

**North Suburban Special Olympics**  
**1008 Woodview Drive, Grafton, WI 53024**  
**262-894-5120 (Kevin); 414-550-5357 (Linda)**  
**HOTLINE: 414-327-1016**

August 2021

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| <b>Fall Sports Information</b> |
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The following information is what we hope based on COVID-19 = we will be following facility, municipality, state, federal and SOWI guidelines. These guidelines can change at any time and we will have to adjust accordingly. So what we say here is what we hope. At this time masks will be required and spectators will be assigned a nearby area, not within immediate practice area. Vaccinations are not required but are strongly recommended. IMPORTANT; INFORMATION ABOUT COVID-19 WHICH CAN AFFECT SOWI AND NSSO IS CHANGING ALMOST DAILY, WE WILL NOTIFY EVERYONE AS WE KNOW MORE SPECIFICS.

This fall, athletes from NSSO can compete in Volleyball or Bowling.

**VOLLEYBALL:** Practices will start the week of Labor Day and continue through mid-November. We will be splitting volleyball into two nights as in prior years (Monday or Wednesday). Our practice site will be the Milwaukee Safety Academy. Please remember to ENTER the north side doors towards the parking lot, not the front door, and remember to use the sign in sheet (athletes, coaches, spectators).

We will split the teams for skills like we do basketball – players from the Spikers and North Stars should come on Wednesday, September 8; players from the Warriors and Diggers should come on Monday, September 13. If you cannot attend the assigned night, come to the one you can attend. Practices will be at the Milwaukee Safety Academy, 6:30-8:00pm. Athletes will be notified of team assignment and night of practice after we know how many teams we will have. Volleyball is open only for competition and athletes must be able to attend the tournament and the state competition.

**BOWLING:** Practices will start on Saturday, September 4, 2021, at Brown Deer Lanes; practices will be held every Saturday up to and including November 27th. Practices start promptly at 10:15am, please be there 15 minutes ahead; the door will not open until 10:00am. The fee this year is set at \$ 85.00.

- ⊙ The NSSO Volleyball tournament will be held on Sunday, October 24, 2021. Schedule information will be distributed to the volleyball teams early in October; games will be at Nicolet High School. This invitational is mandatory for all players. The SOWI State Volleyball Tournament is Saturday, November 6, 2021 – Milwaukee Sting Volleyball Center; N54 W13904 North Park Dr., Menomonee Falls 53051.
- ⊙ There will be no regional bowling competition – there will be virtual entries which SOWI will use to decide who is eligible to advance to the state competition. The state will be held on will be Sunday, December 5, 2021, at AMF Bowlero, Wauwatosa.
- ⊙ Athletes may compete in Volleyball and participate in Bowling.

REMINDER: ALL ATHLETES AND COACHES WHO WILL BE DOING SPORTS THIS FALL MUST HAVE COVID-19 PROTOCOL AND THE COMMUNICABLE DISEASE FORMS ON FILE BEFORE ANY PRACTICE.

Please let us know if you will not be involved in sports this fall – for any reason. It could be that bowling and volleyball are not your preferred sports or that you are waiting until there is better news about COVID. It helps us plan. Please do NOT attend a practice if you are not feeling well.

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| <b>Upcoming</b> |
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We hope to be able to have our Healthy Steps and Healthy Living program this fall – details are being worked on and are, of course, dependent on COVID-19 protocols. We are looking forward to a working relationship with All Star Health of Thiensville for some programming; All Star Health is also available for those who wish to hire a personal trainer.

We again plan on starting basketball on a Monday/Wednesday schedule – we found that it was quicker to get the required skills done and break into teams earlier, especially with the holidays taking some of our practice nights. NOTE: Team basketball practices will start in December. Complete information will be available in the next newsletter. Basketball skills will start in January.

If weather and facilities (and COVID) permit, snowshoeing will also start in December.

### General Sports Information

We try to give as much scheduling information as we can, as much in advance as we have it. Please remember to keep practices, tournament dates and competition dates in mind when scheduling vacations, etc. Not only is this important for those in individual sports – to be able to learn and possibly advance to the next level, but it is important for all team events. Teams learn to play together and rely on each member to be there when needed. It is mandatory that each team member attend and compete at a district level to advance to state (if that team advances), as well as being required to participate in pre-district games and invitationals or other tournaments. If an athlete misses the required games and/or the area/district tournament and the team advances to the next level, that athlete is no longer on the team for the year and should no longer attend practices – the team has to learn to work together. Even if attendance at all invitationals/ tournaments is not mandatory, it greatly helps each team to have all members at such events. Annual dates are usually held at about the same weekend each year, so this would also help in advance planning. Special practices, games, etc. – we may not know much in advance, but we do let everyone involved know as soon as we do. Practices after a district event, even for those individuals or teams not advancing to state are very worthwhile – it's the time to work on skills or try something new, etc.

When you register for a team sport, please make sure that you will be able to attend all competitions as this is important in team building and SOWI rules. If you cannot attend mandatory competitions, please talk to Kevin and Linda before you register.

### MISCELLANEOUS

#### **REMINDER!!! NORTH SUBURBAN'S HOTLINE NUMBER 414-327-1016**

While rain and other moderate inclement weather conditions do not generally cancel practices when they are indoors there may be other situations which would cancel a practice. Even something like dangerous winter driving conditions may require us to cancel a practice for the safety of drivers and passengers. So, keep in the practice of regularly checking the Hotline for current information. Remember that we may not always know about a building closure ahead of time, but if we do, it will be put on the hotline. Check the Hotline about 45 minutes prior to the practice start time to see if practice has been cancelled. For example, if practice starts at 6:00pm, a message will hopefully be left about 5:15pm. This means that athletes should not call their coaches to check to see if practice is cancelled. We will try to reach all athletes and coaches for sudden practice cancellations that are NOT weather related, but it is still a good idea to listen to the Hotline just before you leave for practice, because it is not always possible to reach everybody. If time permits, the website will also be updated with cancellation information.

This is also a reminder to not drop off an athlete at a practice until you have verified that a coach is on site. If the weather is iffy – stop and ask if a practice might be shortened and return on time.

Don't forget to get to a practice on time and please make sure that all drivers return at the correct time after the practice to pick up the athletes.

#### **Website**

Have you checked out the website <https://northsuburbanspecialolympics.org>? A handful to type in, but make it a favorite! You will find many current items and we love pictures. Check for cancellations and special events. Online forms launch from a green button.

# NORTH SUBURBAN SPECIAL OLYMPICS ATHLETE 2021 FALL SPORTS REGISTRATION FORM

**This form is due at the address below by Saturday, August 28, 2021**

NORTH SUBURBAN SPECIAL OLYMPICS  
1008 WOODVIEW, GRAFTON, WI 53024

ATHLETE NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ (specify athlete or parent)

- **Bowling:** Those athletes competing or participating in bowling must send a check for \$85.00 for the bowling fees with this registration form. We would like everyone to pay the full amount to make it easier to administer, however, we realize this is a lot of money at one time, so we offer a split payment option. This option will allow you to send in a check for \$45.00 with this registration form, with the remaining \$40.00 due by October 9, 2021.
- **Volleyball:** Since volleyball is a team sport, there are no participants allowed, only competitors.
- If you have any questions regarding this form please call Kevin at 262-894-5120 or LindaB at 414-550-5357.
- ALL ATHLETES WHO WILL BE DOING SPORTS THIS FALL MUST HAVE COVID-19 PROTOCOL AND THE COMMUNICABLE DISEASE FORMS ON FILE BEFORE ANY PRACTICE
- YOU CAN ALSO REGISTER ON THE WEBSITE: <https://northsuburbanspecialolympics.org>

| Choose one Option Below<br>↓  | OPTION DESCRIPTION   |
|---|--|
|   | <p><b>COMPETE:</b> Means attending practices AND Regional/District competitions &amp; possibly State competition</p> <p><b>PARTICIPATE:</b> Means attending practice, NOT attending competitions</p>   |
| <p><i>To compete in <b>Bowling</b></i></p> <p>1. Check here: <input type="checkbox"/></p> <p style="text-align: center;"><b>And</b></p> <p>2. Answer this question →</p>            | <p><b>Athlete MUST ATTEND:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 6 practices by November 7, 2021 or athlete may not be registered for the Bowling Competition and a minimum of 9 practices for the entire 2021 season.</li> <li>• The Bowling Competition on Sunday, December 5, 2021, if advancing to this level.                             <ul style="list-style-type: none"> <li>• Will athlete attend the Bowling Competition? <input type="checkbox"/> <b>Circle one: Yes or No</b></li> </ul> </li> <li>• Will athlete <b>PARTICIPATE</b> in Bowling, not <u>compete</u>? <input type="checkbox"/> <b>Circle one: Yes or No</b></li> </ul> <p><input type="checkbox"/> Include a check with this registration form, for \$85.00 (or \$45.00 for the partial payment option) to cover the weekly bowling fees made out to: North Suburban Special Olympics.</p>   |
| <p><i>To compete in <b>Volleyball</b></i></p> <p>1. Check here: <input type="checkbox"/></p> <p style="text-align: center;"><b>And</b></p> <p>2. Answer these three questions →</p> | <p><b>Athlete MUST ATTEND:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 3 practices by October 13, 2021 and a minimum of 7 practices for the entire season or athlete will not be registered as part of the team and/or may not be allowed on the team next year.</li> <li>• At least <u>two games</u> prior to the SOWI Volleyball competition on Saturday, November 6, 2021.</li> <li>• The NSSO Volleyball Tournament on Sunday, October 24, 2021?                             <ul style="list-style-type: none"> <li>• Will athlete attend the NSSO Volleyball Tournament? <input type="checkbox"/> <b>Circle one: Yes or No</b></li> </ul> </li> <li>• The SOWI Volleyball Competition on Saturday, November 6, 2021.                             <ul style="list-style-type: none"> <li>• Will athlete attend the SOWI Volleyball competition? <input type="checkbox"/> <b>Circle one: Yes or No</b></li> </ul> </li> <li>• Will Athlete also <b>PARTICIPATE</b> in Bowling? <input type="checkbox"/> <b>Circle one: Yes or No</b> <ul style="list-style-type: none"> <li>• If Yes, include a check with this registration form, for \$85.00 (or \$45.00 for the partial payment option), to cover the weekly bowling fees made out to: North Suburban Special Olympics.</li> </ul> </li> </ul> |
| <p>Check here <input type="checkbox"/></p>  | <p><b>If you do NOT plan on competing in any sport in the Fall season, please check here and return the form.</b></p>  |

NSSO USE ONLY: (CASH or CHECK) (\$85.00) or (\$45.00 paid on \_\_\_\_\_ and \$40.00 paid on \_\_\_\_\_)

# Communicable Disease Participant Waiver

Updated March 16, 2021



This release form must be completed and signed by all participants (Athletes/Partners/Coaches/Volunteers) before participating in any Special Olympics WI activity. This form **can be turned in onsite** at the activity or sent directly to SOWI. Please submit all forms to [covid@specialolympicswisconsin.org](mailto:covid@specialolympicswisconsin.org) or Special Olympics Wisconsin, Inc. 2310 Crossroads Dr., Ste. 1000 Madison, WI 53718

## WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES ("Agreement") for SPECIAL OLYMPICS WISCONSIN

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Wisconsin, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**LOCAL PROGRAM NAME (Agency/School):** 8-02 North Suburban Special Olympics

**PARTICIPANT FULL NAME:** \_\_\_\_\_

**Circle one:** Athlete      Unified Partner      Coach/Volunteer      Family/Caregiver

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) OR ATHLETES THAT ARE NOT THEIR OWN GUARDIAN

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

# COVID-19 Participant Release Form



This release form must be completed and signed by all participants (Athletes/Partners/Coaches) before participating in any Special Olympics WI activity. This form only needs to be signed once and can be turned in onsite at the activity or sent directly to SOWI. Please submit all forms to [covid@specialolympicswisconsin.org](mailto:covid@specialolympicswisconsin.org)

I understand I could get Coronavirus through sports, training, competition and/or any group activity at Special Olympics. I am choosing to participate in sports, competition and/or other Special Olympics activities at my own risk. During the time that these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

|   |
|---|
| <input checked="" type="checkbox"/> I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Special Olympics events in person, until there is little or no Coronavirus in my community. |
| <input checked="" type="checkbox"/> If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 7 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure.                                      |
| <input checked="" type="checkbox"/> Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk (back).   |
| <input checked="" type="checkbox"/> I know that before or when I get to a Special Olympics activity, they will ask me some questions about symptoms and exposure to COVID-19. They may also take my temperature. I will answer truthfully and participate fully.                              |
| <input checked="" type="checkbox"/> I will keep at least 6 feet from all participants at all times.   |
| <input checked="" type="checkbox"/> I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise.   |
| <input checked="" type="checkbox"/> I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty.   |
| <input checked="" type="checkbox"/> I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.  |
| <input checked="" type="checkbox"/> I will not share drinking bottles or towels with other people.  |
| <input checked="" type="checkbox"/> I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first.  |
| <input checked="" type="checkbox"/> If I get or have had COVID, I will not go to any in-person Special Olympics events until 7 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.                              |
| <input checked="" type="checkbox"/> I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics activities during this time.   |

**LOCAL PROGRAM NAME (Agency/School):** 8-02 North Suburban Special Olympics

**PARTICIPANT FULL NAME:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Circle one:** Athlete                      Unified Partner                      Coach/Volunteer Family/Caregiver

**PARTICIPANT SIGNATURE** *(required for adult (age 18+) participants, including adult athlete with capacity to sign documents)*  
By signing this, I acknowledge that I have completely read and fully understand the information in this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** *(required for participant who is younger than age 18 or lacks capacity to sign documents)*  
I am a parent or guardian of the athlete/participant named above. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

# COVID-19 Participant Release Form



## What are symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. For the most up to date listing of COVID-19 symptoms and to learn more, refer to the CDC website.

## Who is at higher risk of COVID-19?

COVID-19 is a new disease and information is changing on who is more likely to get COVID-19 and who is will have more complications. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of severe illness resulting in death from COVID-19.

Current clinical guidance and information from the U.S. CDC lists those at high-risk for severe illness from COVID-19 as:

- People 65 years and older
- People who live in a nursing home or long-term care facility (like a congregate or group home)

People of all ages with underlying medical conditions, particularly if not well controlled, are also at high risk:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathy)
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher). To calculate BMI, refer to:
  - [https://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/english\\_bmi\\_calculator/bmi\\_calculator.html](https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
- People with brain and spinal cord disorders (like cerebral palsy, epilepsy, stroke)

If you are at a high risk, you may be putting yourself at risk when you return to activities with Special Olympics. But, you may also put at risk your family and your teammates. If you have these conditions, you should not return to Special Olympics in person activities until there is little to no COVID-19 in your community.

If you have been diagnosed with COVID-19, you should consult with a healthcare professional for written medical clearance before returning to Special Olympics in person activities as serious cardiac, respiratory, and neurological issues may develop as a result of COVID-19.

**Please submit the forms to [covid@specialolympicswisconsin.org](mailto:covid@specialolympicswisconsin.org) or the address below:**

**Special Olympics Wisconsin, Inc.  
2310 Crossroads Dr., Ste. 1000  
Madison, WI 53718**

**Preferred: send print form to Linda Brothen, NSSO, 3131 S. 77th St., Milwaukee 53219  
or email copy to: [brothen@uwm.edu](mailto:brothen@uwm.edu)**