Dear Parent/Guardian or Friend,

Welcome! Thank you for taking the time to enroll someone you care about in Special Olympics PA- Area M.

The Special Olympics mission is to provide year-round sports training and athletic competition in a variety of Olympic-type sports. Individuals, ages 8 and over, with intellectual disabilities, are given continuous opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in a sharing of gifts, skills, and friendship with their families, and other Special Olympics athletes and the community.

Attached is information and forms to register your athlete. It is an easy process. Complete the Application for Athlete Participation and then arrange for your family doctor or frequently seen physician to review and complete your athlete’s medical history. The doctor who does the exam will need to sign the medical form. Please make a few copies of the completed form for yourself and mail the original form to: SOPAM  P.O. Box 382  Summerdale, PA 17093

After you have completed the Application for Athlete Participation you can attend training. Please take a copy of the Application to each training site that you attend. For a list of trainings and sports, contact our office at 717-732-6756 or e-mail areamsports@specialolympicspa.org. Or checkout our website for all of the training information, www.sopam.org

We look forward to having your athlete join our Special Olympics PA - Area M team. If you have any questions or need any assistance with the registration process, please contact me.

Sincerely,

Shannon Pechart
Special Olympics PA Area M
Sports Director

Attachments (see below)
Let me win. But, if I cannot win, let me be brave in the attempt.

Mission -- Special Olympics Pennsylvania provides year-round athletic training and competition in 22 Olympic-type sports for individuals with intellectual disabilities. We provide them with continuous opportunities to develop physical fitness skills, express courage, and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

Here in Area M: (Dauphin, Cumberland, Perry and Northern York County) We offer 19 Olympic-type sports at over 35 different training sites across our program. In Area M, we train in excess of the required 8 sessions in 15 of our sports offered. This gives the athletes of Area M the opportunity to train and cross train year round.

Athletes -- Area M serves more than 2,000 children and adults with intellectual disabilities or closely related developmental disabilities. Athletes range in age from 8 to 90 and are of all ability levels.

Volunteers -- Special Olympics PA Area M has over 2,000 volunteers who provide manpower to plan and run all of our training sites, competitions and events. Volunteers of all ages serve as: coaches; escorts; organizers; fund-raisers; entertainers; sports officials; and Management Team members. Some volunteers commit for one day, while other volunteers have an ongoing commitment.

Competitions -- Special Olympics Pennsylvania competitions are offered year-round in 56 local programs across Pennsylvania. Special Olympics Pennsylvania conducts four statewide competitions -- Fall Festival, Summer Games, Winter Games, and the State Floor Hockey Tournament. Special Olympics PA Area M Hosts several Local Events: Area Games; Skiing; Ice Speed Skating; Bowling and Equestrian. We also host several Invitationals: Fall Sports Classic (Bocce, LDR/LDW, Powerlifting, Soccer and Volleyball); Gymnastic; Rollerskating; Floor Hockey; and the Spring Thing (Athletics, Basketball, Softball and Tennis).

Sports -- Special Olympics Pennsylvania Area M offers training and competition in the following events:

<table>
<thead>
<tr>
<th>Summer</th>
<th>Fall</th>
<th>Winter</th>
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</thead>
<tbody>
<tr>
<td>Aquatics</td>
<td>Flag Football</td>
<td>Alpine Skiing</td>
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<tr>
<td>Athletics (Track &amp; Field)</td>
<td>Long Distance Running/Walking</td>
<td>Floor Hockey</td>
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<tr>
<td>Basketball</td>
<td>Powerlifting</td>
<td>Speed Skating</td>
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<td>Bowling</td>
<td>Soccer</td>
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<tr>
<td>Cycling(Club)</td>
<td>Volleyball</td>
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<td>Equestrian</td>
<td>Young Athletes(Athletes 2-7)</td>
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<tr>
<td>Golf</td>
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<tr>
<td>Gymnastics</td>
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<td>Softball</td>
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<tr>
<td>Tennis</td>
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Benefits -- A 1995 study by Yale University confirmed that Special Olympics contributes to the physical, social and psychological development of people with intellectual disabilities. Through successful experiences in sports, they gain confidence and build a positive self-image that carries over into the classroom, the home, the job, and the community.

Funding -- Special Olympics Pennsylvania Area M is a nonprofit, tax-exempt organization that raises funds through the generosity of individuals, companies, and foundations.

Contact Us:
Special Olympics PA- Area M
P.O. Box 382
Summerdale, PA 17093
717-732-6756
Fax 717-732-8414
**ALPINE SKIING:**
Coach Kathy Charron  Ski Roundtop  717.697.8813  KHCharron@yahoo.com

**AQUATICS:**
Coach Nancy Siler  Hershey Rec. Center  717.497.0618  nsiler341@comcast.net
Coach Jen Flinchbaugh  Shippensburg University  717.683-7440  jen.flinchbaugh@yahoo.com
Coach Kim Goodsr  West Shore YMCA  717.975.3837  kimgoodsir@yahoo.com

**ATHLETICS:**
Coach Maryellen Brown  Susquenita High School  717.514.0756  snickersbrown5@gmail.com
Coach Mark Himmelreich  Millersburg High School  717.580.3263  himmy01@gmail.com

**BASKETBALL:**
Coach Deb Kinney  Newport Elementary School  717.648.6497  dkinney@pa.net
Coach Eddie Wright  Otterbein UMC, Boiling Springs  717.701.2474  eddie3335@yahoo.com
Coach Herb Packer  CD East High School  717.731.9385  herbsobb11@gmail.com

**BOCCE:**
Coach Skip Deaven  Village Park, Carlisle  717.243.8011  padlad@yahoo.com
Coach Ernie Christopher  Soldiers and Sailors Park  717.249.7132  einrechristopher@yahoo.com
Coach Bill Griffiths  Hershey Italian Lodge  717.574.0697  wgriffiths01@comcast.net
Coach Mike Fure  Hershey Italian Lodge  717.228.9847  mfure@countrymedows.com

**UNIFIED BOCCE:**
Coach Rick Shiro  Upper Dauphin Area High School  717.365.3009  rutheshiro@gmail.com
Coach Ruth Shiro  Upper Dauphin Area High School  717.365.3009  turkeygobbler@comcast.net

**BOWLING:**
Coach Marge Zimmerman  Midway Bowling Center  717.776.5469  MZimmerman@centurylink.net
Coach Joe Wass  ABC North  717.657.2626  sobick@verizon.net
Coach Louise Bell  Trindle Lanes & Bowling Coordinator  717.566.0311  AreaMVolunteer@msn.com
Coach Ruth Shiro  New Valley Bowl, E-Ville  717.365.3009  rutheshiro@gmail.com

**CYCLING:**
Coach Mark Himmelreich  Cycling Various  717.580.3263  himmy01@gmail.com

**EQUESTRIAN:**
Coach Andrea Gibson  Chasing Rainbows, Enola  717.433.0768  andrea@chasingrainbow.org

**FLAG FOOTBALL:**
Coach John Kunkle  Sporting Hill Fire Station, Mechanicsburg  717.732.3520  Kunkle27@comcast.net
FLOOR HOCKEY:
Coach Deb Kinney  Newport Life Center  717.648.6497  dkinney@pa.net
Coach Richard Heintz  Otterbein UMC, Boiling Springs  717.713.3238  tallcoolone1967@yahoo.com
Coach Maryellen Brown  Susquenita Elementary School  717.514.0756  snickersbrown5@gmail.com

GOLF:
Coach David Dempsey  Range End Golf Course, Dillsburg  717.440.5671  m2ddemp@gmail.com
Coach Earl Ewing  Sportsmans Golf Course, Harrisburg  717.566.6182  epewing@msn.com

GYMNASTICS:
Coach Kim Egger  Cumberland Gymnastics  717.440.0635  chuckegger@embarqmail.com

LONG DISTANCE WALKING/RUNNING:
Coach Eddie Wright  Carlisle War College  717.701.2474  eddie3335@yahoo.com
Coach Bob Long  Adam Ricci Park  717.732.0489  pine0712@aol.com

POWERLIFTING:
Coach Mark Himmelreich  Crossfit717  717.580.3263  himmy01@gmail.com

ROLLERSKATING:
Debbie Meck  Olympic Skating Center, Enola  717.580.5711  rollerskatingcoach@yahoo.com

SOCCER:
Coach Tom Hurst  Harrisburg Area Community College  717.571.4937  djtommy106@aol.com
Coach Mike Sanders  Harrisburg Area Community College  717.657.8357  m41357s@verizon.net
Coach Brad Peterson  Harrisburg Area Community College  717.961.8246  bradpeterson1969@yahoo.com

SOFTBALL:
Coach Dan Roach  Mt. Zion United Methodist Church, Enola  717.648.6535  firefighter121@comcast.net

SPEED SKATING (Ice):
Coach Brett Eshenour  Hersheypark Arena  717.691.7050  beshenour@msn.com

TENNIS:
Coach Renee Kolacek  Camp Hill High School  717.645.1254  renee.kolacek@gmail.com

VOLLEYBALL:
Coach Maryellen Brown  Susquenita High School  717.514.0756  snickersbrown5@gmail.com
Coach Tracy Heintz  Otterbein United Methodist Church  717.713.5716  englandsrose68@aol.com
Coach Deb Kinney  Newport Life Center  717.648.649  dkinney@pa.net

Young Athletes:
Coach Shannon Pechart  Location Varies  717.732.6756  areamsports@specialolympicspa.org
ELIGIBILITY FOR SPECIAL OLYMPICS

Under the “Eligibility” section of the Official Special Olympics Sports Rules, it states that people are eligible for Special Olympics provided they meet the following criteria:

1. People age eight and above who are considered to have intellectual disability* as determined by their localities.

2. People with closely related developmental disabilities** such as those who have functional limitations, both in general learning and in adaptive skills, such as recreation, work, independent living, self-direction, or self-care.

Note: People with functional limitations based solely on a physical, behavioral, emotional, specific learning disability, or sensory disability are not eligible.

* Any person eight (8) years of age or older who is identified as having intellectual disability by an agency or a professional in any given local area is considered eligible for Special Olympics. Other terms that may be used synonymously with intellectual disability include: cognitive disabilities, mental handicaps, or mentally challenged.

** When the term “intellectual disability” or other similar description is not used to identify the person in a local area, eligibility should be determined by whether or not the person has functional limitations in both general learning and adaptive skills. “Developmental disability” is the term most often used to describe persons with both limitations. Other terms that may be used synonymously with developmental disabilities are developmental handicap, developmentally delayed, or severe disabilities.

General learning limitations refers to substantial deficits in conceptual, practical, and social intelligence that will result in performance problems in academic learning and/or general life functioning. Learning limitations may be assessed by standardized tests (such as intelligence or achievement tests) or through criterion-referenced measures (such as teacher/parent observations or actual performance samples).

Adaptive skills limitations refers to on-going performance deficits in skill areas considered essential to successful life functioning. These adaptive skills areas include: communication, self-care, home-living, social skills, community use, self-direction, health and safety, functional academics, recreation/leisure, and work. Adaptive skills limitations may be measured by standardized tests (such as adaptive behavior scales or checklists) or through criterion-referenced measures (such as teacher/parent observations or actual performance samples).

If a person is identified as having a developmental disability with functional limitations in both general learning and adaptive skills, it must still be determined by an agency or a professional whether or not the functional limitations are solely due to intellectual disability or a closely related developmental disability. If the functional limitations are solely due to physical disabilities, emotional disturbance, behavior disorders, specific learning disabilities, visual impairments, or sensory disabilities, this person is not eligible for Special Olympics.
WHO QUALIFIES AS A SPECIAL OLYMPICS ATHLETE, YOUNG ATHLETE OR UNIFIED PARTNER?

Is this individual identified by the schools or other human services agency as having an intellectual disability? 
Or is the individual identified as having a developmental disability with functional limitations in BOTH learning and adaptive skills NOT due to physical disabilities, visual impairments, or sensory disabilities?

YES

Is this person eight (8) years of age or older?

YES

This individual is eligible for Special Olympics participation as an Athlete.

NO

This individual is eligible for Special Olympics participation as a Young Athlete.

NO

This individual is eligible for Special Olympics participation as a Unified Partner.
# Application for Athlete Participation in Special Olympics

**Athlete ID or Social Security #**

**Male**

**Female**

**Date of Birth** / / 

**Height**

**Weight**

**Name of Athlete**

**Day Phone**

**Number**

**Evening Phone**

**Number**

**Address**

**City**

**State**

**Zip**

**Parent or Guardian**

**Day Phone**

**Evening Phone**

**Name**

**Number**

**Address**

**City**

**State**

**Zip**

## Emergencies Information

**Emergency Contact Person**

**Day Phone**

**Number**

**Evening Phone**

**Number**

**Address**

**City**

**State**

**Zip**

## Health and Accident Insurance Information

**Company Name:**

(Enter the name of the insurance company or write NONE if the athlete is uninsured)

**Policy Number:**

**Health Information**

Please Circle Appropriate

| **Down Syndrome** | **YES** | **NO** |
| **Atlanto-axial Instability Evaluation by X-ray** | **YES** | **NO** |
| **Heat Illness or Cold Injury** | **YES** | **NO** |
| **Hernia or Absence of 1 Testicle** | **YES** | **NO** |
| **Recent Contagious Disease or Hepatitis** | **YES** | **NO** |
| **Kidney Problems or Loss of function** | **YES** | **NO** |
| **History of** | **YES** | **NO** |
| **Diabetes** | **YES** | **NO** |
| **Pregnancy** | **YES** | **NO** |
| **Heart Problems** | **YES** | **NO** |
| **Bone or Joint problems** | **YES** | **NO** |
| **Seizures** | **YES** | **NO** |
| **Contact Lens / Glasses** | **YES** | **NO** |
| **Legally Blind** | **YES** | **NO** |
| **Dentures / False Teeth** | **YES** | **NO** |
| **Vision problems and/or less than 20/20** | **YES** | **NO** |
| **Emotional Problems** | **YES** | **NO** |
| **Vision in one or both eyes** | **YES** | **NO** |
| **Special Diet needs** | **YES** | **NO** |
| **Legally Deaf** | **YES** | **NO** |
| **Asthma** | **YES** | **NO** |
| **Hearing Aid / Hearing problems** | **YES** | **NO** |
| **High / Low Blood Pressure** | **YES** | **NO** |
| **Requires Wheelchair** | **YES** | **NO** |
| **Motor Impairment requiring special equipment** | **YES** | **NO** |
| **Non-Verbal Individual** | **YES** | **NO** |
| **Blood Pressure:** | / | **Pulse:**

**Medications**

**Medication Name:**

**Amount:**

**Time:**

**Date Prescribed:**

**Allergies to Medication:**

**Immunizations**

**Tetanus:**

**Yes**

**No**

**Date of Last Tetanus Shot:**

**Policy:**

**Signature of Person Who Completed Health Information:**

(Normally signed by Parent, Guardian or Adult Athlete)

**Signature:**

**Date:**

**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, airplane jump 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 certification is valid up to 3 years.**

**Athlete Restrictions:**

**Physician’s Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone Number:**

**Physician’s Signature:**

**Date:**

Created by The Joseph P. Kennedy, Jr. Foundation
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 tension 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 these 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 tension or direct pressure on the neck or upper spine, unless a full radiological examination is required for 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 ____________ / ____________ /__