



**APPLICATION FOR PARTICIPATION  
INTERSCHOLASTIC UNIFIED SPORTS**

**ALL INFORMATION IS REQUIRED. PLEASE PRINT LEGIBLY.**

PARTICIPANT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

PARENT/GUARDIAN/EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PARENT/GUARDIAN/EMERGENCY CONTACT EMAIL: \_\_\_\_\_

PARENT/GUARDIAN/EMERGENCY CONTACT PHONE #(S) INCLUDING AREA CODE: \_\_\_\_\_

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Has student ever been charged / convicted, as an adult / juvenile, with abuse, neglect or other criminal offense? YES  NO   
IF ANSWERING YES TO THE QUESTION ABOVE PLEASE EXPLAIN THE DATES AND DETAILS OF EACH CASE ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THE APPLICATION. ANSWERING 'YES' DOES NOT RESULT IN EXCLUSION FROM PARTICIPATING IN SPECIAL OLYMPICS IUS ACTIVITIES.

**DOES THE STUDENT HAVE A DISABILITY?** YES  NO

**If 'YES', PLEASE CHOOSE ALL THAT APPLY:**

<input type="checkbox"/> Autism	<input type="checkbox"/> Deaf	<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Down syndrome	<input type="checkbox"/> Deaf – Blindness	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Permanent use of wheelchair or ambulatory device required
<input type="checkbox"/> Traumatic Brain Injury (adversely affects one's educational performance)	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Use of prosthetic
<input type="checkbox"/> Multiple disabilities, cognitive	<input type="checkbox"/> Multiple disabilities, physical	<input type="checkbox"/> Multiple disabilities, sensory

I (or my minor child), (Print name) \_\_\_\_\_ have / has submitted this application for participation in Special Olympics Maryland school-based sports\programming, including but not limited to Interscholastic Unified Sports®, Unified PE, Unified intramurals. I further confirm that I have abided by all medical and participation forms requirements as mandated by the Maryland school system listed above, the Maryland State Department of Education, the Maryland Public Secondary Schools Athletics Association and other associated entities for participation in this sport activity. By signing below, I specifically grant my permission, forever, to Special Olympics and/or Special Olympics Maryland to use my, or my minor child's, likeness, name, voice, and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose or publicizing, promoting or communicating the purposes and activities of Special Olympics and/or Special Olympics Maryland and/or applying for funds to support those purposes and activities.

**PARTICIPANT SIGNATURE:**

**PARENT / GUARDIAN SIGNATURE:**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent / Guardian

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**BOTH SIGNATURES ARE REQUIRED UNLESS STUDENT IS 18 OR OLDER**