

**SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY (AAI Form)**  
**(\*Required Fields/\*\*Required Signature & Date/\*\*\*Required Signatures & Dates)**

Athlete Name (Last, First)*		County Participating:	
Contact Name*:		Athlete Date of Birth*:	
Contact Email*:		Contact Phone*:	

**INSTRUCTIONS:** If the athlete listed has Down Syndrome and answered "Yes" to Items 1a, 1b and 1c in Section G (Page 3 of the "Athlete Application for Participation" Form), and wishes to participate in sports or events which by their nature may result in hyper-extension, radical flexion, or direct pressure on the neck or upper spine (alpine skiing, pentathlon, high jump, butterfly stroke or dive starts in aquatics, and soccer), Items 1-14 below must be completed by **two** licensed medical professionals (Examiners). \*\*\*The Examiner's Signatures (Items 6 and 13) and Examiner's Signature Dates (Items 7 and 14), respectively, are required. The independent adult athlete, parent/guardian of the minor athlete, or the legal guardian of the adult athlete must sign and date Items 15 and 16 below.

Please note that this form must be submitted in conjunction with the "Athlete Application for Participation" Form.

**FOR THE MEDICAL PROFESSIONALS (EXAMINERS):** We have examined the athlete named in the application who has Down Syndrome and who has been diagnosed as having Atlanto-Axial Instability (AAI). We certify based on our examinations of the athlete and our review of the health information contained in this application that, despite the diagnosis of AAI, this athlete is not medically precluded from participation in Special Olympics. We further certify that we have explained to the athlete named in this application (and to the parent or guardian whose signature appears below, if any) the medical risks associated with AAI and, in particular, the risks associated with the athlete's participation in sports or events which by their nature may result in hyper-extension, radical flexion, or direct pressure on the the neck or upper spine.

Examiner One (Complete Items 1-7)		Examiner Two (Complete Items 8-14)	
1. Restrictions (If Any)*:	_____	8. Restrictions (If Any)*:	_____
2. Examiner's Name*:	_____	9. Examiner's Name*:	_____
3. Address*:	_____	10.Address*:	_____
4. City*/State*/Zip*:	_____	11.City*/State*/Zip*:	_____
5. Phone*:	_____	12.Phone*:	_____
<b>6. Examiner's Signature***:</b>	_____	<b>13.Examiner's Signature***:</b>	_____
<b>7. Signature Date***:</b>	_____	<b>14.Signature Date***:</b>	_____

**CERTIFICATION OF INDEPENDENT ADULT ATHLETE, PARENT/GUARDIAN OF MINOR ATHLETE,  
OR LEGAL GUARDIAN OF ADULT ATHLETE**

I am the independent adult athlete, the parent/guardian of the minor athlete, or the legal guardian of the adult athlete, named in this application. I certify that:

- I have been informed by the licensed medical professionals named above that I or my minor child/dependent has Atlanto-Axial Instability.
- The risks associated with that condition, including the risks from participating in alpine skiing, pentathlon, high jump, butterfly stroke in aquatics, and soccer have been fully explained to me by the licensed medical professionals named above, and I fully understand the possible medical consequences of me or my minor child/dependent participating in any of these sports or events.

**FOR INDEPENDENT ADULT ATHLETES (18 years of age or older):** Although I recognize and understand the risks and possible medical consequences, I certify that, based on the certifications of the two licensed medical professionals named above that I am taking these risks knowingly and voluntarily, of my own free will, because of my desire to participate in Special Olympics, including any or all of the sports listed above.

**FOR MINOR ATHLETES (under 18 years of age) or ADULT ATHLETES WITH LEGAL GUARDIANS:** Although I recognize and understand the risks and possible medical consequences, I certify that, based on the certifications of the two licensed medical professionals named above that I hereby give my permission for my minor child/dependent to participate in Special Olympics, including any or all of the sports listed above.

<b>15. SIGNATURE of Independent Adult Athlete, Parent/Guardian of Minor Athlete or Legal Guardian of Adult Athlete**:</b>	_____	<b>16. Date**:</b>	_____
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The electronic version of this form can be obtained by visiting [www.BecomeAnAthleteSONC.org](http://www.BecomeAnAthleteSONC.org).

\*Required Fields

\*\*Required Signatures & Signature Dates (Handwritten or Typed Signatures & Signature Dates are acceptable)

\*\*\*Handwritten Signatures & Signatures Dates Only