SPECIAL OLYMPICS NEW YORK
COACH/CHAPERONE RESPONSIBILITIES

I will place the health and safety of Special Olympians, myself and other participants ABOVE ALL, on my way to, during and returning from Special Olympics events;

I agree to be responsible for the athlete(s) assigned to me during travel to, from and while at the Special Olympics events;

I will follow the SONY Policy on Alcohol and Controlled Substance Use during all SONY events;

While I may not be responsible for the dispensing of medicine, I will become familiar with the medical history of the medications required by the athlete(s) for whom I have responsibility;

I will follow written and oral instructions of event organizers when applicable to me;

I will have the athlete(s) assigned to me at the appropriate events and activities on time;

I will familiarize myself with the fire exit route, first aid stations and emergency procedures;

I will display only the highest level of sportsmanship and moral behavior;

I am 18 years of age or older;

I am familiar with the special needs of the people with mental handicaps and developmental disabilities;

I will conduct myself in a manner commensurate with my role as coach/chaperone;

I will wear my credential (Coaches must wear photo ID card) and understand that it must be visible during events;

I am specifically granting permission to you to use my likeness, voice and words in television, radio, films, newspapers, magazines and other media; and in any other form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities.

I, the undersigned, have read, carefully, the above responsibilities and stipulations relative to being a coach or chaperone during a Special Olympics New York event. I agree to conduct myself in accordance with the above stipulations and will assume the responsibilities as described. I further agree that any failure on my part to meet my responsibilities will be reason for immediate expulsion from the Special Olympics New York site and activities; I will incur all subsequent expenses.

Signature: _____ **Date:** _____

Printed Name: _____

Address: _____ **Area #:** _____

City/State/Zip: _____

Phone #s: **Home:** ( ) _____ **Work:** ( ) _____

Social Security #: _____ **Date of Birth:** _____