



Participation Form

Athlete Name	Date of Birth
School District Name	
School of Attendance	

The above information (Name/D.O.B.) will be transferred to a roster form which will be used to track athlete participation.

Participation: I hereby give my permission for the participant named above to participate in Special Olympics Texas (SOTX) activities and/or events within Young Athletes™, or activities and/or events that pertain to athletes training for traditional Special Olympics participation. These athletes are classified as Athletes in Training (AIT). I understand that participation will only be on the school campus of attendance and/or at other campuses within the same school district. If the athlete is six or seven and is considered an AIT, I understand that participation at local or area competitions is for training purposes only. Athletes must be eight years old to compete. A completed release form must be on file prior to any athlete training.

Medical: At this time, I am unaware of any medical conditions which would prohibit the above named athlete to participate in SOTX activities and events. If any medical condition does arise, it is my responsibility to notify the school and SOTX in writing of this condition. It will be at the discretion of SOTX to request a medical release form signed by a physician if a medical condition is brought to its attention.

Media: In permitting the athlete to participate, I am specifically granting permission to you to use the name, likeness, voice and words of the athlete in television, radio, films, newspapers, magazines, web pages and other media, and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of SOTX and in appealing for funds to support such activities.

Disclaimer: On behalf of the athlete and myself, I acknowledge that the athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release the physicians, organizers, officers, directors, agents, teachers, or employees of SOTX from any claim for damage or suit by reason of any injury, illness, or damage whatsoever to person or property of myself or the athlete.

Representation: I represent that I am authorized to execute this release form.

Parent/Guardian Signature		Date
Print Name of Above		
Address		
City	State	Zip
Phone		
Email (required)		