



Mastering Life  
through Sports

Gwinnett Masters Special Olympics

P.O. Box 491803  
Lawrenceville, GA 30049  
Phone: 404-625-3988  
FAX: 1-866-231-6432

## 2011 GMSO Sports Application and Agreement

Gwinnett Masters Special Olympics (GMSO) offers Olympic-style sports programs with certified coaches to all athletes 16 years of age and older.

GMSO is authorized under Special Olympics Georgia (SOGA), a non-profit 501(c)(3) organization. GMSO will be offering several sports throughout the year. In order to participate in State Games, please do the following:

- A. Clearly mark the boxes of the sports that interest you on page 3.
- B. Complete the personal information section thoroughly. This includes general information, emergency contact information, medical care, transportation, and assumption of risks subjects. Pages 5 – 7
- C. Please read and explain to your athlete as much as possible all of the rules and exceptions listed on the Athlete Code of Conduct section. Page 8
- D. When completed, please keep a copy for your records and return pages 3 through 9 as detailed below.

When GMSO receives your registration, you will be contacted by a coach with information about your sport. If you have any questions regarding registration, please feel free to contact the head coach of the sport in question or the GMSO Coordinator.

Please note that each athlete is responsible for signing an “**Athlete Code of Conduct**” form to be sent in with the registration package. Coaches also sign a “**Coaches Code of Conduct**” form. All Coaches and Volunteers are certified as a Special Olympics GA Volunteer after completing an application process and passing an online test. All volunteers are subject to a background investigation by SOGA. Head coaches for each sport are also certified in their sport by Special Olympics GA.

Finally, remember that you are responsible for arranging your own transportation to and from practices and that it is mandatory that you arrive on time and be picked up from events in a timely manner.

**BE SURE TO THOROUGHLY READ, INITIAL and SIGN ALL PAGES.**  
**MAIL or FAX them to the addresses at the top of the page or EMAIL them to**  
**[coordinator@GMSOga.org](mailto:coordinator@GMSOga.org).**

**Your completed registration form and donation for the sport you select is required no later than the first practice of your sport.**

If you need additional sports registration forms, they are available on your website: [www.GMSOga.org](http://www.GMSOga.org). Sports applications will be modified for each sport season and available 120 days before the games. For more information, contact [coordinator@GMSOga.org](mailto:coordinator@GMSOga.org).



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## GMSO Sports Schedule

Winter Games Marietta, GA January, 20 - 22, 2012		Summer Games Emory University, Atlanta, GA May 18 - 20, 2012		Fall Games Dalton, GA October 21-23, 2011	
Sport	Donation	Sport	Donation	Sport	Donation
Basketball	\$90.00	Volleyball	\$60.00	Bocce	\$100.00
Floor Hockey	\$50.00	Soccer	\$50.00	Softball	\$125.00
Artistic Gymnastics	\$50.00	Swimming	\$50.00	Cycling	\$30.00
Bowling under Age 22	Included in Alley Kats League Fees	Track and Field	\$30.00		
<b>Other Sports - Regional</b>					
Alpine Skiing	Approx. \$200.00	Masters Bowling over Age 22	Included in Alley Kats League Fees	Walking Club - All ages and family members	

## GMSO Contact Names for each Sport

Sport	Head Coach	Contact Information
Softball	Jeff Jansma	<a href="mailto:fundraising@GMSOga.org">fundraising@GMSOga.org</a>
Softball	Jimmy Avant	<a href="mailto:info@GMSOga.org">info@GMSOga.org</a>
Bocce	CeCe Turner	<a href="mailto:ceciliaaturner@yahoo.com">ceciliaaturner@yahoo.com</a>
Walking Club	Jimmy Avant	<a href="mailto:info@GMSOga.org">info@GMSOga.org</a>

## GMSO Sport Training Locations, Dates & Times

Sport	✓	Locations	Dates/Times	Directions
Softball		Bethesda Community Park	Thursday June 30, thru October 20, 2011 6:30 – 8:30 pm	225 Bethesda Park Road, Lilburn, GA 30044. Off Ronald Reagan Parkway and Bethesda Park exit. Enter the park and take 2 <sup>nd</sup> left.
Softball		Bethesda Community Park	Tuesday June 28, thru October 18, 2011 6:30 – 8:30 pm	225 Bethesda Park Road, Lilburn, GA 30044. Off Ronald Reagan Parkway and Bethesda Park exit. Enter the park and take 2 <sup>nd</sup> left.
Softball		Hebron Baptist Church	Thursday June 30 thru July 28, 2011 6:30 pm – 8:30 pm	202 Hebron Church Road, Dacula, Ga 30019
Softball		Mt. Carmel Christian Church	Tuesday July 5 – Oct 18, 2011 6:30 pm – 8:30 pm	6015 Old Stone Mountain Road, Stone Mountain, Ga 30087
Bocce		Coaches Residence	To Be Advised Start in August	To Be Advised
Bocce		Gwinnett County Soccer Complex	August 1 thru October 17, 2011	9 Harmony Grove, Lilburn, Ga 30047
Bocce		George Pierce Park	To Be Advised	55 Buford Hwy, NW, Suwanee, Ga 30024

✓ – Place a check in the second column to indicate the sports your athlete wishes to participate in.



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Athlete's Name: \_\_\_\_\_

GMSO SPORTS TEAMS / TERMS AND CONDITIONS

GMSO is an all volunteer and all self-funded organization for the benefit of individuals with intellectual or developmental disabilities. Every dollar raised is used to support GMSO programs. In addition, GMSO manages a number of Fund Raising programs each year, and we request and expect all athletes and their families to fully support these efforts. Based on our current fund raising success, GMSO requests a donation from each athlete in an amount that is approximately 40% of the actual cost to provide the sport experience per athlete. The donation amount for each sport is different due to specific costs associated with the sport such as number of practices, cost of uniforms, rental of facilities, local permits, equipment costs, entrance fees, referees, and umpires, EMTs etc.

Athlete/ Parent/ Guardian/ Caregiver Initials

Season Commitment:

If an athlete registers for a sport, makes a decision to attend tournaments, and/or the State Games Tournament, and then decides to withdraw within 60 days of the start of the State Games, GMSO is still obligated to the State Games registration fee even though he/she does not attend. It is therefore necessary that you, as an athlete and parent, understand that unless there is a medical or family emergency there is no refund of your donation.

Print name \_\_\_\_\_ Please indicate your plans:
[ ] Practice Only [ ] Tournament [ ] State Games

Donation Agreement: Amount \$\_\_\_\_\_ Check #\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

MAKE CHECKS PAYABLE TO: GMSO and write name of sport in the memo section of your check. If you are interested in installment options, please ask your coach for assistance. Debit or Credit Card processing is available. If interested in other donation options, please contact the GMSO Chairperson



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## GMSO Athlete Family & Care Giver Information

Athlete Information (please print)

Date \_\_\_\_\_

Athlete's Name _____		Male/Female (circle one)	
Address _____		Birth Date ____/____/____ MM/DD/YYYY	
City _____		State _____ Zip Code _____	
Home Phone _____		Cell Phone _____ Work Phone _____	
Email address _____			
Doctor's Name _____		Phone _____	
Insurance Provider _____		Name of Insured _____	
Policy Number _____		Group Number _____	
Insurance Provider _____		Name of Insured _____	
Policy Number _____		Group Number _____	

### Family Information (please print)

Enter your name in appropriate space ↻	Parent/Guardian/Caregiver	Parent/Guardian/Caregiver
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Email Address	_____	_____

### Emergency Contact (This contact should be different than Parent/Guardian or Caregiver)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



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MEDICAL INFORMATION (please print) Add additional sheets if necessary.

Please check here if you have added additional sheets. [ ]

Describe the Athlete's Challenges \_\_\_\_\_

Are there any medical conditions? (allergies, diabetes, asthma, heart, etc.) Circle and/or list others \_\_\_\_\_

Is there a history of seizures? (Yes/No) Frequency \_\_\_\_\_

Type (mild, minor, major) \_\_\_\_\_ Describe seizure protocol \_\_\_\_\_

List any special assistance or dietary needs \_\_\_\_\_

Other pertinent medical information or limitations apply \_\_\_\_\_

If your athlete travels with the team on State Games trips, we house everyone in a ratio of 3 athletes per adult chaperone when possible. What special information or knowledge will your athlete's chaperone need to know about your athlete during evening and sleep hours? \_\_\_\_\_

Medical Care - I, (Parent, Guardian or Caregiver) \_\_\_\_\_ authorize a representative of GMSO to secure medical care for (print athlete's name) \_\_\_\_\_ in case of emergency. I understand 911 may be called and that I will be held responsible for the payment of any medical expenses.

Athlete/ Parent/ Guardian/ Caregiver Initials

I give permission for GMSO (paid staff/volunteers) to administer basic first aid for minor medical issues. This may include, but is not limited to, band-aids, antibiotic cream, ice packs, etc. Please check the appropriate box if your Athlete may be given Tylenol [ ], Ibuprofen [ ] and/or antacids [ ]. Please add any other over-the-counter remedies \_\_\_\_\_

Parent/Guardian/Caregiver signature Date

Athlete's signature Date



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## Video and Photographs

Athlete/  
Parent/  
Guardian/  
Caregiver  
Initials

I understand that video and photographs may be taken of athletes while they are engaged in GMSO programs. I give permission for the video/photographs to be used for GMSO publicity and promotions including the GMSO website. I understand that athletes will be identified on the website by first name and last initial only. I also agree that GMSO has my permission to share any contact information I provide in a location accessible only to Coaches, Coordinators, and the GMSO Advisory Board.

## Transportation

Athlete/  
Parent/  
Guardian/  
Caregiver  
Initials

I understand that GMSO may participate in tournaments and state game, and, when needed, GMSO will provide rental vans or charter motor coaches. I understand that athletes will be transported by GMSO approved drivers, and this transportation service may require an additional donation above the sport registration donation which is payable no later than departure of event. This will vary by destination, length of trip and mode of transportation. Transportation to practice is not provided. If volunteer transports athlete, athlete is expected to contribute for gas.

## Assumption of Risk

Athlete/  
Parent/  
Guardian/  
Caregiver  
Initials

I acknowledge that participation in activities at GMSO carries with it certain inherent risks of injury that cannot be eliminated regardless of precautions taken to avoid injuries.

I certify that all information contained in this registration form is accurate and complete to the best of my knowledge. I will provide GMSO with any new or changing information that directly affects the Athlete and his/her experience at GMSO.

I (Athlete, Parent, Guardian, Caregiver – print name) \_\_\_\_\_, hereby agree to save and hold harmless Gwinnett Masters Special Olympics (GMSO), any Member of the Advisory Board including all individuals who are affiliated with the programs administered by GMSO as coaches, volunteers or staff from liability with regard to personal or bodily injury or damages to me, my child or my ward caused by negligence or other acts of any of the above named individuals or entities while participating in any activities administered by GMSO while coming to and going from those activities, and further release and agree to fully indemnify them from liability in the event that damages are awarded against any of the above arising out of injuries to me, my child or my ward. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from those activities.



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### Assumption of Risk (cont'd)

I understand that health and accident insurance, which would cover my child/athlete's medical, hospital or related expenses in the event of injury, is my responsibility. I acknowledge that GMSO strongly recommends if I do not have sufficient insurance to cover incidents that I take the necessary action to obtain it. I further realize that secondary insurance coverage is provided by SOGA if the athlete has a current medical on file with Special Olympics GA.

Parent/Guardian/Caregiver signature	Date
Athlete's signature	Date

### Team Uniforms:

Uniform Size Information: Height: \_\_\_\_\_, Weight: \_\_\_\_\_, Waist: \_\_\_\_\_

Inseam Length: \_\_\_\_\_, Sleeve Length: \_\_\_\_\_, T-shirt Size: \_\_\_\_\_

Note: Team Uniforms are worn only at tournaments and State Games. Practice shirts may be available. The uniform is provided and measured to fit each athlete. On a returning athlete, the previous year's uniform should be worn. If repairs are needed, bring the uniform to the practice or contact Apparel Chair Person, Gale Jones. New athletes will be issued new uniforms. Other personal equipment and clothing needed will vary depending on the sport and the season. Contact your coach for this information.



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## Special Olympics Athlete's Code of Conduct

Special Olympics is committed to the highest ideals of sports and expects all athletes to honor sports and Special Olympics. All Special Olympics athletes and Unified Sports partners agree to the following code:

### Sportsmanship

Athlete/  
Parent/  
Guardian/  
Caregiver  
Initials

- I will practice good sportsmanship.
- I will act in ways that bring respect to me, my coaches, my team, and Special Olympics.
- I will not use bad language.
- I will not swear or insult other people.
- I will not fight with other athletes, coaches, volunteers, or staff.

### Training and Competition

Athlete/  
Parent/  
Guardian/  
Caregiver  
Initials

- I will train regularly and attend as many practices as I can.
- I will let my coach know when I will not be at practice.
- I will learn and follow the rules of my sport.
- I will listen to my coaches and the officials and ask questions when I do not understand.
- I will always try my best during training, divisioning, and competitions.
- I will not "hold back" in preliminaries just to get into an easier final heat.

### Responsibility for My Actions

Athlete/  
Parent/  
Guardian/  
Caregiver  
Initials

- I will not make inappropriate physical, verbal, or sexual advances on others.
- I will obey curfews at state games and not leave my chaperone or room without notification.
- I will not drink alcohol, smoke, or take illegal drugs while representing Special O.
- I will not take drugs for the purpose of improving my performance.
- I will not bring any weapons to any Special Olympics activity.
- I will obey all laws and Special Olympics' rules.

Every attempt will be made to have GMSO be a place where special needs young adults can thrive together. However, GMSO reserves the right to deny participation to any individual whose behavior proves them to be a danger to others or themselves and/or negatively interferes with the other Athletes' experiences. Infractions will be handled according to the **GMSO Disciplinary Policy** based on levels of severity, from issuing a warning to summoning law enforcement, if necessary. I understand that if I do not obey this Code of Conduct my Program or a Games Organizing Committee may not allow me to participate. Failure to do so may result in being suspended or dismissed from Area 18 GMSO.

\_\_\_\_\_  
Parent/Guardian/Caregiver signature Date

\_\_\_\_\_  
Athlete's signature Date



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Athlete's Name: \_\_\_\_\_

## TRAINING SESSIONS

My athlete, named above, has my permission to attend training sessions for his event. I also agree that attendance records will be kept and each athlete is expected to attend 80% of the training sessions. I will make every effort to contact my athlete's coach when we are not able to attend. I also agree that determination of athletes who participate in State Games, or serve as alternates does take into account my athlete's attendance at training sessions.

I agree to pick him/her up at the completion of the scheduled practices. I will be prompt.

\_\_\_\_\_  
Parent/Guardian/Caregiver signature

Date

\_\_\_\_\_  
Athlete's signature

Date

Thank you for registering your athlete to participate in Gwinnett Masters Special Olympics. This registration form will be kept on file in order to make your athlete's Special Olympics experience as safe and rewarding as possible. Additional information/permissions will be requested as necessary to meet the requirements of State Games and/or extended travel situations.

### GMSO Mailing Address:

### Fax Number:

Gwinnett Masters Special Olympics  
Attn: Coordinator  
P. O. Box 491803  
Lawrenceville, GA 30049

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