



**Special Olympics**  
**Ohio**  
**Greater Dayton**

**BOWLING TOURNAMENT**  
**FEBRUARY 26, 2011**

**REGISTRATION DEADLINE**  
**FEBRUARY 07, 2011**

**\*\*\*\*\* NO EXCEPTIONS\*\*\*\*\***

**MAIL TO.... SPECIAL OLYMPICS**  
**4130 LINDEN AVENUE #310**  
**DAYTON, OHIO 45432**

**Any Questions**  
**Dan DeAtley (937) 258-5353**

**Please leave message and Dan will return your call...**



Coaches  
January 2011

### 2011 Special Olympics Bowling Tournament

Special Olympics Bowling Event for Area 2 has been scheduled for Saturday February 26, 2011 at Beaver-Vu Bowl 1238 N. Fairfield Road.. Bowling will take place in two shifts.. You will be advised of shift assignments prior to the February 26, event date.

First Shift	Registration	12.00 NOON
	Bowling	12:30 P.M.

Second Shift	Registration	3:00 P.M.
	Bowling	3:30 P.M.

Attached you will find bowling registration forms. Please note, only original registration forms will be accepted...All registrations should be mailed to:  
Special Olympics 4130 Linden Ave. #310 Dayton, Ohio 45432. **Received by Monday February 07, 2011**...Registration may also be turned in at the January 29,2011, or February 05, 2011 Practice.. ALL ATHLETES MUST HAVE A CURRENT MEDICAL FORM ON FILE OR THEY WILL NOT BE ALLOWED TO BOWL...A copy of the Special Olympics Medical form is attached...

We will be offering

Event #

- 1-----Single Bowling
- 2-----4 Person Traditional team
- 3-----4 Person Unified Team
- 4-----2 Person Traditional Team
- 5-----2 Person Unified Team
- 6----- Wheelchair with Ramp
- 7-----Wheelchair **without** Ramp
- 8----- Ramp Only

## **BOWLING PRACTICE DATES**

**BEAVER VU BOWL  
1238 N. FAIRFIELD ROAD  
BEAVERCREEK 426-6771**

**JANUARY 29, 2011 12:00 NOON  
FEBRUARY 05, 2011 12:00 NOON  
FEBRUARY 12, 2011 12:00 NOON**

**MARIAN LANES  
6170 BRANDT PIKE  
HUBER HEIGHTS 233-2222**

**JANUARY 29, 2011 12:00 NOON  
FEBRUARY 05, 2011 12:00 NOON**

**PLEASE REMEMBER**

- **YOU MUST HAVE A VALID MEDICAL FORM ON FILE IN THE SPECIAL OLYMPICS OFFICE IN ORDER TO PARTICIPATE IN THE BOWLING TOURNAMENT AND PRACTICES**
- **BOWLING TOURNAMENT IS FEBRUARY 26, 2011@ BEAVER-VU**
- **SHIFT ASSIGNMENTS WILL BE MADE PRIOR TO 2/26/11**

**QUESTIONS? CALL THE SPECIAL OLYMPICS OFFICE @ 258-5353**



# TEAM BOWLING

## CIRCLE ONE

### TEAM BOWLING

4 Person Traditional Team    4 Person Unified Team

2 Person Traditional Team    2 Person unified Team

TEAM NAME \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Team Avg \_\_\_\_\_

**All team Bowlers must be listed on the Registration form, including partners.**

**Application for Participation in Special Olympics**  
*Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement*  
**Unified Sports® Partner**

**SECTION A - ATHLETE INFORMATION**

**PROGRAM:** \_\_\_\_\_

Athlete Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Sex/Gender \_\_\_\_\_

Athlete Name \_\_\_\_\_ Date of Birth (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address (If different from athlete.) \_\_\_\_\_

Emergency Contact (If other than parent/guardian.) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health/Accident Company \_\_\_\_\_ Policy # \_\_\_\_\_

**SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY**

In consideration of participating in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury that may be caused by my own action or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel the event conditions are unsafe; I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give my consent for 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 (and/or my minor child) release, indemnify, covenant no to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in Unified Sports® events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement," I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability damage or cost which may incur as a result of such claim.

**I have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.**

Signature of Unified Sports® Partner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian If Unified Sports® Partner is a Minor \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTEER INFORMATION / APPLICATION**

1) Do you use illegal drugs? Yes\_\_\_\_ No\_\_\_\_

2) Have you ever been convicted of a criminal offense? Yes\_\_\_\_ No\_\_\_\_

3) Have you ever been charged with neglect, abuse or assault? Yes\_\_\_\_ No\_\_\_\_

4) Has your driver's license ever been suspended or revoked in any state? Yes\_\_\_\_ No\_\_\_\_

**List 2 non-family references:**

1)Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address or Phone Number \_\_\_\_\_

2)Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address or Phone Number \_\_\_\_\_

**Please Read Before Signing- I understand that:**

- the information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer;
- in the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between Special Olympics and volunteer is an 'at will' arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics.
- I grant Special Olympics permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics.

Signature of Unified Sports® Partner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian if Unified Sports® Partner is a minor \_\_\_\_\_ Date \_\_\_\_\_

## SPECIAL OLYMPICS OHIO ADULT "A" VOLUNTEER APPLICATION

Name: Mr/Mrs/Ms/Dr.	last name	first name	middle name
Mailing Address:	number	street	apt.
	city	county	state zip
	Date of Birth: _____		
Phone (day):	_____	when to call	_____
Phone (evening):	_____	when to call	_____
Occupation:	_____		
Employer/School Name:	_____		
	number	street	
	city	county	state zip
Social Security Number*	_____	Drivers License Number	_____ Other - Indicate
What is the name of the Local Special Olympics Organization you will volunteer with?			
_____			

**IMPORTANT NOTE:** Your Social Security Number shall be used for no purpose other than to make the process of conducting a background search accurate.

1. Do you use illegal drugs?	yes _____	no _____
2. Have you ever been convicted of a criminal offense?	yes _____	no _____
3. Have you ever been charged with neglect, abuse, assault?	yes _____	no _____
4. Has your driver's license ever been suspended or revoked in any state?	yes _____	no _____
If you answered yes to any of these questions, please explain in more detail to include, but not limited to: Locations and dates of incidents, charges, disposition.		
_____		
_____		
List 2 non-family references:		
Name	Relationship	Address & Phone Number
_____	_____	_____
_____	_____	_____

**THIS FORM IS CONFIDENTIAL AND WILL BE FILED IN A SECURED AREA**  
(Please turn over and complete)

PLEASE READ BEFORE SIGNING

Understand that:

"I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics Ohio ("SOO"), IntelliCorp and/or Securint, their agents, or any other authorized third parties (collectively, "the Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information"). However, unless my position involves handling money and/or other transferable monetary instruments, my credit history will not be checked.

"I understand that SOO may rely on any part or all of this Information in determining whether to extend an offer of volunteer's duties to me. I further understand that if any adverse action is taken by SOO, or if SOO chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

"I understand that the background check, which may be performed by the Investigators, is being performed as part of the process to evaluate me prior to my becoming a volunteer for SOO and is not conducted for

"I expressly grant permission to Special Olympics to conduct a criminal background and other background record check as a condition of my volunteering with Special Olympics and understand that the background check will be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Adult "A" Volunteer status.

"In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;

"The relationship between Special Olympics and volunteers is an "at will" arrangement and that it may be terminated at any time without cause by either the volunteer or Special Olympics;

"I grant Special Olympics permission to use my likeness, voice, and words in television, radio, film or in any form to promote activities of Special Olympics;

"I hereby agree to supplement my responses in this application should there be any additional information or should my answers to these questions change at any time that I act as a volunteer on behalf of Special Olympics;

"I agree to assume all risks which may be associated with my acting as a volunteer for Special Olympics and waive all claims or causes of action of any nature against Special Olympics, their agents or assigns which may arise out of my acting as a volunteer. I hereby release and agree to indemnify and hold harmless Special Olympics, their agents or assigns, from any liability or responsibility for any damage or loss of any kind whatsoever which may arise in the consideration of this application to act as a volunteer or consistent with my actions as a volunteer should this application be approved;

**"SPECIAL OLYMPICS SHALL NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, CREED OR DISABILITY.**

I hereby certify that the above responses are true and accurate and I understand the condition herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**PLEASE READ BEFORE SIGNING**

I understand that:

\* In the course of volunteering for Special Olympics, you may become aware of personal information, and you agree to keep said information in the strictest confidence.

\* You grant Special Olympics Ohio permission to use your likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.

\* You understand that the relationship between Special Olympics Ohio and volunteers is an "at will" arrangement and that it may be terminated at any time, without cause, by the applicant or Special Olympics Ohio.

\* You will notify Special Olympics Ohio of any change to the information you have provided on this Application within 90 days of its occurrence.

\* If you, the Applicant, wishes to be a Unified Sports Partner, you must also submit a Unified Sports Partner Consent Form.

**\*SPECIAL OLYMPICS SHALL NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, CREED OR DISABILITY.**

# OFFICIAL SPECIAL OLYMPICS RELEASE FORM

## 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 and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Chapter program in my state, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form, which establishes the absence of Atlanto-axial Instability, I must have the 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 participation 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 the 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

(e.g. family member, teacher, coach, etc.)

## RELEASE TO BE COMPLETED BY Parent or Guardian of minor athlete

I am the parent/guardian of \_\_\_\_\_, the 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. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude 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 I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability." Available from the Special Olympics Chapter program in my state, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form, which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in 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 activity programs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

