

# SPECIAL OLYMPIC BASKETBALL



MurrayRidgeCenter  
HELPING PEOPLE... FOR A LIFETIME

## Clinics

**October 15-January 15, 2021**

TO DEVELOP AND/OR MAINTAIN BASKETBALL SKILLS



### ***To qualify for Clinics:***

- 🌐 You MUST have a current Athlete Application / Physical on file in the Recreation Office
- 🌐 You MUST have your own transportation to and from Murray Ridge School **at assigned times**
- 🌐 Your TRANSPORTATION PROVIDER MUST drop you off and pick you up **at assigned times**
- 🌐 PAST performances, behaviors and attitudes may be considered regarding placement
- 🌐 You MUST complete Special Olympics Ohio COVID-19 WAIVER (1 TIME, ATTACHED)
- 🌐 You MUST complete COVID-19 DAILY SELF CHECKLIST PRIOR TO ARRIVAL **before each practice** (ATTACHED)
- 🌐 You MUST be screened upon arrival for COVID 19 symptoms
- 🌐 You MUST agree to and wear a facial covering at ALL TIMES (except when hydrating)
- 🌐 ALL ATHLETES WILL BRING AND CONSUME FROM THEIR OWN WATER BOTTLE
- 🌐 You MUST agree to and adhere to social distancing (6 feet) while participating
- 🌐 **ALL ATHLETES AND COACHES WILL ENTER AND EXIT SCHOOL THROUGH THE BACK DOOR**
- 🌐 **ANY COVID-19 SYMPTOM OR FEVER OF 100.3 OR ABOVE WILL RESULT IN DENIAL OF ENTRY, RETURN WILL BE CONTINGENT ON: a PHYSICIAN'S NOTE AND LCBDD APPROVAL**
- 🌐 You MUST return the form below before **WEDNESDAY, OCTOBER 7, 2020**

Clinics will be held on Mondays and Wednesdays or Tuesdays and Thursdays  
Session 1: 4:00-4:45pm (arrive 3:45pm, depart 4:45pm)  
Session 2: 5:45-6:30pm (arrive 5:30pm, depart 6:30pm)



## **BASKETBALL CLINICS 2020**

**Deadline to return: WEDNESDAY, OCTOBER 7, 2020**

Athletes Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return by mail to: Murray Ridge Center 1091 Infirmary Rd. Elyria, OH. 44035 Attn: Shawn D. Hatcher or email to [shatcher@murrayridgecenter.org](mailto:shatcher@murrayridgecenter.org).

8/20/2020



**SPECIAL OLYMPICS OHIO COVID-19 WAIVER**

Name: \_\_\_\_\_

Local Program: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_, have reviewed the COVID-19 high-risk conditions (see below) Athlete/Unified Partner/Coach /Volunteer Name and understand the inherit risk of contracting COVID-19 through coaching or participating in sports, competition and/or any group activity offered by Special Olympics. I also understand that an individual with an intellectual disability and/or with high-risk conditions may be at a higher risk of experiencing an adverse outcome, up to and including severe disability or death, should they become infected with COVID-19. I understand this and am choosing to coach or participate in sports, competition, and/or other Special Olympics activities at my own risk. **Who is at higher risk of COVID-19?**

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Based on what we know now, those at high-risk for severe illness from COVID-19 are/have:

- People 65 years and older
- Blood disorders (sickle cell disease or on blood thinners)
- Chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- Chronic kidney or liver disease
- Severe obesity (body mass index of over 40, Refer to the CDC BMI Calculator)
- Compromised immune system, immunocompromised (seeing a doctor for cancer treatments, received an organ or bone marrow transplant)
- Current or recent pregnancy (in last two weeks)
- Endocrine disorders (like diabetes)
- Metabolic disorders
- Brain and spinal cord disorders (like cerebral palsy, epilepsy, stroke)

1. Have you been diagnosed with COVID-19? \_\_\_\_\_ YES (If Yes, Date of Diagnosis: \_\_\_\_\_) \_\_\_\_\_ NO

*If YES, athletes will be required to get a new Special Olympics medical that includes a doctor's visit.*

**PARTICIPANT SIGNATURE** (required for any adult with capacity to sign legal documents)

*By signing this release, I acknowledge that I have completely read and fully understand the potential risk to my participation.*

Participant Signature: \_\_\_\_\_

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

**PARENT/GUARDIAN SIGNATURE** (required for anyone who is a minor or lacks capacity to sign legal documents)

*I am a parent or guardian of the athlete named above. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.*

Parent/Guardian Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

# COVID-19 DAILY SELF CHECKLIST

BELOW IS A DAILY CHECK LIST THAT ALL SOOH PARTICIPANTS SHOULD USE PRIOR TO ATTENDING ANY TRAINING OR COMPETITION. IF YOU REPLY YES TO ANY OF THE QUESTIONS BELOW, STAY HOME AND CONTACT YOUR HEALTHCARE PROVIDER FOR FURTHER ADVICE. LOCAL COORDINATORS SHOULD BE PREPARED TO ASK THESE QUESTIONS TO ALL ATHLETES, COACHES, UNIFIED PARTNERS OR VOLUNTEERS PRIOR TO ENTERING THE TRAINING AREA. IF ANYONE ARRIVES AT A TRAINING SESSION AND ANSWERS YES TO ANY OF THESE QUESTIONS THEY SHOULD NOT ATTEND THE TRAINING SESSION UNTIL CLEARED BY A PHYSICIAN

Do you have a fever (temperature over 100.3) without having taken any fever reducing medication?

YES NO

Congestion or Runny Nose? YES NO

Loss of Smell or Taste? YES NO

Muscle Aches? YES NO

Sore Throat? YES NO

Cough? YES NO

Shortness of Breath? YES NO

Chills? YES NO

Headache? YES NO

Have you experienced any gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite? YES NO

Have you or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

YES NO

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

YES NO