

2010 Summer Sports State Games

Track & Field (Athletics), Cycling, Tennis, Soccer, Volleyball & Bocce

Date:	Friday through Sunday, May 14-16, 2010
Departure Time:	Athletes must arrive to EASTMONTE PARK by 10:30am, Friday May 14, 2010. There will be transportation provided for athletes and coaches.
Return Time:	We are anticipating arriving back at EASTMONTE PARK no later than 11:00am, Sunday May 16, 2010. If we are arriving at a different time the parents will be contacted at the number listed on the athlete permission slip.
Location:	Disney Wide World of Sports 700 South Victory Way Lake Buena Vista, FL 34747
Hotels:	Delegation Hotels: Disney's All Star Resorts. Family Hotel: Family Housing has been arranged at the Ramada Gateway Hotel, 7470 Highway 192 West, Kissimmee, 34747; phone number: 407-396-4400. Rates are \$35.00 per night for a standard room (exterior door to parking lot), \$45.00 per night (exterior door onto the inner courtyard) and \$55 per night for a tower room (interior door). Please ask for group code Special Olympics to receive these rates. These rates are valid only until April 30.
What to bring:	<ol style="list-style-type: none">1. Bag Lunch for Friday (All other meals will be covered)2. Red Special Olympics Shirt (If you do not have one let your coach know so we can provide you one.)3. Pajamas and Toiletries4. Medications5. Clothes to return in on Sunday *Please check the weather and pack appropriate clothes
Other Info:	<ol style="list-style-type: none">1. A Seminole County permission slip must be signed before the athlete can get in the transportation provided.2. If your athlete will be leaving with you and not on the bus from the State Competition you must fill out a Competition Parental Release Form and give it to the head coach of your athlete's team.3. Uniforms will be given to the athletes by their head coach the day of the tournament. All uniforms MUST be returned to the head coach at the END of the tournament.4. Please return the attached forms back to your coach, by Saturday April 24, 2010.
Schedule:	See Below.
Room Assignments:	Room Assignments have not been completed yet. We will provide a separate notice of room assignments for parents to review.

Summer Sports State Games Spectator Pass Information

ESPN Wide World of Sports Complex charges admission, during the day, to enter their facility. Therefore, as part of our agreement with them, we are provided with a finite number of complimentary tickets to give to our athletes' family members so that they do not have to pay admission to attend the Games. Official delegation members and day-of volunteers should not apply for spectator passes, as it is unnecessary.

Admission to the ESPN Wide World of Sports Complex is free after 6:00 p.m. on Friday and Saturday, May 14-15, 2010. Therefore, any spectators coming only for Opening or Closing Ceremonies do not need to request spectator tickets. Also, the cycling competition takes place entirely in the parking lot of the ESPN Wide World of Sports Complex. So, if family members are only coming to watch cycling and do not need to enter the Complex (food and drink vendors and restrooms will be available at the cycling venue), they should not request spectator tickets.

All spectator tickets will be available for pick-up on Friday, May 14, from 11:00 am - 6:00 pm and on Saturday, May 15, from 7:00 am - 12:00 pm (noon) at the tent adjacent to the ESPN Wide World of Sports Complex Box Office, located ahead and to the left of the circle drive/guest drop-off area (prior to walking up the ramp or stairs to the turnstiles).

Any spectator who has not pre-ordered their ticket by May 10, 2010, will still have the opportunity to attend by purchasing spectator tickets at the ESPN Wide World of Sports Complex Box Office at the following prices:

Daily General Admission:

- Adult: \$13.50
- Child (Ages 3-9): \$10.00

Lost tickets will not be replaced. Spectators will need to purchase a new ticket on their own.

NEW FOR 2010: At least one person in each party/family picking up tickets must show a valid ID (does not have to be a photo ID) that matches the name given when the tickets were ordered. Tickets will not be issued without proof of identity from at least one person in the party whose name is supposed to be on the list.

Tentative Games Schedule: (subject to change)

Friday, May 14, 2010

10:30 am	Meet at Eastmonte Park to ride with the delegation.
11:00 am	Delegation is leaving Eastmonte Park
8:00 am – 1:00 pm	Delegation Registration
2:00 – 5:00pm	Competition (Athletics, Bocce) Preliminary Competition (Soccer, Tennis)
2:00 – 5:30 pm	Healthy Athlete Initiative
6:00 – 8:00 pm	Dinner (Sports Experience)
8:30 - 9:30 pm	Opening Ceremonies (Champion Stadium)
9:45 – 10:00 pm	Head Delegates Meeting (Champion Stadium)

Saturday, May 15, 2010

7:30 am – 5:00 pm	Competition (Track & Field)
8:00 am – 5:00 pm	Competition (Tennis)
9:00 am – 5:00 pm	Competition (Cycling, Bocce & Soccer)
11:00 am – 1:00pm	Lunch – (Sports Experience)
9:00 am – 5:00 pm	Healthy Athlete Initiative
5:00 – 7:15 pm	Dinner (Sports Experience)
7:45 - 8:30 pm	Closing Ceremonies (Champion Stadium)
8:30 – 10:00 pm	Victory Dance (TBD)

Sunday, May 16, 2010

10:15 am	Leave Hotel
11:00 am	Arrive at Eastmonte



PARENTAL PERMISSION SLIP & CODE OF CONDUCT REMINDER

I HEREBY GIVE PERMISSION FOR MY ATHLETE: _____

TO ATTEND: 2010 SUMMER SPORTS STATE GAMES

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PHONE NUMBER: _____

IN CASE OF AN EMERGENCY OR EARLY/LATE ARRIVAL _____

ATHLETE: I AGREE TO FOLLOW ALL THE RULES OF THE CODE OF CONDUCT FOR SPECIAL OLYMPICS FLORIDA AND SEMINOLE COUNTY. I UNDERSTAND THAT VIOLATION OF THESE RULES MAY RESULT IN MY BEING REFUSED ANY FUTURE PARTICIPATION IN SPECIAL OLYMPICS FLORIDA AND SEMINOLE COUNTY EVENTS

ATHLETE SIGNATURE: _____

DATE: _____

MEDICATION INFORMATION

MEDICATION NAME	AMOUNT TAKEN	WHEN/FREQUENCY	SPECIAL INSTRUCTIONS

ADDITIONAL INFORMATION...

IS THERE ANYTHING WE NEED TO KNOW ABOUT YOUR ATHLETE:

SLEEPING HABITS/TENDANCIES, BEHAVIORAL ISSUES/CONCERNS, FOOD PRODUCTS TO AVOID, ETC...

PARENTAL EARLY RELEASE FORM

FILL THIS FORM OUT ONLY IF YOU WILL BE LEAVING THE COMPETITION EARLY WITH YOUR ATHLETE.

I, _____, parent/legal guardian of _____,
(parent/legal guardian) (print athlete name)

a Special Olympics Florida Athlete, do hereby assume all responsibility for my son/daughter.

I acknowledge that I am taking him/her after all competition has been completed, during the

2010 Summer Sports State Games, but prior to the team departing for home. I assume all
(competition name)

liability for _____ as of _____ on _____. At that
(athlete name) (time) (date)

time, I am relieving the County Program and SOFL of all responsibilities and liabilities for this athlete.

The Head of Delegation must be notified prior to releasing athlete to parent's/guardian's custody. **An athlete may not be taken from the delegation until after competition is completed.** Athletes may not spend the night with their parent/guardian until competition has been completed. The athlete must travel to the competition with the delegation. **Special Olympics Florida's policy prohibiting recreational swimming, from the time the delegation leaves the county until the time the delegation returns to the county, is still in effect, even if an athlete has been released to the parent/guardian, by the delegation.**

I have read and understand the above provisions, and agree to them.

Parent/Legal Guardian

(Print First and Last Name)

(Signature)

Head of Delegation

(Signature)

OFFICIAL GAMES ATHLETE AND VOLUNTEER RELEASE FORM

(Adult and Minor)



Special Olympics
Florida

Please Print

Event Information

Event Date(s): May 14 & 15, 2010 County: _____ School/Agency: _____

Name of Event: Special Olympics Florida Summer Games Event Host: Special Olympics Florida, Inc.

Sport Type(s): Soccer, Track & Field, Bocce, Tennis, Volleyball, Cycling & any other activities conducted at or in conjunction with the Event

Participant Information

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ Gender (M/F): _____ Emergency Telephone Number: _____

Please Read Carefully Before Signing

(Adult – 18 years of age or over; Minor – under 18 years of age)

In consideration of my and/or my minor child or ward's participation in the Sport Type(s) and Event referenced above and any related activities (collectively, the "Event"), wherever the Event may occur, I agree to assume all risks incidental to such participation (which risks may include, among other things, muscle injuries, heat and stress related issues and broken bones). On my own and/or my minor child or ward's behalf, and on behalf of my and/or my minor child or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my minor child or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorneys' fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties, except as may result from the gross negligence or willful misconduct of Released Parties, and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my minor child or ward either before, during or after such participation. I further authorize medical treatment for me and/or my minor child or ward, at my cost, if the need arises. For the purposes hereof, the "Released Parties" are Walt Disney World Co. and Disney Destinations, LLC, and their respective parent, subsidiary, affiliated or related companies; all Event sponsors or charities, and each of their respective parent, subsidiary, affiliated or related companies; South Lake Hospital, Inc., The Toro Company, Orlando Regional Healthcare Systems, Inc., National Fluid Milk Processor Promotion Board, Amerada Hess Corporation, Hanesbrand Inc., Jostens, Inc. and Adventist Health System/Sunbelt, Inc., and each of their respective parent, subsidiary, affiliated or related companies; Reedy Creek Improvement District and its Board of Supervisors; and the officers, directors, employees, agents, contractors, sub-contractors, representatives, successors, assigns and volunteers of each of the foregoing entities.

I represent and warrant that, to the best of my knowledge and belief, I (or my minor child or ward) am (is) 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 (or my minor child or ward's) application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me (or my minor child or ward) from participating in Special Olympics. I understand that if I (or my minor child or ward) have (has) Down Syndrome, I (or my minor child or ward) cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my (or my minor child or ward's) neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Program in my area, or I (or my minor child or ward) have (has) had a full radiological examination which establishes the absence of Atlanto-Axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-Axial Instability, I (or my minor child or ward) must have the radiological examination before I (or my minor child or ward) can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and football (soccer).

I further grant the Released Parties the right to photograph and/or videotape me and/or my minor child or ward and further to display, use and/or otherwise exploit my and/or my minor child's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings, without compensation, reservation or limitation. I further authorize distribution by the Released Parties of my contact information, including my e-mail address, to third parties for promotional purposes, or for any other purpose whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise any rights granted herein. I further grant to Special Olympics Florida, Inc. my permission, in perpetuity, to exercise the rights granted herein 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.

This Waiver and Permission Form shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Waiver and Permission Form shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in such county and having subject matter jurisdiction), and I specifically waive the right to trial by jury. I certify I am 18 years of age or older and, if I am executing this Waiver and Permission Form on behalf of my minor child or ward, the information set forth above pertaining to my minor child or ward is true and complete.

TO BE COMPLETED BY

ADULT ATHLETE/VOLUNTEER

If, during my participation in Special Olympics activities, I should need emergency 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 am at least 18 years old and have submitted all requisite forms for participation in Special Olympics, either as an athlete or volunteer. I have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Adult Athlete/Volunteer 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/volunteer understands this release and has agreed to its terms.

(Printed Name)

(Signature)

Relationship to athlete/volunteer: _____

OR

PARENT/GUARDIAN OF MINOR ATHLETE/VOLUNTEER

If a medical emergency should arise during the minor athlete's/volunteer'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/volunteer's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete/volunteer is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the minor athlete's/volunteer's health and well-being.

I am the parent/guardian of the minor athlete/volunteer named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete/volunteer. 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/volunteer named above. I hereby give permission for the athlete/volunteer named above to participate in Special Olympics games, recreation programs, events (as a volunteer or athlete), and physical activity programs.

Signature of Parent/Guardian Date



Special Olympics



HEALTHY ATHLETES CONSENT FORM

Athlete's Name (please print): _____
First Last

Date of Birth: ____/____/____ County: _____
Month Day Year

Special Olympics offers certain non-invasive health care services to athletes at local, state, national, and World Games venues through the Healthy Athletes Program. These services may include individual screening assessments of health status and healthcare needs, provision of health education, routine preventive services (e.g., protective mouth guards), educational services, and, in the case of vision and hearing deficits, provision of needed eyewear (glasses, swim goggles, protective eyewear) and hearing aids. Athletes are informed as to their health status and advised of the need for follow-up care. In addition, information collected at the time services are provided has been invaluable for developing policies, securing resources, and implementing programs to better meet the health needs of athletes.

Adult Athlete:

I understand that by signing below, I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and healthcare needs in the areas of: vision, oral health, hearing, physical therapy, and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation for me to participate in the Healthy Athletes Program should I decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance, irrespective of the provisions of these services and that Special Olympics is not through the provision of these provisions responsible for my health. I understand that information that is gathered as part of the screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

OR

Parent/Guardian of Minor Athlete:

I understand that by signing below, I consent to the above athlete's participation in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and healthcare needs in the areas of: vision, oral health, hearing, physical therapy, and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation for the athlete named above to participate in the Healthy Athletes Program should the athlete decide not to participate or should I decide the athlete shall not participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services for the athlete named above and that Special Olympics is not through the provision of these provisions responsible for the health of the athlete named above. I understand that information that is gathered as part of the screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

Signature of Adult Athlete

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

NOTE: This authorization shall remain effective unless the consenting party requests termination or the scope of the Healthy Athletes program changes materially.