



Prospect Heights School District 23

700 N. SCHOENBECK ROAD, PROSPECT HEIGHTS, ILLINOIS 60070

**DISTRICT OFFICE**

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EISENHOWER SCHOOL

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ANNE SULLIVAN SCHOOL

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MACARTHUR MIDDLE SCHOOL

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Dear Parent/Guardian,

Prospect Heights School District 23 has had the opportunity to participate in the Special Olympics Young Athletes program for many years now. We have continued our partnership with Special Olympics Illinois to continue to offer the Young Athletes program at Eisenhower. Your son/daughter's class participates in the Young Athletes program throughout the school year at Eisenhower during their scheduled P.E. time.

The Young Athletes program is an all-inclusive sports play program for children with developmental delays and their typically developing peers. This program is designed to introduce all children ages 2-7 into the world of sports. Young Athletes provides benefits on multiple levels for your child. First and foremost, these activities help children improve physically, developmentally, and socially.

This program is designed to address two specific levels of play. Level 1 includes physical activities focused on developing fundamental motor tracking and eye-hand coordination. Level 2 concentrates on the application of these physical activities through a sports skills activity program and the development of skills consistent with Special Olympics sports play. The activities consist of foundational skills, walking & running, balance & jumping, trapping & catching, throwing, striking, kicking, and advanced skills. We also hope this program will raise awareness of the Special Olympics program and serve as an introduction to the resources and supports available within Special Olympics for both children with and without developmental delays.

In the eyes of Special Olympics Illinois, this is a training program only. However, all students active in the Young Athletes program will participate in our Young Athletes Day, which will be held at Dwight D. Eisenhower Elementary School in the Spring. Weather permitting the event is held outdoors and students receive an award for participating.

We are excited for this program to continue this school year at Eisenhower School. Please complete the attached participant form and return it with your registration materials allowing your child to participate in this program. If you should have any questions about the program, would like to get further involved, or have questions regarding Special Olympics, please contact **Chrystyna Sroka**, Assistant Superintendent for Student Services/Young Athletes Site Coordinator at **847-870-5580** or **csroka@d23.org**.

Sincerely,

Dr. Chrystyna E. Sroka
Prospect Heights School District 23
Assistant Superintendent for Student Services
Special Olympics Young Athletes Site Coordinator

Dr. Luke Lambatos
Dwight D. Eisenhower School
Principal

Program Info Section (To be Completed by Site Coordinator)

Region _____ Agency Name _____

School Name _____

FORM VALID UNTIL INDIVIDUAL'S 10TH BIRTHDAY WITH CONTINUED PARTICIPATION**Athlete Information Section**

First Name _____ Last Name _____

Athlete Date of Birth (mm/dd/yyyy) _____ Gender Male _____ Female _____ Other _____

Young Athlete is being registered as a:

_____ Traditional Young Athlete (with Intellectual Disability /Developmental Delay)

_____ Peer Partner (without Intellectual Disability)

Athlete Ethnicity/Race:

Asian	American Indian/Alaskan Native	Black/African American
Hispanic/Latino	Native Hawaiian/Other Pacific Islander	White
Two or More Races	Prefer Not to Answer	Other

Medical Conditions: _____

Parent Guardian Information

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Contact Number _____ - _____ - _____ Email _____

CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION***No information can be altered or crossed out.***

I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant") do hereby:

- Request permission for the Entrant to participate in SOILL programs.
- Represent and warrant to you that Entrant is physically and mentally able to participate in SOILL sports training and competition.
- Acknowledge that Entrant understands and will execute and follow the Athlete Partner Code of Conduct.
- Acknowledge that Entrant understands and will follow SOILL's Eligibility Policy.
- Acknowledge that Entrant understands and will execute and follow the COVID Code of Conduct.
- Acknowledge that Entrant understands that participation includes possible exposure to an illness from infectious and/or communicable diseases including but not limited to MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, Entrant willingly agrees to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, Entrant observes any unusual or significant hazard during presence or participation, Entrant will remove themselves from participation and bring such to the attention to the nearest official immediately.

- Acknowledge that Entrant understands there is a risk of injury and understands the risk of Entrant continuing to play sports with or after a concussion or other injury. Entrant may have to get medical care if they have a suspected concussion or other injury. Entrant may have to wait 7 days or more and get permission from a doctor before resuming sports activities.
- In permitting the Entrant to participate, I am specifically granting permission to SOILL and Special Olympics Inc. to use the likeness photo, video, name, voice, words and biographical information in television, radio, films, newspapers, magazines, social media and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of SOILL and Special Olympics Inc. in appealing for funds to support such activities.
- Consent for Entrant to participate in the SOILL Healthy Athlete Program that provides individual screening assessments of health status and health care needs. Entrant has no obligation to participate and I understand the Entrant should seek his/her/their own medical advice and assistance and SOILL is not responsible for the Entrant's health.
- For some events, Entrant may stay in a hotel, university type housing or someone's home. If I have questions I will ask.
- If I am unable, or my parent/guardian is unavailable, to consent or make medical decisions in an emergency, I authorize SOILL to seek medical care on my behalf.
- I understand that SOILL will be collecting Entrant's personal information as part of participation, including name, image, address, telephone number, health information and other provided personally identifying and health related information. Personal information may be used and shared consistent with this form and as further explained in the Special Olympics Inc. Privacy Policy at www.SpecialOlympics.org/Privacy-Policy

I further agree and consent to SOILL:

- o Using Entrant personal information in order to: make sure Entrant is eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); analyze data for the purpose of improving programming and identifying and responding to the needs of SOILL participants; perform computer operations, quality assurance, testing and other related activities; and provide event-related services.
- o Using Entrant contact information for communicating with me about SOILL.
- o Sharing information with medical professionals in an emergency or for injury treatment.

Entrants, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY FREELY AND VOLUNTARILY ASSUME ALL RISK, WAIVE AND RELEASE FROM LIABILITY, AGREE TO INDEMNIFY AND HOLD HARMLESS, Special Olympics Illinois, its officers, officials, agents and/or employees, other participants, coaches, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of the venue/premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent, guardian, and/or individual with legal responsibility for this Entrant, have read and explained the provisions in this ATHLETE CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION FORM to said Entrant including the risks of presence and participation, as well as their personal responsibilities to adhere to the rules and regulations promulgated by SOILL. Furthermore, said Entrant understands and accepts these risks and responsibilities. I, for myself, spouse (if applicable), and Entrant do hereby consent and agree that said Entrant freely and voluntarily assumes all risk, and that we waive and release from liability, indemnify and hold harmless the above referenced RELEASEES for any and all liabilities incident to said Entrant's presence or participation in SOILL sports, training, competition and/or any other SOILL group activities as provided above, EVEN IF ARISING FROM THE RELEASEE'S NEGLIGENCE, OR OTHERWISE to the fullest extent provided by law.

Parent/Guardian/legally responsible individual's signature (required for Entrant who is a minor (younger than age 18) or otherwise lacks legal capacity to sign document). **Electronic Signature ARE NOT acceptable.**

Printed Name of parent/guardian/legally responsible individual: _____

Signature of parent/guardian/legally responsible individual: _____

Date _____