



# MASONIC UNIFIED CHAMPION CLUB

**Dear Unified Athletes, Parents, and Guardians:**

Thanks to the support of the Maine Masonic Charitable Foundation and the Special Olympics Unified Program we are thrilled to offer the Unified Champion Club Program. Through the power of sports, people with disabilities discover new strengths, abilities, skills, and successes. Participation in this program helps athletes find joy, confidence, and fulfillment — both on the playing field and in life. You will inspire people in your communities and elsewhere to open their hearts to a wider world of human talents and potential.

*To register to become an AYCC Unified Club Athlete, please complete the enclosed forms:*

- ATHLETE RELEASE FORM.** Please read the form in its entirety, print the athlete's name, sign, and date accordingly.
  
- ATHLETE MEDICAL FORM.** This form is designed to identify health concerns that are more common among people with disabilities. Page 1 - Demographics and Health History. Sections on page 1 may be completed by Parent/Caregiver. Page 2 of the Athlete Medical Form must be completed and signed by a medical professional. Athlete Medical forms must be submitted every three years from the date of the medical professional's signature.
  
- ATHLETE EMERGENCY CARE REFUSAL FORM (IF APPLICABLE).** Only complete this form if the athlete does not consent to emergency medical care on religious or other grounds.
  
- UNIFIED ATHLETE CODE OF CONDUCT.** Please review this form. Sign and date in agreement.

**Completed forms must be submitted either:**

**By email:** [acarey@clubaycc.org](mailto:acarey@clubaycc.org)

**Fax:** 1-207-861-8016

**Or mail:** AYCC, 126 North St. Waterville, ME, 04901 Attn: Alex Carey

***Thank you!***

**We are excited you are part of the Unified Champion Club!**

AYCC 126 North Street, Waterville, ME 04901

207.873.0684

clubaycc.org

acarey@clubaycc.org

## ATHLETE RELEASE FORM

To take part in the Alford Youth and Community Center's Unified Champions Club, I agree to the following:

- 1) **Ability to participate** – I am able to participate in AYCC Unified activities and I understand there is a risk of injury when I engage in activities.
- 2) **Photo release** – The Alford, Special Olympics, and Maine Masonic Charitable Foundation may occasionally use my/my athlete's picture, video, name, voice, and words to promote the Unified champions club. This includes but is not limited to posters, social media posts, promoting interviews with businesses, etc.
- 3) **Emergency care** – I consent to receiving medical care if needed in an emergency. If I wish to deny medical treatment, I will check mark one of the circles below *and* complete the refusal form on page 6.
  - I **do not** wish to receive medical care as I have a religious or other personal objections to receiving medical treatment in an emergency (complete refusal form on page 6).
  - I wish to receive emergency medical care, but I **do not** consent to blood transfusions (complete refusal form on page 6).
- 4) **Health programs** – If I take part of health programs I consent to the activities, exams, and post activity treatments. I understand I can say no to any aspect of the health program at any time. I understand this is not a replacement for my health care provider.
- 5) **Information sharing** – I understand my personal information which includes but is not limited to my specific disability information, age, and address will be shared by the AYCC and Special Olympics Maine to:
  - a. Determine my eligibility for the Unified Champions Club and/or Special Olympics
  - b. Determine the best ways for me to participate safely by consulting doctors, providing health treatment (if applicable), and responding to my needs as a Unified athlete.
  - c. Help provide me information on Special Olympic trainings and results
  - d. Report information required by law and respond to government requests
- 6) **Risk of injury and concussions** – I understand that by participating in Unified sports and activities that I run the risk of injuring myself. This includes but is not limited to muscle injuries, cuts, scrapes, bruises, etc. I also understand that if Unified staff or myself suspect that I have suffered a concussion, I may have to wait a minimum of 7 days and get medical clearance from a doctor to return to Unified activities.

By signing this page, I agree to the above statements. If I have questions about this form, email Alex Carey at [acarey@clubaycc.org](mailto:acarey@clubaycc.org) or call 207-872-8584.

Athlete's printed name: \_\_\_\_\_

Signature (if 18 years old or older): \_\_\_\_\_

Date: \_\_\_\_\_

**For athletes under 18 years old, a parent or legal guardian signature is required below.**

I am a parent or guardian of the athlete and am authorized to enter into this release on the Athlete's behalf. I have read and understand this release and have explained the contents to the Athlete as appropriate. By signing, I agree to this release on my own behalf and on behalf of the athlete. This release shall be binding upon me, the athlete and our respective heirs and legal representatives.

Parent/guardian's printed name: \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Champion Club member: \_\_\_\_\_

**CHAMPION CLUB MEMBER MEDICAL FORM**



**ATHLETE  
MEDICAL FORM**  
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**MASONIC UNIFIED CHAMPION CLUB**

**DEMOGRAPHICS**

Athlete's Social Security # \_\_\_\_\_ (if US Citizen)  Male  Female Date of Birth (month/day/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Athlete's Name \_\_\_\_\_ Athlete's Home Phone # \_\_\_\_\_

Athlete's Address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Parent's Work Phone # \_\_\_\_\_

Parent/Guardian's Address (if different than athlete) \_\_\_\_\_ Parent's Home Phone # \_\_\_\_\_

Emergency Contact (if other than parent/guardian) \_\_\_\_\_ Emergency Contact's Phone # \_\_\_\_\_

Health/Accident Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER**

Yes No			Yes No		
<input type="checkbox"/> <input type="checkbox"/>	*Heart disease / heart defect / high blood pressure	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Allergy:	_____
<input type="checkbox"/> <input type="checkbox"/>	*Chest pain	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Medicines:	_____
<input type="checkbox"/> <input type="checkbox"/>	*Seizures / epilepsy/fainting spells	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Food:	_____
<input type="checkbox"/> <input type="checkbox"/>	*Diabetes	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Insect stings/bites:	_____
<input type="checkbox"/> <input type="checkbox"/>	*Concussion or serious head injury	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Special diet	_____
<input type="checkbox"/> <input type="checkbox"/>	*Major surgery or serious illness	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	*Asthma	_____
<input type="checkbox"/> <input type="checkbox"/>	Heat stroke / exhaustion	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Tobacco use	_____
<input type="checkbox"/> <input type="checkbox"/>	*Blindness / visual problem	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Easy bleeding	_____
<input type="checkbox"/> <input type="checkbox"/>	Contact lenses / glasses	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Emotional / psychiatric / behavioral	_____
<input type="checkbox"/> <input type="checkbox"/>	Hearing loss / hearing aid	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Sickle cell trait or disease	_____
<input type="checkbox"/> <input type="checkbox"/>	Bone or joint problem	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Immunizations up to date	_____
	Most recent tetanus immunization _____/_____/_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Other	_____

(\*) Requires physical examination

**Medications:**  
Print medication name, amount, date prescribed and number of times per day medication is given

Medication Name	Dosage	Date Prescribed.	Times per day	Medication Name	Dosage	Date Prescribed.	Times per day

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/caregiver/adult athlete

**PHYSICAL EXAMINATION (TO BE COMPLETED BY PRIMARY MEDICAL CARE PROVIDER)**

Blood pressure:            /            Weight:            Height:

Please answer by circling yes or no to indicate if the athlete falls within normal range in the following categories.

Yes – athlete fall within normal range

No – athlete does not fall in the normal range but can participate given proper accommodations or corrections.

Vision – YES / NO

Cardiovascular system – YES / NO

Hearing – YES / NO

Respiratory system – YES / NO

Oral cavity – YES / NO

Gastrointestinal system – YES / NO

Neck genitourinary system – YES / NO

Motor control and coordination – YES / NO

Skin – YES / NO

Reflexes – YES / NO

Primary MR etiology/category (if known): \_\_\_\_\_

By signing, I indicate that I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Unified Club Programming.

RESTRICTIONS: \_\_\_\_\_

EXAMINER'S SIGNATURE: \_\_\_\_\_ Date:        /        /

EXAMINER'S NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**ONLY COMPLETE FOLLOWING IF ATHLETE IS DIAGNOSED WITH DOWN SYNDROME**

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift, and football team competition (soccer).

Yes No

Has an x-ray evaluation for atlanto-axial instability been done?

If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)



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## **SPINAL CORD COMPRESSION AND ATLANTO-AXIAL INSTABILITY RELEASE**

**Only complete if:** symptoms of spinal cord compression or atlanto-axial instability were found in a pre-participation examination and a doctor then provided clearance for participation following a neurological evaluation.

By signing, I acknowledge the following statements to be true:

- 1) In a pre-participation examination, a licensed medical professional found symptoms that might be the result of spinal cord compression or atlanto-axial instability.
  
- 2) After a neurological evaluation, a qualified doctor concluded that:
  - The cause of the symptoms will not result in additional risk of neurological injury due to participation in sports.
  - Participation in AYCC Unified Club Program activities is safe without restrictions or with restrictions that will be shared with Special Olympics and followed
  
- 3) I acknowledge that I have been informed of the findings and determinations of the physician. I release and hold harmless the AYCC and it's Unified Club Program from all claims in connection with possible spinal cord compression or atlanto-axial instability.

Athlete's printed name: \_\_\_\_\_

Signature (if 18 years old or older): \_\_\_\_\_

Date: \_\_\_\_\_

**For athletes under 18 years old, a parent or legal guardian signature is required below.**

I am a parent or guardian of the athlete and am authorized to enter into this release on the Athlete's behalf. I have read and understand this release and have explained the contents to the Athlete as appropriate. By signing, I agree to this release on my own behalf and on behalf of the athlete. This release shall be binding upon me, the athlete and our respective heirs and legal representatives.

Parent/guardian's printed name: \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Champion Club member: \_\_\_\_\_

## REFUSAL OF MEDICAL CARE FORM

Only complete this form if you do not consent to emergency medical care on religious or other grounds and have checked a box under the Emergency Care provision on the Athlete Release Form.

I, \_\_\_\_\_, am at least 18 years old and agree to the following statement:

I understand that the Alford Youth & Community Center (AYCC)'s standard registration form requires athletes or their parents or guardians to consent to emergency medical care for the athlete if needed in an emergency.

**Instructions:** If you are refusing medical treatment in the event of an emergency, check the box and initial.

Based on religious or personal objections, I:

**I do not consent** to any kind of medical treatment of any kind, even in the event of a life-threatening emergency. Initials \_\_\_\_\_

I consent to medical treatment, but **I do not consent to** blood transfusions of any kind, even in a life-threatening emergency. Initials \_\_\_\_\_

*If I am refusing medical treatment, I agree to the following:*

- 1) I agree to carry printed instructions that briefly describe my religious or personal objections to medical treatment and how I wish Special Olympics or the AYCC to respond if I get sick or hurt and cannot speak for myself. I agree to always carry these printed instructions with me *during my participation in any AYCC activity*, including during mealtimes, overnight accommodations, at training sessions and competitions, and during travel to and from AYCC activities.
- 2) I agree that I will be accompanied by an adult friend or family member at all times during my participation in any AYCC activity, so that this person can take personal responsibility for me during a medical emergency if I am unable to speak for myself. I understand that if this friend or family member is not present at all times, I will not be permitted to participate in AYCC activities, and that *no exceptions will be made*.
- 3) I understand that AYCC cannot guarantee that emergency medical care will be withheld if I am not carrying the printed instructions **or** the accompanying adult is not present and actively taking personal responsibility for me during a medical emergency if I am unable to speak for myself.
- 4) I release AYCC, its employees, and its volunteers from all claims that may arise out of taking or failing to take measures to provide me with emergency medical care. I am agreeing to this release because I have refused, knowingly and voluntarily, to give AYCC permission to take emergency measures, and I am expressly directing AYCC not to do so on religious or personal grounds.

**I have read and understand this release. By signing, I agree to this release.**

Athlete's printed name: \_\_\_\_\_

Signature (if 18 years old or older): \_\_\_\_\_

Date: \_\_\_\_\_

**For athletes under 18 years old, a parent or legal guardian signature is required below.**

I am a parent or guardian of the athlete and am authorized to enter into this release on the Athlete's behalf. I have read and understand this release and have explained the contents to the Athlete as appropriate. By signing, I agree to this release on my own behalf and on behalf of the athlete. This release shall be binding upon me, the athlete and our respective heirs and legal representatives.

Parent/guardian's printed name: \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Champion Club member: \_\_\_\_\_



# MASONIC UNIFIED CHAMPION CLUB

## UNIFIED ATHLETE CODE OF CONDUCT

As an athlete with the Unified Champions club, I am committed to demonstrating the highest standard of respect, honesty, and safety. To participate in Unified programming:

### **SPORTSMANSHIP AND RESPECT FOR OTHERS**

- I will communicate respectfully with other club members, staff, volunteers, families, and partners. This includes refraining from vulgar or inappropriate language, such as swearing, teasing, or harassing others.
- I will treat every person with respect and promote equality regardless of the sex, gender identity, age, ethnicity, race, religion, or ability level of anyone involved in the Unified program. This includes spectators.
- I will refrain from any form of physical aggression/fighting with coaches, families, spectators, volunteers, and other athletes. I understand I will be asked to leave if I engage in aggressive physical contact.
- I will practice good sportsmanship with my teammates, opponents, volunteers, and Unified staff members.

### **TRAINING AND COMPETITION**

- I will learn and follow the rules of my sport/activity. This includes paying attention during practices, warmups, lectures, and lessons.
- I will do my best to ask questions when I do not understand and advocate for myself to the best of my ability when I need help or certain accommodations to help me succeed.
- I will try my best during trainings, games, and other activities.
- I will listen and follow reasonable requests from the Unified staff and volunteers.

### **PERSONAL RESPONSIBILITY**

- I will immediately report verbal or physical abuse towards me to Unified staff. This includes any form of verbal, physical, psychological, emotional, or sexual abuse, unwanted sexual advances, or harassing, bullying, or hazing behavior in person or via any form of communication, including texting and social media.
- I understand all telephone and electronic communications between me and any other member of Special Olympics, Unified sports, and the public must be appropriate and respectful.
- I understand that any social media connections I make with delegation members on my personal social media accounts are my choice and I am completely responsible for all such communications and who I choose to friend/follow on social media.
- I will not drink or possess alcohol, smoke (tobacco products or e-cigarette devices) or take illegal drugs while representing Unified or Special Olympics at training sessions, competition or during games and activities.

I have read and understand the above statements. Violations of these rules may result in my exclusion in Unified activities or events. By signing, I agree to these rules.

Athlete's printed name: \_\_\_\_\_

Signature (if 18 years old or older): \_\_\_\_\_

Date: \_\_\_\_\_

**For athletes under 18 years old, a parent or legal guardian signature is required below.**

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Parent/guardian's printed name: \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Champion Club member: \_\_\_\_\_

Thank you for completing the Unified Champions Club athlete registration forms!

We are very excited to have you be part of Unified!

**Completed forms must be submitted either:**

**By email:** [acarey@clubaycc.org](mailto:acarey@clubaycc.org)

**Fax:** 1-207-861-8016

**Or mail:** AYCC, 126 North St. Waterville, ME, 04901 Attn: Alex Carey

***Thank you!***

**We are excited you are part of the Unified Champion Club**

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