



How to become an LISD Special Olympics Athlete 2025



1. Contact Renae Carswell, LISDSO Secretary, at wellcars@aol.com
Tell her your interest in joining LISD Special Olympics. Renae will send you the appropriate documentation.
2. If you need the new medical form...
Print and complete the **“New 2025 Athlete Medical Form”**
This can be located on the **Home Page** (English or Spanish)
This must be done on the computer.
To complete this medical form, follow the instructions on the home page or read the instructions attached below.
2. Email the completed medical release form to:
Susanne Fillhart susannefillhart@yahoo.com

WHO CAN PARTICIPATE ? (per SOTX 4/2024) A person is considered to have an intellectual disability for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies the following requirements:

1. Person has been identified by an agency or professional as having an intellectual disability as determined by their localities; or
2. Person has a cognitive delay, as determined by standardized measures such as intellectual quotient or “IQ” testing or other measures which are generally accepted by the professional community as being a reliable measurement of the existence of a cognitive delay; or
3. Person has a closely related developmental disability. A “closely related developmental disability” means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, self-direction, or self-care).

Persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes.

COACHES, as you are the athlete's "GO TO" for questions, please be familiar with this process.

**** New 2025 SOTX Rules: NEW Registration Form (just 4 pages) replaces the "Medical", and NO Dr. visit required. BUT.....EVERYONE MUST FILL OUT THIS NEW FORM by END OF FEBRUARY in 2025, regardless of expiration date of their previous "Medical", download and save it, and Email to Susanne Fillhart. AND... because SOTX also requires Reviewing it EVERY Year, you **MUST FILL IT OUT ON COMPUTER**, so any 2026 (or later) updates can be typed into original file. We can fill it out for you on computer if you don't have access to one. RENA E, and/or your Coach, will EMAIL THE FORM TO ATHLETE FAMILIES throughout the year as needed. If can't find email, OR if version you get does NOT have TYPABLE Gray Cells, CLICK LINK BELOW (or, copy it and paste into browser) to get a fresh copy.**

FAMILIES- these rules came down from Special Olympics National, and we must comply. PLEASE do not make SUSANNE'S or RENA E's or any other coach's jobs any harder by ignoring or delaying getting these done. They have to keep track of over 170 athlete forms, please ensure they don't have to send multiple requests to you....They are working hard so YOUR athlete can continue to participate, so help them help you! <https://www.sotx.org/files/misc/2024+us+athlete+registration+form.pdf>

Steps below apply to either the emailed version, or one you access via link above..... just ck if Gray cells are there.

The image shows a screenshot of a web browser displaying the 'Special Olympics Medical Form' titled 'U.S. Athlete Registration Form'. The form is for athletes participating in Special Olympics. A yellow callout box at the top right says 'How to fill out the 2025 SOTX Athlete REGISTRATION after clicking link...'. Another yellow callout box on the left says 'CLICK IN GRAY CELLS, TYPE your info. Click in CHECK boxes, Check mark will appear.' with arrows pointing to various fields. A third yellow callout box at the top right says '< type "SOTX - 10 LEW" in this box' pointing to the 'Local Special Olympics Program' field. The form includes sections for 'Athlete Information' (First name, Last name, Middle name, Date of birth, Gender, Email, Phone number, Home address) and 'Optional - Check all that apply' (Race/Ethnicity, Language(s) Spoken by Athlete). The 'Parent/Guardian Information' section is partially visible at the bottom.

PAGE 1 of REGISTRATION FORM CONTINUED:

U.S. Athlete Registration Form



Required for all athletes participating in Special Olympics.

We'll use this as PRIMARY contact info

Local Special Olympics Program: _____

Athlete Information - To be completed by the athlete or parent/guardian/caregiver.

First name: _____ Last name: _____ Middle name: _____

Date of birth (dd/mm/yyyy): ____/____/____ Gender: Female Male Other

Email: _____ Phone number: _____ Mobile Landline

Home address: _____

Optional - Check all that apply:

Race / Ethnicity	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian American
	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Middle Eastern / North African	<input type="checkbox"/> Native
	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Preferred
Language(s) Spoken by Athlete	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish	
	<input type="checkbox"/> Other (please list): _____	

These may be the same, or you can put different ones here as "secondary" contact.

Parent/Guardian Information - Required if minor or otherwise has a legal guardian.

First Name: _____ Last Name: _____ Relationship: _____

Email: _____ Phone number: _____

Home address: _____

Emergency Contact Same as Parent/Guardian

First name: _____ Last name: _____ Phone number: _____ Mobile Landline

Relationship to athlete: Parent/guardian Caregiver Family member Healthcare provider Coach Other

If GROUP HOME is PRIMARY, and/or Secondary, can use this for Family member

Associated Conditions - Mandatory

MUST check one of these boxes:

Associated Conditions	<input type="checkbox"/> Autism	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Fetal Alcohol Syndrome
	<input type="checkbox"/> Marfan Syndrome	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Fragile X Syndrome
	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown		

Check all that apply:
Please specify other known intellectual disability diagnoses:

If checked "Other", or "Unknown", consult with Dr. or school clinician for intellectual disability diagnosis, and enter it here

Assistive Devices and Accommodations - Do you use any of the following? Check all that apply:

Mobility	<input type="checkbox"/> Walker	<input type="checkbox"/> Braces or crutches	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Removable orthotics
	<input type="checkbox"/> Prosthetics	<input type="checkbox"/> None		
Lifestyle Aids	<input type="checkbox"/> CPAP	<input type="checkbox"/> Dentures	<input type="checkbox"/> Glasses, contact lenses, or prot	
	<input type="checkbox"/> None			
Communications	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Communication devices	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Non
Medical Devices	<input type="checkbox"/> Implantable cardioverter defibrillator (ICD)	<input type="checkbox"/> Implantable device for seizure management		
	<input type="checkbox"/> VP Shunt	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> None	

Pg 1, bottom, fill out completely

Do you have a specific dietary requirement? Yes No If yes, please specify: _____

Do you use other assistive devices? Yes No If yes, please specify: _____

Page 2 THRU 4 OF REGISTRATION FORM

General Health Questions

Page 2 is self explanatory, make sure all is filled out completely

Do you have a heart condition?	<input type="radio"/> Yes <input type="radio"/> No
Do you have asthma?	<input type="radio"/> Yes <input type="radio"/> No
Do you have diabetes that requires you to take insulin?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a vision impairment?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a hearing impairment?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a bleeding disorder?	<input type="radio"/> Yes <input type="radio"/> No
Has a doctor ever limited your participation in sports?	<input type="radio"/> Yes <input type="radio"/> No
Do you have epilepsy or any type of seizure disorder?	<input type="radio"/> Yes <input type="radio"/> No
Do you have sickle cell disease?	<input type="radio"/> Yes <input type="radio"/> No

Have you ever had a concussion?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify how many in your lifetime: _____ Date of last one (mm/yyyy): _____
Do you have behavioral, mental health, and/or sensory conditions?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify: _____
Do you have severe allergies that requires the use of an EpiPen?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify if it is to any of the following: <input type="checkbox"/> Insect stings <input type="checkbox"/> Medication/drugs <input type="checkbox"/> Food <input type="checkbox"/> Latex <input type="checkbox"/> Other (please specify): _____

Medication and Treatment - Please list:

Are you taking any prescription or over-the-counter medications or treatments? (Including birth control pills, insulin, multivitamins allergy shots or pills, EpiPen, asthma inhalers, epilepsy medication, anti-inflammatory medication, supplements of any kind. etc.)

Yes No

If yes, please list:

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Medication, Vitamin, or Supplement Name	Dosage	Times per day

PAGES 3 and 4 are sort of One document, with signature requested at bottom of page 4. Note Med treatment:

WAIVERS, RELEASES, AND POLICIES

Please read the following information and check boxes fully before signing.

I agree to the following:

- Ability to Participate.** I am physically able to take part in Special Olympics activities, and will abide by the requirements and codes of conduct.
- Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing accredited Programs (collectively "Special Olympics"), as well as official Special Olympics support authorization from Special Olympics, to use my likeness, photo, video, name, voice, words, biography or related material (my "likeness") to promote Special Olympics and raise funds for Special Olympics – but understand that my likeness will not be used to endorse commercial products or services. I understand that I will not be compensated for the use of my likeness.
- Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf unless I mark one of these boxes:
 I have a religious or other objection to receiving medical treatment.
 I do not consent to blood transfusions.
(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)

Note the wording here....if either box is checked, you are saying "NO, do NOT give my athlete Medical treatment." - AND a separate form will need to be completed

Athlete Name: _____

ATHLETE SIGNATURE
(required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: _____ Date (dd/mm/yyyy): ____/____/____

PARENT/GUARDIAN SIGNATURE
(required for athlete who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: _____ Date (dd/mm/yyyy): ____/____/____

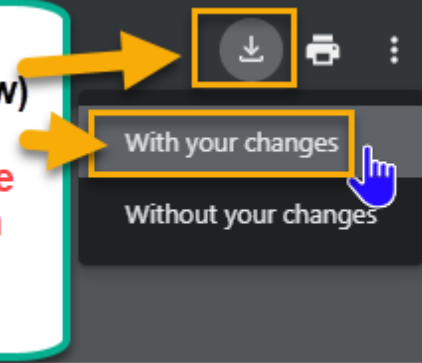
Printed Name: _____ Relationship: _____

Bottom of Pg 4. If child is under 18 yrs old, or if older, if parent (or other) is legal guardian, the athlete does NOT sign in this box

Since you are typing form, it's not possible to "sign" your signature with a pen. So just type your name in both the Signature line, and the Printed name line. Your phone and email are on the form if SOTX office needed to verify.

DOWNLOADING AND SAVING REGISTRATION

IMPORTANT !! When done, you will want to **DOWNLOAD** file with **THIS ICON** (the downward arrow) and save as **PDF**. **Do NOT use Print icon- even though it has a "Save as PDF" option, it removes the GRAY CELLS which means file can't be Changed in future years. MUST use DOWNLOAD icon so file is editable in future!!**



Now, you will save the downloaded file. Choose the filename like shown in example below

File name: **FILENAME like this:
Last, First - YEAR - Month - Day**

Save as type: Adobe Acrobat Document

**Use YEAR - MO. - DAY you filled it out, NOT athlete's BIRTHDAY!
After SAVING file on YOUR computer with Filename like above,
EMAIL it to Susanne Fillhart: susannefillhart@yahoo.com**

Now you are done, and you have the file saved on your computer for future, to print out a copy, and for updating and emailing the updated file in future years.

** In case you are wondering **how the "Review" process will work in 2026**. Each athlete family will be required to "Review" their REGISTRATION before end of FEBRUARY, where you'll do 1 of 2 things:

- 1) **NOTHING CHANGED?** Great, just answer 2 questions on SOTX site to Confirm there's been no change; **AND email Susanne Fillhart, let her know you did the "No Changes" online confirmation.** (The "No Changes Confirmation online link hasn't been created yet, **but we'll add it HERE when we get it**)
- 2) **CHANGES?** Because you fill out PDF form on computer, it's EASY to change ONLY what's needed, then SAVE and send to Susanne Fillhart. IN your email, please mention WHAT has changed, and make sure you tell your coaches for upcoming season.