

SPECIAL OLYMPIC BASKETBALL

TEAM TRYOUTS

November 16, 2021

3:15pm-5:00pm

(Tryouts are held at Murray Ridge School)



MurrayRidgeCenter
HELPING PEOPLE... FOR A LIFETIME



To qualify for tryouts:

- You must have a current Athlete Physical on file in the Special Olympics Office
- You must have transportation home from the tryout (and all practices, all games)
- You must have returned your uniform from any previous sport season (softball, golf, etc)
- You MUST return the form below before **Tuesday, November 2, 2021**
- *Additional paperwork required if you DO NOT ATTEND a Murray Ridge Day Program
- DO NOT ATTEND THIS SESSION IF YOU ONLY WANT TO BE ON THE SKILLS TEAM.**

EOVC: Tyler/Shawn 440-284-2720 LOVC: Karen 440-282-2131 OOV: Shawn Hatcher 440-284-2720

-Tear Here-

BASKETBALL TRYOUTS 2018



Deadline to return: Tuesday, November 2, 2021

Athletes Name: _____ Phone: _____ Email: _____

Provider's Name: _____ Phone: _____ Email: _____

Please circle which day program the athlete attends:

Elyria OVC Lorain OVC Oberlin OVC Supported Employment * Other _____

***Non Murray Ridge Day Program Athletes require additional paperwork**

_____ **YES, I plan to attend the tryouts on Thursday, 11/16/21.**

_____ **I am only interested in the basketball SKILLS team (You do NOT attend tryouts)**

Please return this form to the Recreation Staff at your OVC

You may also return by mail to: Murray Ridge Center 1091 Infirmary Rd. Elyria, OH. 44035 Attn: Shawn D. Hatcher



Special Olympics

Ohio

Lorain County
Murray Ridge Center

**Statement of Understanding
for Athletes who do not attend Murray Ridge Adult Services**

Thank you for your interest in the Special Olympics Program! Please sign this form and return it to the Special Olympics Coordinator at the EOVC, with the necessary information.

In order for you to participate in Special Olympics you must provide the following information:

- Special Olympics Application that includes a Physical Exam signed by your Physician.
- If you do not reside in an ICF-IID, prior to and during the season of any sport in which you participate, you are responsible for immediately providing to the Special Olympics Coordinator the following documents: completed Circle of Support form and any updates to this form.
- If you reside in an ICF-IID, prior to and during the season of any sport in which you participate, you are responsible for immediately providing to the Special Olympics Coordinator the following documents: Service Plan; behavior support plan, as applicable; any revisions or updates to the service plan/behavior support plan; all information relevant to assurance of health and safety, and the completed Consumer Information Form.

In order to participate in Special Olympics, I agree to provide the above information to the Special Olympics Coordinator at EOVC,

(Signature of athlete/guardian)

Signature of ICF-IID representative, if applicable

Please be advised of the following:

1. If you take medications or receive medical treatments (including PRNs for Behavior Support Plans, etc.) during the time frames of Special Olympics practices, events and games, and you are unable to administer your own medications/treatments, you will need a caregiver/provider or family member to attend the practices, events and games to administer your medications/treatments.
2. For Practices: You will need to provide your own transportation to and from practices.
3. For games and events: You will have to provide your own transportation to a designated site (typically the Elyria Opportunity/Vocational Center) and we will transport you to the game/event. If you have a caregiver/provider or family member that is attending to assist you with your medication(s)/treatment(s), he/she can ride in his/her own vehicle or ride with the athletes on the van/bus if there is room. If your caregiver/provider/family member chooses to ride on the van/bus with the athletes, he/she will need to complete a Volunteer Application. Please contact us at the number below to obtain this application.

If you need any assistance with this application process please contact me. Once again, we would like to thank you for your interest in becoming/continuing as an athlete with the Murray Ridge Special Olympics Program!

Shawn Hatcher

Murray Ridge Adult Services
Special Olympics Coordinator
Elyria Opportunity/Vocational Center
1095 Infirmary Road
Elyria, OH 44035
shatcher@murrayridgecenter.org
Office: (440) 284-2720
FAX: (440) 322-7659



Special Olympics
Ohio

Circle of Support Information

Lorain County
Murray Ridge Center

Medical Information: (This section does not need to be filled out by a physician)

Primary Physician	Phone No.	Fax No.
Address	P.O. Box	
City	State	Zip Code

Medication: (The responsibility for taking any medication rests with the individual. If the nurses assistance is needed in giving medication, a "Physician's Prescription" is needed as well as the medication brought to the nurse in a pharmacy labeled container.) Please list all medications taken by the Athlete at home as well as at the Day Program *(Plus time of Administration, i.e. 8:00 am, 12:00 pm etc.).

Current Medications	Condition	Admin. Time	Dosage/Frequency	Prescribing Physician

Allergies	Reactions
<input type="checkbox"/> Drug	
<input type="checkbox"/> Food	
<input type="checkbox"/> Other (exp. - Bee sting, Latex)	
<input type="checkbox"/> Special Diet	Date of Tetanus Shot

Limitations
Physical limitations:
<input type="checkbox"/> Full participation in activities
<input type="checkbox"/> Restricted participation in activities (Please list)
▪
▪
▪



Special Olympics
Ohio

Circle of Support Information

Lorain County
Murray Ridge Center

Participant Name: _____ **Date:** _____

Address: _____

Home Phone Number: _____ **Cell Phone Number:** _____

Current Day Program: _____

List the name and phone numbers for Primary person responsible for your transportation to and from Special Olympic events. Also list a Name/Number for a Secondary Person.

Primary Transportation Name: _____

Street Address: _____ **Home Phone:** _____

City: _____ **Work Phone:** _____

State: _____ **Cell Phone:** _____

Zip Code: _____ **Relationship:** _____

E-mail: _____

Secondary Transportation Name: _____

Street Address: _____ **Home Phone:** _____

City: _____ **Work Phone:** _____

State: _____ **Cell Phone:** _____

Zip Code: _____ **Relationship:** _____

E-mail: _____

Other Name: _____

Street Address: _____ **Home Phone:** _____

City: _____ **Work Phone:** _____

State: _____ **Cell Phone:** _____

Zip Code: _____ **Relationship:** _____

E-mail: _____

Guardian Name (if applicable) _____

Street Address: _____ **Home Phone:** _____

City: _____ **Work Phone:** _____

State: _____ **Cell Phone:** _____

Zip Code: _____ **Relationship:** _____

E-mail: _____