



**SOUTHERN CALIFORNIA SPECIAL OLYMPICS
 MEDICAL RELEASE FOR ATHLETES WITH DOWN SYNDROME
 PARTICIPATING IN RESTRICTED SPORTS
 AS PART OF SOUTHERN CALIFORNIA SPECIAL OLYMPICS**

ATHLETE NAME _____ **SOCIAL SECURITY NUMBER** _____

This form must be completed and signed by the examining physician for each individual with Down Syndrome who is expected to participate in any one of the following sports activities:

Alpine Skiing	Diving Start – Swimming	High Jump
Butterfly Stroke – Swimming	Equestrian	Pentathlon
Diving	Gymnastics	Soccer (Football)

Name of Athlete _____

Area Name / Director _____ **NORTHERN SANTA BARBARA COUNTY / AREA DIRECTOR ALEX POSADA**

Restricted Sport(s) _____

NOTE TO EXAMINING PHYSICIAN:

Medical studies have demonstrated that 10% of individuals with Down Syndrome have a condition of the upper spine called Atlantoaxial Instability. Special Olympics, Inc. requires that any athlete with Down Syndrome competing in any of the above listed sports be examined for this condition. The examination must include x-ray of full extension and flexion of the neck.

PHYSICIAN STATEMENT:

On examination of the cervical spine x-rays including full flexion and full extension views, I find that the above-named individual has: (check one)

- _____ **NO EVIDENCE** of Atlantoaxial Instability
 _____ **POSITIVE or EQUIVOCAL EVIDENCE** of Atlantoaxial Instability

_____ Date of Examination

_____ Name of Physician

_____ Address/City/Zip

_____ Signature of Physician

_____ Phone Number

PARENT STATEMENT:

This is to affirm that I have been informed about the condition called Atlantoaxial Instability. I understand that, in order for a Special Olympics athlete with Down Syndrome to begin or continue in one or more of the below listed sports, he/she must be examined and cleared for this condition.

Alpine Skiing	Diving Start – Swimming	High Jump
Butterfly Stroke – Swimming	Equestrian	Pentathlon
Diving	Gymnastics	Soccer (Football)

As of the parent(s) and/or legal guardian(s) of _____, I/we give permission for his/her unrestricted participation in Special Olympics activities. SPECIAL OLYMPICS ATHLETE

Signed _____
 Athlete's Mother

or

_____ Athlete's Father

or

_____ Date

_____ Other Legal Guardian