

Dear Athletes, Parents, Guardians, Caregivers,
Thank you for taking 15-20 minutes to complete the online Athlete Registration for participation in Special Olympics Indiana. Before you begin, please read all these instructions. You will need health history knowledge, a list of medications, as well as physician and insurance information. To start the form, go to:

<https://medform.specialolympics.org/>

After successfully filling in all required fields of the medform, there will be a **SUBMIT** button that will take you to the next step.


These are the steps to follow **after hitting SUBMIT** (Printed Instructions are here and Picture instructions are below).

ONCE you hit **SUBMIT**, a new screen will open:

CHECK: I AGREE and then **CONTINUE**

Select **START**: **This will allow you to review and make changes before signing.**

Click **FINISH**

Then ADOPT SIGNATURE  AND Sign in two places. Once that is complete, you will receive an email (at the address you used on the last screen of the online form). From that email, you can print and/or download all 8 pages of the form. Take the **Medical and referral form** to a licensed examiner (DR., Physician's Assistant, or Nurse Practitioner, CVS Clinic). Return the Completed Medical Exam Form to your County Coordinator.

When you submit your information on this online form you will be REQUIRED TO SIGN ON THE NEXT PAGE. If you do not consent to your information being sent electronically, please visit your local Special Olympics Program's website for instructions on other ways to submit your registration forms.



Sometimes people think they are finished when they hit SUBMIT.

THERE is ONE more step before the document is complete.

The record is not complete until these steps are taken.

Please Review & Act on These Documents

Special Olympics Indiana
Special Olympics, Inc. - Athlete Registration

Powered by DocuSign

Thank you for submitting the Registration and Health History for your registration as a Special Olympics athlete. At this time you will be able to review (and make corrections, if needed before being asked to sign the Athlete Release Forms). Scroll View More

Please read the Electronic Record and Signature Disclosure. I agree to use electronic records and signatures.

CONTINUE **OTHER ACTIONS**

Other symptoms, please specify:

ALLERGIES & DIETARY RESTRICTIONS

No Known Allergies

Lactose

Medications

Insect Bites or Stings

Food

List any special dietary needs:

ASSISTIVE DEVICES Does the athlete use (check any that apply)?

Braces

C-PAP Machine

Glasses or Contacts

Imprinted Device

Removable Prosthesis

Catheters

Crutches or Walker

G-Tube or J-Tube

Inhaler

Sling

Commodes

Dentures

Hearing Aid

Prostate

Wheel Chair

SPORTS PARTICIPATION

List all Special Olympics sports the athlete wishes to play: (comma-sep)

Has a doctor ever limited the athlete's participation in sports?
 No Yes (if yes, please describe)

SURGERIES, INFECTIONS, VACCINES

List all past surgeries:

Please review the documents below.

FINISH **OTHER ACTIONS**

START

DocuSign Envelope ID: C4F6307-C20B-4448-A058-03E0E33AC317

Athlete Medical Form - HEALTH HISTORY

(To be completed by the athlete or parent/guardian/relative, and brought to exam)

Athlete First & Last Name: Buzzy Hive Preferred Name:


Athlete Date of Birth: 01/01/1995 Female Male Other

SIGN

Athlete Name: Buzzy Hive

ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature:  Date: 4/14/2021

PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: Date:

Printed Name: Relationship:

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

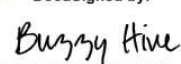
Full Name*


Buzzy Hive

SELECT STYLE DRAW UPLOAD

PREVIEW

DocuSigned by:

 DS

00EA45B9D26C419... 

By selecting Adopt and Sign, I agree that the signature and initials my agent) use them on documents, including legally binding contr

ADOPT AND SIGN

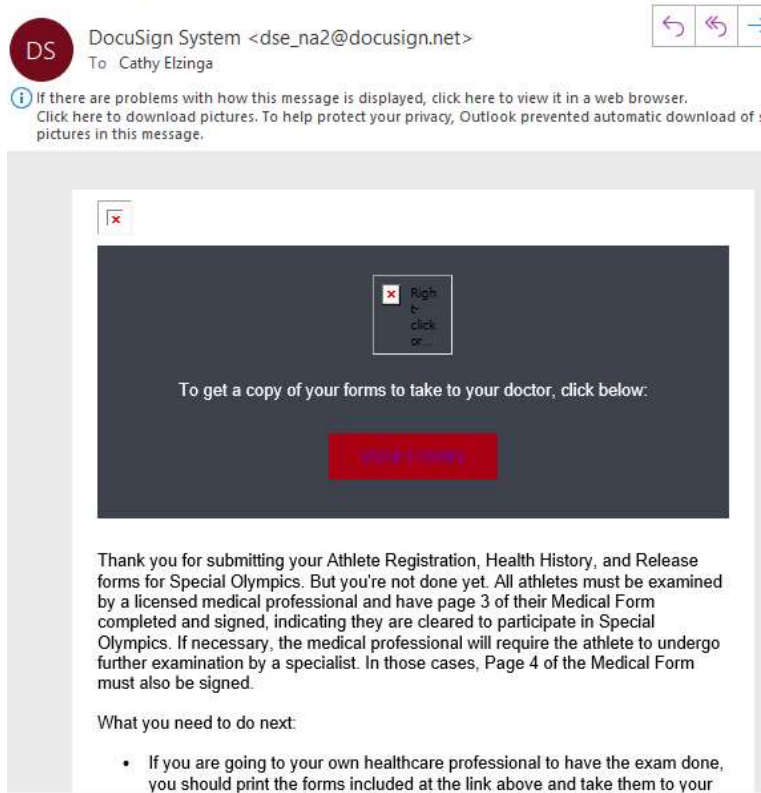
CANCEL

Then Sign in 2 places

Athlete Release form and ATHLETE Likeness

You will get an email that looks like this:

Buzzy Hive's Athlete Registration - Part 1 - Next Steps Below



Click on View Forms, Then Print



8 Pages will print out. Take the Health History, the Blank Medical and Referral Form to your healthcare provider. Return the completed, signed and dated form to your County Coordinator.