



40th Anniversary Deaf Youth Sports Festival

"7 to Ruby!"

July 9-15, 2023

ALL PARTICIPANTS MUST BE DEAF OR HARD OF HEARING

MDO – PART

PLEASE PRINT CLEARLY

Participant Name _____

Address _____ City _____ ST _____ Zip Code _____

BIRTHDATE ____/____/____ Male ____ Female ____ Height ____ Weight ____ Shoe size (bowling) _____

T-SHIRT SIZE CHILD: S ____ M ____ L ____ ADULT: S ____ M ____ L ____ XL ____ XXL ____

How many years has Participant attended MDO? This is first time ____ # Years ____

Parent/Guardian Name _____ Relationship to Participant _____

Parent Email _____ Phone/VP _____ Cell/Text _____

EMERGENCY CONTACT Other than parents (MUST be able to reach IF we cannot reach parents.)

Name _____ Relationship to participant _____ Phone/Text _____
(grandparent, aunt/uncle, friend, etc)

COMMUNICATION PREFERENCE (check as many as apply)

ASL ____ Signed English ____ Total Communication ____ Oral ____ Other _____

SCHOOL INFORMATION (For Opening Ceremony-Please enclose/attach recent photo of Participant)

School name (as of May 2023) _____ City/State of School _____

Grade _____ Mascot _____ School Colors _____ HS Graduation Year _____

ARRIVAL / DEPARTURE INFORMATION

Participants wanting to drive or ride with driving Participants MUST submit permission form before arriving.

Participants do not become responsibility of MDO until **AFTER** registration.

Participants may not leave until **AFTER** Closing Ceremony.

I'M GOING TO MDO! I will arrive on July ____, 2023 at ____ AM / PM.

By CAR – Driver name _____ Other riders _____

By PLANE – Airline name _____ Flight # _____ Tkt # _____

By TRAIN / BUS – Station _____ Train / Bus # _____ Tkt # _____

I'M GOING HOME! I will leave on July ____, 2023 at ____ AM / PM.

By CAR – Driver name _____ Other riders _____

By PLANE – Airline name _____ Flight # _____ Tkt # _____

By TRAIN / BUS – Station _____ Train / Bus # _____ Tkt # _____

Go to www.mdoyouth.org for information about MDO Emergency Contacts, Fees, Fundraising and Scholarships, Registration, Opening and Closing Ceremonies, Dress Code, What to Bring and NOT bring, and more.

Email: teammdo@gmail.com

Website: www.mdoyouth.org

The Deaf Youth Sports Festival, Inc., P. O. Box 421304, Indianapolis, IN 46242

As an MDO Participant, I will

- Be Respectful, Cooperative, and contribute positively to the MDO experience
- Practice excellent Sportsmanship, strong Teamwork, and outstanding Character
- Listen and follow all directions from my Coach and all other MDO Staff
- Keep my hands to myself, NO hitting, fighting, or bullying
- Have fun, but not at the expense of others
- Have a good attitude and use appropriate language (NO obscenity)
- Respect MDO property, Life Adventure Center property, Woodford County Rec Center property
- NOT bring ANY electronic devices (cell phone, iPad, computers, game devices, spinners, etc) to MDO
- NOT engage in sexual activity
- NOT use, possess, distribute, sell, or be under the influence of alcohol, drugs, or cigarettes
- NOT possess weapons of ANY kind
- NOT participate in acts of vandalism of any kind

IF I violate the MDO Code of Conduct, I will accept the consequences, which MAY include

- Losing competition time
- Losing event and entertainment time
- Losing medals and record standing
- Being disqualified for Mr and Miss Olympian competition (High School Participants)
- Time Out
- Writing letters of apology
- Paying for damages
- Having my parents called
- Being sent home (at parents expense)
- NOT being allowed to return to MDO (for serious offenses)
- Prosecution if situation warrants (unlawful activity out of MDO hands)

Participant Signature _____ **Parent Signature** _____

AUTHORIZATIONS – READ CAREFULLY

1. The Deaf Youth Sports Festival/MDO MUST have advance knowledge of special needs for your child. This information will be treated confidentially and used to make preparations. We will not use this information as a basis for rejecting this application. I understand that if MDO is unable to appropriately provide for my child BECAUSE I HAVE NOT PROVIDED THE NECESSARY INFORMATION, my son/daughter may be sent home AT MY EXPENSE.

***Parent/Guardian Initials _____

2. I give permission for Over the Counter medications (such as Tylenol, Benadryl, etc) to be administered to my child if needed. I have informed MDO of any and ALL allergies and reactions.

***Parent/Guardian Initials _____

3. I agree that MDO and Kentucky School for the Deaf and all its facilities are to be released from liability in connection with medical treatment and unavoidable accidents.

***Parent/Guardian Initials _____

4. The Deaf Youth Sports Festival has my permission to use emergency medical measures in the event of an emergency.

***Parent/Guardian Initials _____

5. I give permission for my child to leave the grounds and its facilities with authorized staff for outings and trips.

***Parent/Guardian Initials _____

6. I agree that The Deaf Youth Sports Festival has my permission to use pictures, names, and other art forms depicting myself and/or my child in MDO publications and promotions.

***Parent/Guardian Initials _____

Parent Signature _____ **Date** _____

Completion Checklist

- | | |
|------------------------------------------------|--------------------------------------------------|
| _____ Completed all Medical/Health information | _____ Check enclosed for \$ _____ |
| _____ Included all Contact Information | _____ Paid \$ _____ online (PayPal) _____ (date) |
| _____ Explained Code of Conduct to my child | _____ Payments \$ _____ on _____ (start date) |
| _____ Initialed all Authorizations *** | _____ Contact me about payments/scholarships |
| _____ Signed where requested | _____ Contact me about fundraising/volunteering |

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MDO – PART

HEALTH / SPECIAL NEEDS INFORMATION

Participant Name _____

To expedite registration and ensure medications are administered correctly, please complete all information below and list all medications to be given at MDO on the **Participant Medical Information Check-In Form**. Thank you for your patience and understanding to help us make MDO a fun and safe experience for all.

HEALTH INSURANCE INFORMATION – Please include a copy of child’s Health Insurance Card

Physician’s Name _____ Physician’s Phone Number _____

Physician’s Address _____ City _____ ST _____ Zip _____

Health Insurance Company _____ Policy # _____

SPECIAL NEEDS – Please be specific. If more space is needed please attach a separate page.

Tubes in ears ____ YES ____ NO Hearing Aids ____ YES ____ NO Cochlear Implant ____ YES ____ NO

Special diet/ food restrictions ____ YES ____ NO If YES, please explain _____

Physical / Sports limitations ____ YES ____ NO If YES, please explain _____

Heart procedures / surgeries ____ YES ____ NO If YES, please explain _____

Other conditions ____ YES ____ NO If YES, please explain _____

Social, emotional, behavioral ____ YES ____ NO If YES, please describe the need and type of support needed

(Behavior modification with tokens, timeout, etc.) _____

Other information ____ YES ____ NO If YES, please explain (overly shy, aggressive, short temper, bed wetter, etc) _____

All medications will be administered based on the prescription label instructions unless a doctor statement is provided authorizing something different. It is the Parent/Guardian’s responsibility to provide written doctor’s authorization of changes or they will be administered based on the prescription label instructions.

I affirm that the medication, health, and special needs information listed above is accurate. I understand and agree with the above statement.

Parent / Guardian Signature _____ Date _____

TO BE COMPLETED AT REGISTRATION

I have reviewed the medical and health information
Given to MDO and verify that it is correct.

Parent / Guardian Initials: _____ Date _____

TO BE COMPLETED AT CHECK-OUT

I have received all of my child’s belongings and
Medications.

Parent / Guardian Initials: _____ Date _____

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PARTICIPANT MEDICAL INFORMATION CHECK-IN

Participant Name _____ Birthdate ____/____/____

Parent/Emergency Contact Name _____ Phone # _____

Date of last tetanus shot _____ Immunizations / shots up to date? ____ YES ____ NO

Allergies? ____ YES ____ NO If YES be specific! (Food, medicine, insects, plants, etc) _____

Taking medication at MDO? ____ YES ____ NO If YES, list below. (Split pills if necessary, before bringing.)

Name of Medication _____

Strength (mg, mcg, etc) _____

Amount (1 tablet, 1 tsp, etc.) _____

Prescribing Dr's name _____

Receives medication (check all that apply)

Breakfast _____ Special Instructions:

Lunch _____

Dinner _____

Bedtime _____

Other _____

Name of Medication _____

Strength (mg, mcg, etc) _____

Amount (1 tablet, 1 tsp, etc.) _____

Prescribing Dr's name _____

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Breakfast _____ Special Instructions:

Lunch _____

Dinner _____

Bedtime _____

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