

# Special Olympics

## COFFEE/DALE/GENEVA



SpecialOlympics.org

**COPY OF  
ORIGINAL EMAIL**

March 4, 2019

Special Olympics Interested Participants, Teachers, Parents, Community Members,

First:

Special Olympics Coffee/Dale/Geneva Track & Field - March 22, 2019 at Enterprise High School Gymnasium. Opening Ceremonies will begin at 9:15 AM. Please arrive no later than 8:45 AM.

Second:

We now have Track & Field practice going on at ESCC track on Tuesdays at 4:30pm. Becky Jo Foster is working with all athletes that want to get better, have fun, and maybe go to the State Games in Troy.

This year we are planning on feeding the athletes and their school staff, so it is very important that we get accurate numbers when you send in your forms. Please find attached the following:

Teacher's Letter

T-Shirt Form- Deadline March 6th

Athletes Event Form-Deadline March 14th

State Medicals Record Form-list of ones that are current

Medical Form - March 14th

Release Form - March 14th

**We need all forms filled out and returned by it's stated deadline please.**

We are planning on delivering shirts, heat sheets, athletes event shirt stickers, and maps for buses to drop off no later than March 19th. This year it is very important that everyone follows traffic directions because of the construction going on and the limited parking. Our events after Opening Ceremonies will flow a little different in that we will do track events first and then field events. When your athletes are not running or jumping we will have actives to take part in.

Opening Ceremonies will start at 9:15am

List of order of events:

- |                       |                     |
|-----------------------|---------------------|
| 1. The Torch Arrival  | 5. National Anthem  |
| 2. Parade of Athletes | 6. Oath             |
| 3. Lighting the Flame | 7. Athletes' Events |
| 4. Prayer             |                     |

There is a Medical Form on the Special Olympics Alabama website if you wish to use it, when we run out of the attached ones we will be using it only. If you know of anyone that does not receive this email please forward yours or let me know. We are looking forward to a Great Event! You can also get all information at [www.enterpriseal.gov/pr-home](http://www.enterpriseal.gov/pr-home)

Sincerely,

Warren Bowron, Area Director  
Special Olympics Coffee/Dale/Geneva  
(334) 477-6047  
[bowronw@yahoo.com](mailto:bowronw@yahoo.com)



**COFFEE-DALE-GENEVA COUNTY SPECIAL OLYMPICS**  
**WARREN BOWRON, AREA DIRECTOR**  
**218 LAKEWOOD DRIVE**  
**ENTERPRISE, AL 36330**  
**334-477-6047**

February 10, 2019

Dear Teachers,

The annual Coffee-Dale-Geneva Special Olympic Track and Field Day will be on Friday, March 22, 2019 at 9:00 AM at Enterprise High School, Rain or Shine!!! Please make plans to arrive at the Enterprise High School Gymnasium by 8:30 AM so each group can be lined up for the athlete's parade.

The following list needs to be completed by each teacher:

1. Request Application for Participation in Special Olympics and Official Special Olympics Release Form from Coffee-Dale-Geneva Special Olympics from Warren Bowron ([bowronw@yahoo.com](mailto:bowronw@yahoo.com)).
2. Complete and submit the following forms to Warren Bowron at Coffee-Dale-Geneva Special Olympics at the following address: 218 Lakewood Drive, Enterprise, AL 36330. All forms are due by March 12, 2019.
  - A. Attached is a list of athletes who have medicals/release forms on file at the State Special Olympic office. An Application for Participation in Special Olympics is required for all participants age 8 and above. A doctor's signature is required for new participants and for participants renewing a form if items in health history section with an asterisk (\*) were checked yes on the expired form or checked yes on the renewal. It will be the parents' responsibility to get the Application for Participation in Special Olympics form signed by a physician if the parent wishes his/her child to participate in Special Olympics Activities (form is good for 3 years). You can order these forms by calling Warren Bowron at 334-477-6047, completing the enclosed order form or emailing Warren Bowron at [bowronw@yahoo.com](mailto:bowronw@yahoo.com) with requested number of forms needed.
  - B. Official Special Olympics Release Form will need to be completed if the athlete is new or if current Application has expired (form is good for 3 years).
  - C. A Waiver of Liability and Release of All Claims form is required for 6-7 year olds. We consider this a training day for 6-7 year olds. Please include them on your composite forms, lunch and t-shirt count.
  - D. **It is VERY important to submit times/distances on the attached event sheets so that athletes can be heated properly for events.**
  - E. A t-shirt/lunch count form filled out.

## **Eligibility**

To be eligible for participation in Special Olympics, a competitor must agree to observe and abide by the Official Special Olympics Sports Rules

Special Olympics was created and developed to give individuals with intellectual disability the opportunity to train and compete in sports activities. No person shall, on the grounds of sex, race, religion, color, sexual orientation or national origin, be excluded from participation in, be denied the benefits of or otherwise subjected to discrimination under any program or activity of Special Olympics.

**To be eligible to participate** in Special Olympics, an athlete must be at least eight years old and:

1. have been identified by an agency or professional as having an intellectual disability; or
2. have a cognitive delay (learn slower than their peers) as determined by standardized measures; or
3. have significant learning or vocational problems\*\* due to cognitive delays which require or have required specially-designed instruction\*\*\*.

Some flexibility is left to Accredited Programs and sub-Programs for determining, in exceptional circumstances, individual eligibility of a participant because of the variety of situations, needs and definitions that exist in the many localities where Special Olympics has been and will be instituted.

\*\*Significant learning or vocational problems refer to those learning problems resulting from cognitive delays (intellectual impairment). These do not include dyslexia or speech or language impairment.

\*\*\*Specially-designed instruction refers to time when a person is receiving supportive education or remedial instruction directed at the cognitive delay. In the case of adults, specially-designed instruction is usually replaced with specially-designed programs in the workplace, or in the support work place, or in supported work or at home.

If you have any questions, please feel free to contact Warren Bowron at 334-477-6047 or email [bowronw@yahoo.com](mailto:bowronw@yahoo.com). I look forward to working with you and making this a day our athletes and families will enjoy.

Thank you,

Warren Bowron, Area Director  
Coffee, Dale and Geneva County



**COFFEE-DALE-GENEVA COUNTIES SPECIAL OLYMPICS  
MARCH 22, 2019  
ENTERPRISE HIGH SCHOOL TRACK AND GYM  
ENTERPRISE, ALABAMA  
9:00 AM**

- ✓ T-shirts for athletes: Athletes must have a medical and release form on file to participate in Special Olympics

\_\_\_\_\_ Youth Medium

\_\_\_\_\_ Adult X Large

\_\_\_\_\_ Youth Large

\_\_\_\_\_ Adult XX Large

\_\_\_\_\_ Adult Small

\_\_\_\_\_ Adult XXX Large

\_\_\_\_\_ Adult Medium

Additional T-shirts for \$10.00

Size 2X and 3X are \$12.00

- ✓ Information for shirt and lunch count (athletes and teachers ONLY):

School Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Number of Lunches: \_\_\_\_\_

- ✓ Additional T-shirts may be purchased for \$10.00 and \$12.00 (size 2X and 3X). Please send in separate list with payment. Make checks payable to Coffee-Dale-Geneva County Special Olympics.
- ✓ We will not be able to order extra lunches (please make sure your count is correct).
- ✓ ALL FORMS ARE DUE BY MARCH 6, 2019. All forms are to be sent to Warren Bowron at [bowronw@yahoo.com](mailto:bowronw@yahoo.com) or 218 Lakewood Drive, Enterprise, AL 36330.
- ✓ Additional T-shirt orders: Sizes \_\_\_\_\_
- ✓ Payment: \_\_\_\_\_

















# OFFICIAL SPECIAL OLYMPICS RELEASE FORM

## RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, \_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that I must have this radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that my signing this paper, I am saying that I agree to the provisions of this release.

\_\_\_\_\_  
Signature of Adult Athlete

\_\_\_\_\_  
Date

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print): \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

(e.g. family member, teacher, coach, etc.)

## RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of \_\_\_\_\_, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless a full radiological examination establishes the absence of Atlanto-axial Instability. I am aware that the sports and events for which this radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

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

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

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

\_\_\_\_\_  
Date