SPECIAL OLYMPICS and SELF-ADVOCACY

Sandusky County Board of Developmental Disabilities
1001 Castalia Street, Fremont, Ohio 43420
(419) 332-9296
## CONTENTS

### RULES AND PROCEDURES:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSION STATEMENT</td>
<td>3</td>
</tr>
<tr>
<td>DEADLINES</td>
<td>3</td>
</tr>
<tr>
<td>RECOMMENDED DRESS</td>
<td>3</td>
</tr>
<tr>
<td>FEES</td>
<td>3</td>
</tr>
<tr>
<td>FIRST AID AND EMERGENCY CARE</td>
<td>4</td>
</tr>
<tr>
<td>HOLIDAYS/STAFF IN-SERVICE DAYS</td>
<td>4</td>
</tr>
<tr>
<td>INSTRUCTIONS FOR PARTICIPATION</td>
<td>4</td>
</tr>
<tr>
<td>OFFICE HOURS</td>
<td>5</td>
</tr>
<tr>
<td>RESIDENTIAL OPERATORS</td>
<td>5</td>
</tr>
<tr>
<td>TRANSPORTATION POLICY</td>
<td>5</td>
</tr>
<tr>
<td>LATE PICK UP POLICY</td>
<td>5</td>
</tr>
<tr>
<td>SELF-ADVOCACY</td>
<td>6-7</td>
</tr>
<tr>
<td>SCBDD VISION AND SPECIAL OLYMPICS</td>
<td>7-8</td>
</tr>
</tbody>
</table>

### FORMS:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF-ADVOCACY INTEREST SURVEY FORM</td>
<td>6</td>
</tr>
<tr>
<td>SPECIAL OLYMPICS INTEREST SURVEY</td>
<td>9</td>
</tr>
</tbody>
</table>
OUR MISSION

Listen, value and respect individuals with developmental disabilities and their families and the choices they make for their lives.

Enrich the choices and opportunities we provide to help individuals with developmental disabilities and their families to learn, work and live the life they desire.

Optimize meaningful experiences for individuals with developmental disabilities and their families to support their dreams that go beyond basic needs.

DEADLINES

Sufficient time is needed to make necessary transportation arrangements prior to the beginning of a sport or self-advocacy event. Therefore, we must enforce all registration deadlines. Registration may also be done over the phone 419-332-9296, ext. 119.

All late registrants will be placed on a waiting list and notified if an opening becomes available.

RECOMMENDED DRESS

Please dress appropriately according to the weather and the activity. In cold weather you should wear several layers of clothing, which can be removed as necessary. Please dress to give a neat, clean and healthy appearance.

★ Please be aware that outdoor activities may be cancelled due to inclement weather. ★

FEES

Some sport or self-advocacy events may require a fee. Please check the sign-up form to see when the fee is due, usually 1 week in advance of the activity. Remember you are responsible for all fees. Failure to pay fees in a timely fashion may result in non-participation in that activity. Please have the exact change whenever possible. Checks should be made payable to Sandusky County Board of Developmental Disabilities, unless otherwise noted.
FIRST AID AND EMERGENCY CARE

The Special Olympics and Self-Advocacy Coordinator is certified in first aid and CPR. If a life threatening or serious illness or injury occurs, we will call the appropriate emergency numbers. The attending EMS will decide on further medical treatment or transportation to a medical center.

HOLIDAY/STAFF IN-SERVICE DAY

Special Olympics and Self- Advocacy events follow the Sandusky County Board of DD (SCBDD) schedule. http://www.scbdd.org/about-us/calendar/ When SCBDD is closed, events may not be scheduled.

INSTRUCTIONS FOR PARTICIPATION

1. Please complete the “Self-Advocacy Interest Form” which is enclosed and return it to SCBDD offices as soon as possible. Self-advocacy pamphlet(s) are available.

2. Please complete the “Special Olympics Survey” which is enclosed and return it to SCBDD offices as soon as possible.

   All information obtained is strictly confidential. In case of an emergency, all information on these forms is necessary for our records.

   Special Olympic and Self -advocacy events will be available on a monthly basis. Please list all name(s), address(es), and phone numbers on the survey form where activity notifications should be sent.

   Please complete and return any sport or event sign-up forms and any fees required for each month, by the deadline date listed. You will be notified if there is any reason you would not be able to participate, for example: not enough participants or insufficient funds.

   You are responsible for submitting changes in address, etc., to the Special Olympics and Self Advocacy Coordinator.

   Please mail all correspondence to Sandusky County Board of Developmental Disabilities, Special Olympics and Self – Advocacy Coordinator to avoid delay in processing or call 419-332-9296, extension 119.

   Please remember to consider your job responsibilities first. We prefer you do not sign up for any activity that would conflict with your work schedule. Please feel free to make us aware of any activity or time frame you would like to participate. We value your participation.
**OFFICE HOURS**

Typical offices hours are Monday through Friday, 8:00 a.m. to 4:00 p.m. Since many programs are in the evenings and on the weekends, it is best to call before you visit the office. The phone number for the Special Olympics and Self-Advocacy Coordinator is (419) 332-9296, extension 119.

**SUPPORT ALLIES**

If you would like information mailed to someone other than the participant/athlete, please indicate so on the interest survey. Otherwise mailings will be addressed directly to participants/athletes.

For after-hours activities, i.e., any event happening after 2:00 pm weekdays or on the weekends, we ask that supervision be provided by support staff as stated in participant’s ISP (if applicable). Please note on all activities, doors will be opened 15 minutes before start of activity. **In order to ensure safety and supervision, please check-in with the Special Olympics and Self Advocacy Coordinator when attending any activities.**

**TRANSPORTATION POLICY**

Transportation to and from activities varies. Please check each Sport/Event Sign-Up Form for specifics. SCBDD provides transportation to most team activities. You must provide transportation home. When SCBDD transportation is not running sport or self-advocacy events may not be held.

When providing your own transportation to an activity, **please arrive no more than 15 minutes before the activity begins.** This allows adequate time to set up; also there will be no supervision until 15 minutes before the activity starts. We are requesting the person bringing participants/athletes to the activity to escort participant(s) into the building to ensure adequate supervision and safety of individual(s).

**LATE PICK UP POLICY**

Each participant/athlete will be given a pick up and drop off time. We take our responsibility for our participants/athletes very seriously and are committed to their safe return home. If for some reason the designated family member/residential staff will be delayed in picking the participant/athlete up at the given time we are requesting that the Special Olympics and Self-Advocacy Coordinator is contacted as soon as possible at this number, (419) 332-9296 x 119. We understand that delays can occur, however, staff is limited on their availability due to other scheduled events.
SELF- ADVOCACY INTEREST SURVEY FORM

LAST ____________ FIRST __________ PHONE (HOME) # ________

PARENT/GUARDIAN/CARE GIVER __________________________________________________________
ADDRESS ______________________________ CITY ______________ ZIP __________
PHONE (HOME) # ______________________ PHONE (CELL) # ______________

PLEASE LIST NAME(S), ADDRESS(ES), AND PHONE NUMBER(S) TO RECEIVE ACTIVITY NOTICES:

LAST ____________ FIRST __________
ADDRESS ______________________________ CITY ______________ ZIP __________
PHONE (HOME) # ______________________ PHONE (CELL) # ______________

LAST ____________ FIRST __________
ADDRESS ______________________________ CITY ______________ ZIP __________
PHONE (HOME) # ______________________ PHONE (CELL) # ______________

LAST ____________ FIRST __________
ADDRESS ______________________________ CITY ______________ ZIP __________
PHONE (HOME) # ______________________ PHONE (CELL) # ______________

EMERGENCY CONTACT NAME __________________________________________________________
RELATIONSHIP ______ PHONE (HOME) # ______ PHONE (CELL) # ________

MEDICATION/SELF MEDICATE (PLEASE LIST) ___________________________________________

ALLERGIES ______________ SEIZURES ______ YES ______ NO ______
USES WHEEL CHAIR _____ YES ___ NO PHYSICAL LIMITATIONS __________
DIETARY ACCOMODATION(S) _________________________________________________________

PLEASE LIST ANY INFORMATION THAT WOULD BE HELPFUL TO SELF-ADVOCACY STAFF:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

SIGNATURE OF PERSON COMPLETING FROM ______________________ DATE: __________
(OVER)
SELF-ADVOCACY INTEREST SURVEY

Place a check mark next to all the activities you would like to participate.

______ Sandusky County People First Chapter (includes learning how to speak up and learning about my rights and responsibilities, has chapter members and officers, meets monthly, completes fundraising, works on calls to action, gives back to the community, volunteer programs, possible attendance to annual conference and or statewide meetings, does not include a membership fee, etc.)

______ Participation in Ohio Self Determination Association activities: (includes activities like Project STIR classes: Leadership for and by persons with a disability, concepts of self-determination and person centered planning, Local, regional and statewide meetings and events, Annual conferences, includes a $10 individual membership fee)

______ Aktion Kiwanis Club: Aktion Club is the only service club for adults with disabilities, with more than 12,000 members worldwide. Aktion Clubs draw members from various organizations that support individuals with disabilities, as well as other communities.

Suggestions and other activities: _______________________________________________________

INDIVIDUAL SIGNATURE: ___________________________ DATE: _____________

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: _____________

*************** OFFICIAL USE ONLY ***************

DATE REC’D _____________ CONFIRMATION SENT _____________ COMPUTER ENTRY _______
The self-advocacy events in this handbook are separate from Special Olympics. Individuals may participate in both Self-Advocacy and Special Olympics. However, you must complete the appropriate Self-Advocacy and Special Olympics forms. A Special Olympics Interest Survey is enclosed for your convenience. Participation in Special Olympics requires a physical every three (3) years. The forms, which must be completed by the doctor, will be mailed to you once you have returned the Special Olympics Interest Survey. Please contact the office for more information (419) 332-9296 extension 119.

Our Vision

WE offer individuals with developmental disabilities and their families, access to services and supports that will enhance the quality of their everyday lives, one person at a time.

Our Mission

Listen, value, and respect individuals with developmental disabilities and their families and the choices they make for their lives.

Enrich the choices and opportunities we provide to help individuals with developmental disabilities and their families to learn, work, and live a life they desire.

Optimize meaningful experiences for individuals with developmental disabilities and their families to support their dreams that go beyond basic needs.
LAST NAME ______________ FIRST __________  BIRTH DATE ________

PHONE (HOME) # __________________________ PHONE (CELL) # __________________________

EMERGENCY CONTACT NAME ___________ RELATIONSHIP ________________

PHONE (HOME) # __________________________ PHONE (CELL) # __________________________

SCHOOL/WORKSHOP/PLACE EMPLOYED _________________________________

EMAIL ADDRESS _______________________________________________

Place a check mark next all the Special Olympics sports you would like to participate in.

_____ BASKETBALL  _____ SOCCER  _____ VOLLEYBALL

_____ BOCCE  _____ MOTOR ACTIVITIES  _____ TRACK & FIELD

_____ BOWLING  _____ SOFTBALL  _____ DEVELOPMENTAL SPORTS

_____ SPIRIT SQUAD  _____ SWIMMING  _____ EQUESTRIAN

SIGNATURE OF PERSON COMPLETING FORM ________________________________

****************************************** OFFICIAL USE ONLY ***************

DATE REC’D ____________ CONFIRMATION SENT ____________ COMPUTER ENTRY _______