



# Unified Champion School Participation Permission

Special Olympics Illinois  
605 E. Willow St. Normal, IL 61761-2682



Participant Name \_\_\_\_\_  
(Last/Family) (First/Given)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code/Zip Code \_\_\_\_\_ Country: \_\_\_\_\_

Gender:  Male  Female Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

T- Shirt Size:  Adult Small  Adult Medium  Adult Large  Adult X-Large  Adult XX-Large

What School Does the Child Attend? \_\_\_\_\_ Grade Level: \_\_\_\_\_

## Participation Permission

### TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF MINOR

I am the parent/legal guardian of \_\_\_\_\_, the minor participant, on whose behalf I have submitted the application for participation in Special Olympics Illinois Unified Champion School activities. The participant has my permission to participate in all of the activities including, surveys, Be A Fan Days, and Young Athletes Culminating Events. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in these activities.

In permitting the participant to participate, I am specifically granting my permission to Special Olympics to use the participant's likeness, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data will be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant's health and well-being.

I am the parent (legal guardian) of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Parent/legal guardian signature is required by the office of Special Olympics Illinois.**