



***Come learn about our newest program, participate in some fun activities and win a medal!***

Special Olympics Massachusetts will be hosting a Young Athletes Day on Saturday April 19<sup>th</sup> from 10:00 a.m. to 1:00 p.m. at the Worcester State College Student Center.

Young Athletes is an innovative sports play program for children with intellectual disabilities, designed to introduce them to the world of sports prior to Special Olympics eligibility at age 8. The program is designed for children age 2-7 and helps foster physical, cognitive and social development as well as welcome their families to the Special Olympics network of support. Young Athletes is an inclusive program; siblings and friends are welcome to participate in the program and join the fun.

For more information please contact Jon Muskrat at 413-747-8946 or [jon.muskrat@specialolympicsma.org](mailto:jon.muskrat@specialolympicsma.org)

If your family is interested in participating in our Young Athletes Day, please complete the form below and return to address below or bring it on April 19<sup>th</sup>.

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**Students Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**School Attends:** \_\_\_\_\_

### **Young Athletes Release Form**

I am the parent/guardian of \_\_\_\_\_, the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, internet and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Pilot Program will be used to plan, evaluate, and improve the program.

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

I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

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Signature of Parent/Guardian

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Date

**Please Return Completed Forms To:**  
Special Olympics Massachusetts, Attn: Jon Muskrat  
425 Union St.  
West Springfield, MA 01089  
413-747-8946 Fax: 866-472-1480