtop, Thursday evenings, Dec-Feb

Parents, Friends, family or caregivers may wish to participate more fully in the program, rather than just providing transportation or cheering on your athlete. There is a lot of ways to help the local program run more smoothly. Consider becoming a certified volunteer. Visit Special Olympics Pennsylvania – Volunteer to find out about becoming a volunteer. Finally, you can get more information about which sports are offered, and details about practice times and locations by contacting the coach or going to www.specialolympicspa-capitalarea.org

BECOME A SPECIAL OLYMPIC ATHLETE

Special Olympics PA's Capital Area Region gives children and adults with intellectual disabilities the chance to train and compete in a variety of Olympic-type sports. The region consists of programs in each of these counties:

- Adams
- York
- Lancaster
- Area M: Dauphin, Cumberland, Perry
- Mifflin/Juniata

All Special Olympics training and competition is:

- Free of charge for athletes and their families
- Offered year-round
- Open to anyone with an intellectual disability, ages 8+
- A way to develop physical fitness
- A chance to share gifts, build skills, and make friends
- Part of regional, statewide, national, and international competition

STEP 1: Confirm Your Eligibility

When you join Special Olympics Pennsylvania, you're joining a group of strong, ambitious competitors. Special Olympics athletes are **eight years old or older** and have an intellectual disability, a cognitive delay or a developmental disability.

STEP 2. Completing the Medical Form

- A valid email address is required in order to submit this form.
- This form should be filled out by the person (or people) who can give the most complete and accurate account of the athlete's medical history. That might include the athlete themselves, the parent or guardian, or a caregiver.
- If the athlete cannot sign legal documents, then the person completing the form should be able to legally sign their behalf.

Print the 2-page form attached, and have a knowledgeable caregiver help complete the form. The form should be completed by the athlete's physician and the completed form should be emailed to CAR@specialolympicspa.org You will be notified when the application is accepted, and the athlete is able to participate.

Follow [Special Olympics Pennsylvania York County](#) on facebook for details on specific sports startup details. See the reverse side for getting yourself on one of our Team York sports teams.

EMAIL ADDRESS: _____

Athlete ID or Social Security #	APPLICATION FOR ATHLETE PARTICIPATION IN SPECIAL OLYMPICS	Please check appropriate box:
Male _____ Female _____		<input type="checkbox"/> Special Olympics Athlete
Date of Birth _____ / _____ / _____		<input type="checkbox"/> Unified Teammate / Partner
Height _____ Weight _____	COUNTY _____ School or Agency _____	

Name of Athlete:	Day Phone Number: () _____	Evening Phone Number: () _____
Address:	City: _____	State: _____ Zip: _____
Parent or Guardian:	Day Phone Number: () _____	Evening Phone Number: () _____
Address:	City: _____	State: _____ Zip: _____

EMERGENCY INFORMATION

Emergency Contact Person:	Day Phone Number: () _____	Evening Phone Number: () _____
Address:	City: _____	State: _____ Zip: _____

HEALTH AND ACCIDENT INSURANCE INFORMATION

Company Name: (Athletes without insurance, write NONE)	Policy Number:
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HEALTH INFORMATION

Please Circle Appropriate:					
Down Syndrome	YES	NO	Fainting Spells	YES	NO
Atlanto-axial instability Evaluation by X-ray (circle YES for positive, NO for negative and NONE for no X-Ray available)	YES	NO	Heat illness or Cold Injury	YES	NO
HISTORY OF	NONE		Hernia or Absence of 1 Testicle	YES	NO
Diabetes	YES	NO	Recent Contagious Disease or Hepatitis	YES	NO
Heart Problems	YES	NO	Kidney problems or loss of function in one kidney	YES	NO
Seizures	YES	NO	Pregnancy	YES	NO
Legally Blind	YES	NO	Bone or Joint problems	YES	NO
Vision problems and/or less than 20/20 vision in one or both eyes	YES	NO	Contact Lens / Glasses	YES	NO
Legally Deaf	YES	NO	Dentures / False Teeth	YES	NO
Hearing Aid / Hearing problems	YES	NO	Emotional problems	YES	NO
Requires Wheelchair	YES	NO	Special Diet needs	YES	NO
Motor impairment requiring special equipment	YES	NO	Asthma	YES	NO
Non-Verbal Individual	YES	NO	High / Low Blood Pressure	YES	NO
Bleeding Problem	YES	NO	Other		
			Blood Pressure: _____ / _____	Pulse: _____	

COMMENTS - SEE BACK

MEDICATIONS

Medication Name:	Amount:	Time:	Date Prescribed:

Allergies to Medication: _____

IMMUNIZATIONS

Tetanus:	Yes	No	Date of Last Tetanus Shot: _____	Polio:	Yes	No
Signature of Person Who Completed Health Information (Normally signed by Parent, Guardian or Adult Athlete)						

SIGNATURE: _____	DATE: _____
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IF THERE IS ANY SIGNIFICANT CHANGE IN THE ATHLETE'S HEALTH, THE ATHLETE'S CONDITION SHOULD BE REVIEWED BY A PHYSICIAN BEFORE FURTHER PARTICIPATION

MEDICAL CERTIFICATION

NOTICE TO PHYSICIAN: If the athlete has Down Syndrome, Special Olympics requires that the athlete have a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing and soccer.

CHECK::: I have reviewed the above health information and examined the named in the application, and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics.

THIS CERTIFICATE IS VALID UP TO 3 YEARS

Athlete Restrictions:			
Physician's Name:	Phone Number () _____		
Address:	City: _____	State: _____	Zip: _____
PHYSICIAN'S SIGNATURE:			DATE: _____

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MUST BE SIGNED BY MD, DO, CRNP, FNP or PA

MD/DO Comments: _____

RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, _____ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which by their nature result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I have had a full radiological examination which establishes the absence of Atlanto-axial instability. I am aware that I must have this radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

Special Olympics has my permission, both during and anytime after, to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If, during my participating in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that 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, the athlete named above, have read this paper and fully understand the provisions of this release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Adult Athlete _____ Date _____ / _____ / _____

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print): _____

Relationship to Athlete _____

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF A MINOR ATHLETE

I am the parent/guardian of _____, a minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics activities. With my approval, a licensed physician has reviewed the health information set forth in the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which by their nature result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless a full radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

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

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activities programs.

Signature of parent/guardian _____ Date _____ / _____ / _____

RETURN COMPLETED, SIGNED FORM TO YOUR LOCAL PROGRAM