

Dear Parents, Staff, and Athletes:

Participation in Special Olympics practices and competitions is a privilege not a right. High standards of personal behavior are an expectation of all athletes who wish to participate. The safety and enjoyment of our athletes is our goal and what has determined our program policies. Parents and athletes must read, discuss, and agree, through signature to the policies and their consequences at the time of registration for sports competitions. This form, along with your registration form and health form will complete your enrollment.

ATHLETE Participation Policies

1. Athletes will not be able to practice until they are registered & paid through JCPRD. Registration needs to happen prior to the first night of practice. There are multiple ways to register a participant either by making payment by phone 913-831-3359, online at www.JCPRD.com, or mailing in payment by providing the code given on the activity newsletter. Please keep that newsletter for reference as it provides all pertinent details regarding sports and activities offered.
2. JCPRD Staff and Coaches are no longer able to take payments at the venue or practices.
3. All athletes must have a current physical on file prior to the first practice. Physicals are good for two years based on the state Special Olympics KS office calendar. The state office does not rely on the date of each physical as that would be too difficult to track; if you complete a physical in 2022 it will be good until Dec 31st 2024.
4. All athletes must attend the first two offered practice sessions to participate (unless you have notified us prior to practice of an excused absence). The information/cancellation line is updated before events no later than 4:00 p.m., as weather status could change throughout the day. That is typically the latest we wait to update the line, but some circumstances happen where we might change it right before practice or an event. **It is your responsibility to call 913.686.6030 x14# before leaving for every practice.**
5. All athletes are eligible to participate in Special Olympics area and state competitions if they attend the first two practice sessions and at least 80% of offered practices. Also, if athletes do not plan on attending state competitions please inform the coach, assistants, or coordinator at the beginning of a practice season.
6. Athletes must attend the Metro/Area tournament to participate in the State Tournament. The only exceptions for these policies are if an athlete is sick the day of metro/area or has given sufficient (at least 2 week prior) notice of not being able to attend the area event and approved by the Coordinator. **Athletes must remain with the JCPRD team for the entirety of the competition/tournament.**
7. Athletes brought to any sports venue, must check in and out through the Head Coach or Assistants.
Athletes need to be dropped off no earlier than 10 minutes prior to practice or an event starts.
Athletes/Participants need to be picked up promptly when the practice or event is scheduled to end.
This includes any Special Olympics practices, event, or returning from a tournament, and any Special Populations event or activity.
It will be your responsibility to call 913.686.6030 x14# for any updates on when activities, practices, or events begin and when we may return from events, activities, or tournaments.
8. For new athletes and those under the age of 18, a parent or guardian must stay at the venue with their athlete during practices, games, and other events. Coordinators reserve the right to request a parent, guardian, care provider or staff is present for any athlete or participant for any sport or activity.
9. Cursing, inappropriate language, poor sportsmanship and derogatory name-calling is not allowed.
10. Coordinators reserve the right to determine if an athlete is suitable for participation.

***Note: If infractions from the above policy occur, a conference with parents/staff, athlete, and coordinators will need to be completed prior to the athlete signing up for the next event.**

Keep this copy for your reference.

Sign & date; then return to JCPRD Special Olympics/Populations Coordinator

I understand the expectations to participate with JCPRD Special Olympics Athlete Participation and both athlete and parent/staff agree to compliance with all policies.

(Please sign)

Athlete name

Date

(Please sign)

Parent/Guardian/Staff name

Date