



Huron County- Area 10

The mission of Huron County Special Olympics is to provide year-round sports training and athletic competition for all children and adults with intellectual disabilities. Athletes are given continuing opportunities to develop physical fitness and athletic skill, demonstrate courage, experience joy and participate in State sponsored athletic competition. They not only learn about the sports but they learn good sportsmanship. In Huron County, we serve 140 athletes from ages 8 to 80. The athletes currently participate in soccer, basketball, track and field, snowshoeing, bowling, ice skating, and softball.

There is no cost to the athletes or their families to participate in events. In order to provide these opportunities, fundraisers are held to cover all costs of events. Special Olympics is a volunteer based organization and no coaches, volunteers, chaperones, or members involved receive payment for their involvement.

Included are three papers that need to be completed. The participation needs to be filled out by a parent/guardian as well as a doctor. A signature is required on the concussion and code of conduct forms, so please remember to sign after you read through the documents.

If you have any questions, please contact Sharon Brewer:

Email- brewer_sharon@sbcglobal.net

Phone- 975-9192

Sincerely,

Sharon Brewer

Huron County Special Olympics
Katie Kolar- Coordinator
1299 S. Thomas Road
Bad Axe, MI 48413
989-269-3453



Michigan

20,797 athletes

22 sports offered

6 state-level competitions, 4 district basketball tournaments and more than 400 competitions statewide

Year-round sports training and competitions

20,000 volunteers

Programs provided at no cost to athletes or their families

Budget funded almost entirely by private donations

Sports include:

Alpine Skiing
Aquatics
Athletics
Basketball
Bocce
Bowling
Cross-Country Skiing
Cycling
Figure Skating
Flag Football
Golf
Gymnastics (Artistic & Rhythmic)
Horseshoes
Poly Hockey
Powerlifting
Snowboarding
Snowshoeing
Soccer
Softball
Speed Skating
Volleyball
Weightlifting
*Plus: Unified Sports@
Healthy Athletes @ Program
Young Athletes™ Program
Motor Activities Training Program

OUR MISSION

- The mission of Special Olympics Michigan is to provide year-round sports training and athletic competition for children and adults with intellectual disabilities.
- Sport provides athletes a path to empowerment and opportunities to develop physical fitness, demonstrate courage, showcase their abilities, and experience inclusion, acceptance, respect, dignity, joy and friendship.
- The athletes achieve their dreams with the support of caring volunteers, coaches, family members and staff. Donations from Michigan citizens and businesses provide funding for the program.

ATHLETE PARTICIPANTS & COMMUNITIES

- At competitions athletes are placed into divisions based on age, gender, and ability. Competitions take place at local, regional, state, national, and world levels.
- For a small investment in sports equipment and volunteers' time, Special Olympics has the potential to become a vehicle for bringing people together, changing attitudes, and engaging a portion of the community that is otherwise forgotten.
- In the United States, 52% of Special Olympics athletes are employed; approximately half of these athletes are "competitively employed" – employed alongside people without intellectual disabilities.

HEALTHY ATHLETES® PROGRAM

- For more than a decade, the Healthy Athletes® program has offered free health screenings and information to athletes. And in the process, Special Olympics has become the largest public health organization dedicated to serving people with intellectual disabilities in the world.

YOUNG ATHLETES™ PROGRAM

- The Young Athletes™ program introduces children ages two through seven with intellectual disabilities to the world of sports; engaging them in activities designed to foster physical, cognitive and social development while also welcoming family members to the Special Olympics Network.

PROJECT UNIFY®

- Students across Michigan take part in Project UNIFY®, which uses sports and education programs to change school culture while nurturing respect, dignity, advocacy and friendship between those with and without intellectual disabilities.
- Project UNIFY® helps build better communities. It consists of three core activities involving students with and without intellectual disabilities: Inclusive Sports, Youth Leadership & Advocacy, and Whole-School Engagement.

FUNDING

- Special Olympics Michigan is a 501(c)(3) non-profit organization supported almost entirely through corporate funding and individual gifts. All Special Olympics Michigan programs and activities are available at no cost to Michigan athletes or their families. The generosity of Michigan organizations, individuals, and statewide businesses enable the program to continue.

To donate call (800) 644-6404, mail a check to: **Special Olympics Michigan**, and send to us at Special Olympics Michigan, Central Michigan University, Mt. Pleasant, Michigan 48859; or donate online at www.somi.org



APPLICATION FOR PARTICIPATION

SPECIAL OLYMPICS MICHIGAN

AREA _____

LOCAL _____

SECTION A ATHLETE PERSONAL DATA

Athlete first name and initial		Athlete last name		Email address		Athlete date of birth (mm/dd/yy) / /	
Home address (number and street)			Apt. no.	Phone number for athlete		Please indicate the athlete's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City or town, state, and zip code				Athlete's health / insurance company		Policy number	
Parent/guardian first name and initial		Parent/guardian last name		Name for an emergency contact			
Parent/guardian address (number and street) if different from above				Phone number for emergency contact			
City or town, state, and zip code				Please indicate the athlete's race/ethnicity (optional): <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____			
Parent/guardian phone		Parent/guardian Employer					

SECTION B ATHLETE HEALTH DATA

Please check yes or no to the following health conditions:

	Yes	No	
1			Heart disease/ Heart defect/ High blood pressure
2			Chest pain/ Fainting spell/ Heat stroke/ Exhaustion
3			Seizure / Epilepsy Indicate frequency _____
4			Diabetes Please indicate: <input type="checkbox"/> Type I <input type="checkbox"/> Type II
5			Concussion/Serious head injury Date of injury _____
6			Major surgery or serious illness
7			Visual/Hearing impairment or correction (for example, blind or wears glasses/contacts or hearing aids)
8			Bone or joint disorder
9			Allergies (please check box and list specific allergy) <input type="checkbox"/> Medicines _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insect bites/stings _____ <input type="checkbox"/> Other _____
10			Special diet
11			Asthma or exercise-induced wheezing
12			Tendency to bleed
13			Emotional/ Psychiatric/ Behavioral problems
14			Immunizations are up to date Date of last tetanus shot _____
15			Motor impairment requiring special equipment
16			Other or new problems that would interfere with or modify sports participation (for example, wheelchair, other assistive devices)
17			Shunt
18			Blood-borne contagious infection carrier (for example, HIV, Hepatitis B)
19			Down syndrome Have x-rays been taken to check for atlantoaxial instability (AI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of x-ray _____ Was AI present? <input type="checkbox"/> Yes <input type="checkbox"/> No
20			Bed wetter
21			Deformities (for example, curvature of back, one kidney, one testicle, etc.)
22			Urination/bowel problem
23			Dental concerns (for example, dentures, braces, chipped teeth, bridges)
24			Have you ever been convicted or charged with a criminal offense, neglect, abuse, or assault?

For any 'yes' responses to questions, please explain:

25 Please indicate intellectual disability diagnosis if known (condition or cause):

SECTION C ATHLETE RELEASE

By submitting this form, I hereby request permission for the above-named applicant (hereafter referred to as "entrant") to participate in Special Olympics. I represent and warrant that the entrant is physically and mentally able to participate in Special Olympics, and I submit a subscribed medical certificate.

I understand that it is the entrant's responsibility to acquire, review and complete the Athlete Code of Conduct form for the safety and health of both the entrant and fellow athletes. I grant permission for Special Olympics to use the likeness, voice, and words of the entrant in TV, radio, newspapers, magazines, and other media for the purpose of communicating the mission and activities of Special Olympics and/or applying for funds to support the mission and activities of Special Olympics. I authorize Special Olympics to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well-being of the entrant in the event that he/she becomes ill or injured at any Special Olympics activity and no responsible adult authorized to act on the entrant's behalf is immediately available to be consulted as to the appropriate medical care for the entrant. I understand that if housing is provided at events, entrants will be sharing rooms with other entrants or volunteers of the same gender.

I have received information on the signs, symptoms & consequences of concussions in accordance with Public Acts 342 and 343 of 2012. By signing below, I acknowledge that I have read, fully understand, and agree to be bound by the provision of this release.

Signature of Parent/Legal Guardian/Own Guardian	Date
Signature of Athlete under 18 years old	Date

Note to entrant (or parent of entrant) with Down Syndrome: If a radiological exam certifies the presence of atlantoaxial instability, the entrant and two physicians must complete the "Special Release for Athletes with Atlantoaxial Instability" to participate in sports that may cause hyper-extension, radial flexion, or direct pressure on the neck or upper spine.

SECTION D MEDICAL CERTIFICATION To be completed by examiner

Skin	Head	Eyes	Ears
Nose	Mouth/Throat	Neck	Lungs
Heart	Abdomen	Extremities	Genital

Athlete height	Athlete weight	Blood pressure
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List health concerns/conditions that Special Olympics should be aware of for this athlete:

Please read and check box:

I have examined the individual named in this application and reviewed the Athlete Health Data in Section B, and I certify that there is no medical evidence available to me which would preclude this athlete from participation in Special Olympics.

Signature of Examiner	Date
Examiner's Name	Examiner's Title (M.D., D.O., C.N.P., P.A.)
Address	Phone

Note to examiner: If the athlete has Down Syndrome, Special Olympics requires that a full radiological exam be conducted which certifies the absence of atlantoaxial instability before the athlete may participate in sports or events which may result in hyperextension, radial flexion, or direct pressure on the neck or upper spine.

List medications being taken by athlete. If more than 3 medications, attach a separate sheet listing all medications:

Medication Name	Dosage	Time(s) Administered	Date Prescribed



Educational Material for Parents and Students (Content Meets MDH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Headache	Pressure in the Head	Nausea/Vomiting	Dizziness
Balance Problems	Double Vision	Blurry Vision	Sensitive to Light
Sensitivity to Noise	Sluggishness	Haziness	Fogginess
Poor Concentration	Memory Problems	Confusion	"Feeling Down"
Not "Feeling Right"	Feeling Irritable	Slow Reaction Time	Sleep Problems Grogginess

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- SEEK MEDICAL ATTENTION RIGHT AWAY** - A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- KEEPING YOUR STUDENT OUT OF PLAY** - Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for lifetime. They can be fatal. It is better to miss one game than the whole season.
- TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** - Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood or behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awoken
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused,
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take resit breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer

To learn more, go to www.cdc.gov/concussion.

Parents and Students (under 18) Must Sign and Return the Application for Participation Form



DISCIPLINARY STEPS FOR VIOLATING ATHLETE CODE OF CONDUCT

The following progressive disciplinary steps may be taken with the program beginning at whichever step is deemed appropriate under the circumstances by a sanctioned area representative. The representative must notify the Area Director of any action that is taken.

Step 1 Verbal warning to the athlete and to parent/guardian or caseworker with a written copy of the Incident Form to the Area Director.

Step 2 A written Incident Report must be completed giving warning to the athlete with a copy to the Area Director and parent/guardian or caseworker.

Step 3 The Area Director will conduct a personal meeting with the athlete to review unacceptable behavior and to agree on a plan for improvement.

If the athlete is under 18, or over 18 and has a guardian, he/she will be accompanied by his/her parent/guardian or caseworker. If the athlete is over 18 and his/her own guardian, he/she may choose to have another adult present. The meeting will be documented in writing and copies distributed to the athlete, Area Director, state office, parent/guardian or caseworker.

Step 4 Suspension from practices or competition for a specific time period (such as during the specific sport season).

The Area Director must be contacted before an athlete is suspended. The Area Director will discuss the circumstances and must approve/disapprove the action. The action will be documented in writing and presented to the athlete, parent/guardian (or caseworker) and a copy will be sent to the state office.

Any further action must be referred to the Area Director. The Area Director and program staff member responsible for Area Management will approve any further action to be taken.

Further action could be, but is not limited to:

- Suspension for a longer period
- Permanent expulsion

ATHLETE APPEAL PROCESS

The athlete has the right to appeal any disciplinary action to the Area Director. The athlete or the athlete's representative must submit a written notice of appeal, with a copy to the Area Director and to the President/CEO of Special Olympics Michigan. This notice must include a request for a meeting within 30 days of being notified of the disciplinary action.

The appeal will be heard by the Area Director, the Director of Area Management or the Chief Program Officer, and the Chair from the Program Committee or designee not involved with the situation. A decision must be rendered in writing within 21 days following the meeting and may reverse, amend or affirm the disciplinary action. The decision shall be submitted to the athlete and to the Area Program and should include, if applicable, a plan of action for the athlete to correct the unacceptable behavior that led to the disciplinary action.



ATHLETE CODE OF CONDUCT

Special Olympics Michigan adheres to the highest ideals of sport in the tradition of the Olympic movement. The Special Olympics Oath, "Let me win, but if I cannot win, let me be brave in the attempt," represents the ideal of competition that every Special Olympics athlete tries to achieve.

I understand that my participation in Special Olympics is a call to excellence for me to train and compete in ways that bring honor to me, to my family, and to Special Olympics. I pledge to uphold the spirit of this Code of Conduct, which is only a general guide for my conduct and does not describe all types of good behavior and bad behavior. If I do not obey this Code of Conduct, my Program or a Games Organizing Committee may suspend me from Special Olympics, either temporarily or permanently. If I am suspended from Special Olympics, I can appeal the decision in accordance with the attached Special Olympics Athlete's Appeal Process.

I pledge that:

Sportsmanship

- I will practice good sportsmanship and act in ways that will bring respect to my coaches, my team, Special Olympics and me.
- I will not use bad language, such as swearing or insulting other persons, and will not fight with other athletes, coaches, volunteers or staff.
- I will show respect towards my fellow athletes, coaches and volunteers at all times. I will not make fun of other people or criticize them, but will give them praise and positive recognition.

Training & Competition

- I will train regularly and attend scheduled practices and meet training criteria set by my coaches and area. I will try my best during, training/practice, and competitions.
- I will learn and follow the rules of my sport, and I will ask questions when I do not understand.
- I will not hold back in divisioning preliminaries in order to get into an easier heat in the final. (alternative: I will perform in divisioning the same as I perform in competitions.)

Personal Responsibility

- I will not make unwanted physical, verbal, psychological, or sexual advances on others in person or through social media.
- I will not bully or harass any other person. Harassment or bullying is any gesture or written, verbal, graphic, or physical act (including electronically transmitted acts via internet, cell phone, or electronic communication device) that is reasonably perceived as being motivated either by any sexual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression; or a mental, physical, or sensory disability or impairment; or by any other distinguishing characteristic. Such behavior is considered harassment or bullying whether it takes place on or off the field, at any Special Olympics event, or in a vehicle.
- I will not drink alcohol, smoke tobacco in non-smoking areas or use illegal drugs at Special Olympics venue sites, and I will not take drugs for the purpose of improving my performance.
- I will obey all federal, state, and local laws and Special Olympics rules.

By signing below, I am saying that I have read, or have had read to me, this Athlete Code of Conduct and that I agree to obey this Code of Conduct. If I violate this Code of Conduct and disagree with my punishment, I agree to follow the Special Olympics Athlete's Appeal Process and I will accept their decision as final.

Athlete

Date

Parent / Guardian or Witness

Relationship to Athlete