

SOMD USE ONLY

- _____ Parts A-F
- _____ Part G - ACA
- _____ Acceptance Letter
- _____ Packing Letter Sent

**SPECIAL OLYMPICS MARYLAND 2009 SPORTS CAMP
ELKS CAMP BARRETT, ANNAPOLIS, MD
ATHLETE REGISTRATION FORM
August 02nd--07th, 2009**

Part A - GENERAL ATHLETE INFORMATION

Name _____
Home Address _____
City _____ State _____ Zip _____
Phone Number (____) _____ Area/County _____

E-Mail address: _____

Sex: ____ Male ____ Female Height: ____ ft ____ in
Age (as of August 02nd, 2009): _____ Weight: _____ lbs
Birthday ____ / ____ / ____
T-Shirt Size: S M L XL 2X 3X
Special Dietary Information: Does the athlete have any special dietary needs? ____ Yes ____ No

If yes, please specify. We will do our best to accommodate all reasonable requests, but please keep in mind that if you need something really specific, it's best to pack it with your athlete.

Part B - PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____
Telephone (H) (____) _____ (W) (____) _____
Cell# _____ E-mail _____

Secondary Emergency Contact Name _____
Address _____
City _____ State _____ Zip _____
Telephone (H) (____) _____ (W) (____) _____

Part C - SPECIAL OLYMPICS SPORTS BACKGROUND

How many years has the athlete been training in Special Olympics? _____
List all the sports in which the athlete has trained in a Special Olympics MD certified training site this past year. _____
Has the athlete ever attended previous State Summer or Winter Games, or other overnight sports camps away from home, family or guardian? ____ Yes ____ No
If Yes, list three most recent (include year, location and length of stay):
1. _____ 2. _____ 3. _____

Is there a current Special Olympics Maryland Athlete Medical/Parent Release form on file in the state office? ____ Yes ____ No

Part D – ATHLETE INVENTORY

PHYSICAL (please check appropriate description)

Strength: ___weak ___average ___powerful
Speed: ___moves slowly ___average ___moves quickly
Coordination: ___poor ___average ___good
General Fitness Level: ___poor ___average ___good
Can athlete swim? ___yes ___no

SELF HELP SKILLS

Meals: ___independent ___some assist ___dependent
Dressing: ___independent ___some assist ___dependent
Grooming: ___independent ___some assist ___dependent
Toileting: ___independent ___some assist ___dependent
For females:

___Individual is familiar with the use of feminine hygiene products (pads, tampons, if needed)

BEHAVIOR PROBLEMS

___None

BEHAVIOR PROBLEMS * (check all that apply)

___temper tantrums ___bites self
___hits others ___bangs head, back
___throws objects ___eats foreign objects
___bites others ___overly fearful
___pulls hair ___aloof from others
___teases others ___cries often
___doesn't follow directions ___overly dependent
___twirls objects ___runs away
___sexually inappropriate

Other: _____

Methods to handle behavior problems: _____

*** Counselor Ratios at Camp Barrett are such that athletes who require one on one staffing due to behavior problems will not be accepted or sent home early.**

SPEECH AND LANGUAGE SKILLS

Expressive Language

___does not speak
___uses single words
___uses short phrases
___uses complete sentences
___uses sign language
___articulation problems
(difficult to understand)

Receptive Language

___hearing impaired
___understands simple commands
___understands most of what is said
___has no problem understanding what is said

Conversation

___does not start conversations
___starts conversations by pointing, tugging, or saying one or two words
___makes needs known
___can carry on a short conversation
___can converse without difficulty

SEXUAL BEHAVIOR- Teens & Adults

___Individual understands appropriate physical contact vs unacceptable contact
___Individual displays appropriate sexual behavior in public
___Individual understands appropriate sexual behavior in private
___Individual is sexually active (if using birth control, please indicate type: _____)

PLEASE LIST ANY OTHER BEHAVIORS OR CHARACTERISTICS WHICH WE SHOULD BE AWARE OF IN ORDER TO INSURE A POSITIVE EXPERIENCE: _____

MEDICAL

List other medical concerns not addressed on the SOMD Athlete Application for Participation: _____

Part E - ATHLETE RECOMMENDATION/REFERENCE FORM

Note: Each athlete must have two recommendations. The first must come from a current Certified Special Olympics Coach. The second may come from the following: a teacher, caseworker, group home advisor, employer, or another Special Olympics coach. Family members are not acceptable. **If the athlete is in good standing and has attended camp in the past, you may call Jason Schriml to request a waiver for this portion.**

Recommendation Being Made For: _____
(Full Athlete Name)

County: _____ E-mail address _____

Name _____ Relationship to athlete _____
Address _____
City _____ State _____ Zip _____
Telephone Number (H)(____) _____ (W)(____) _____

I highly recommend this athlete for Multi-Sports Training at Camp Barrett for the following reasons:
Identify and describe how could this athlete contribute positively to an intensive sports training atmosphere?
Please check the following if they apply to this athlete:

- Will accept coaching or instruction from new individuals
- Will participate in sports training willingly
- Will follow the rules of Camp to the best of his/her ability
- Always needs attention
- Will tire quickly in heat or sun
- Easily provoked by other athlete peers
- Participates in the sports possibly offered at camp:
 - Basketball Athletics Lacrosse Horseshoes
 - Soccer Aquatics Football Gymnastics/Cheerleading
 - Softball Golf Table Tennis
 - Volleyball Bocce Tennis

Check one:
_____ is a leader _____ is a follower

(Signature)

Date

Part F AGREEMENT

I have read and completed, to the best of my ability, the 2009 Special Olympics Maryland Sports Camp Application. I affirm that the information provided is accurate, and I agree to abide by the terms specified. In the event of any injury or behavior problem to the below named athlete, and at the request of the camp director or SOMD staff liaison, I agree to come to Camp Barrett in Annapolis, MD, at any time within the duration of the camp to take the athlete home.

SIGNATURES REQUIRED

Parent/Guardian Signature _____ Date _____

_____ please print name

*****Activity Fee of \$20.00 is enclosed: Check # _____
(Please make check out to "Special Olympics Maryland")**

Return to your Area/County Director for signature:

Area/County Director Signature: _____ Date: _____

COMPLETE ALL PARTS OF THIS APPLICATION
(AREAS MUST SUBMIT ALL INFORMATION BY DEADLINE DATE OF July 17, 2009)

AREA/COUNTY DIRECTORS: AFTER SIGNING, RETURN APPLICATION TO:

Tommy George - SOMD Sports Director
513 Progress Drive, Suite P
Linthicum, MD 21090-2256

FOR STATE USE ONLY

Date Received: _____ Initials: _____

REGISTRATION CHECKLIST:

- _____ Parts A-F
- _____ Part G - ACA Camp Medical Form (2 pages)

Approved Date: _____ Initials: _____

Part G ACA (American Camping Association) Health Examination form

This is a two-page document. Both sides need to be completed and signed by a physician.

