

## **Table of Contents**

- I. [Introduction](#)
- II. [Vocabulary Glossary](#)
- III. [Section A – Accessing the Portal](#)
- IV. [Section B - Navigation](#)
- V. [Section C – Updating Profile Information](#)
- VI. [Section D – Athlete Checklist](#)
- VII. [Section E – Health History Form](#)
- VIII. [Section F – Manual Sign Process](#)
- IX. [Section G – eSign Process](#)
- X. [Helpful Links & Resources](#)

## **Introduction**

Welcome to the Center of Excellence (COE) user guide series. This comprehensive collection of guides is designed to help users navigate the various processes and functionalities within the COE portal with ease and efficiency. Whether they are a new user or looking to deepen their understanding, these guides provide step-by-step instructions, essential resources, and expert tips to enhance the experience.

The purpose of this particular user guide is to walk through the Athlete Zone on the COE portal. The Athlete Zone is specially designed to cater to the unique needs and requirements of athletes. This guide aims to provide a comprehensive walkthrough of the Athlete Zone, highlighting the essential tools, resources, and support systems available. From creating the user account to utilizing various features within the Athlete Zone, this guide ensures that users can fully leverage the portal's capabilities to enhance the athletic journey.

## Vocabulary Glossary

Useful & Frequently Used Terms:	
Term	Definition
Portal	The main site that SO constituents will interact with the Center of Excellence platform. This is where they can log in or create an account.
Front-End	Another way of referencing the portal – What SO constituents will see and interact with.
Sandbox Environment	Also called “UAT” this is a test version of the portal – where you can train and test using data that will not impact a users’ experience.
Production Environment	Also called “Live Portal” – This is the version of the COE platform that constituents will use to manage their experience with SO.
User	Indicates the Athlete, Volunteer, Parent/Guardian/Family in the user guide – General term for indicating someone using the portal.
Account	Also called “Profile” – This is a users’ information, personal to them.
Athlete Zone	Indicates the user experience of someone with the role of “Athlete” this is a tailored portal view specific to the needs of what a SO Athlete would interact w with.
Prospect	This status reason is automatically assigned and is default for all users. This status means that the contact was created, the profile information has not been populated or is partially populated. At this point they are not considered to be an Athlete, Volunteer or Circle of Care member.
Dynamics	Also called “the Backend” – This is the staff side of the COE solution, where staff can view and interact with individual profiles, forms and events.
Role	Indicates how a user will interact with the portal. A role can be either Athlete, Parent/Guardian/Family or Volunteer. A user can be more than one of these roles, after the initial account creation process.
Landing Zone	Indicates the screen a user will see after their account creation is completed – Dependent on the role a user selects.
Checklist	References the list of requirements for participation in an SO Program. This checklist can include items such as Health History forms, signature forms, training and more.
Status Reason	Indicates a variety of different status related to a checklist item. These status reasons are: Incomplete, Saved, Submitted, Under Review, Approved, Rejected, Expired, Missing Information, Abandoned.
Incomplete	Indicates a checklist item that has not been started or completed by a user.

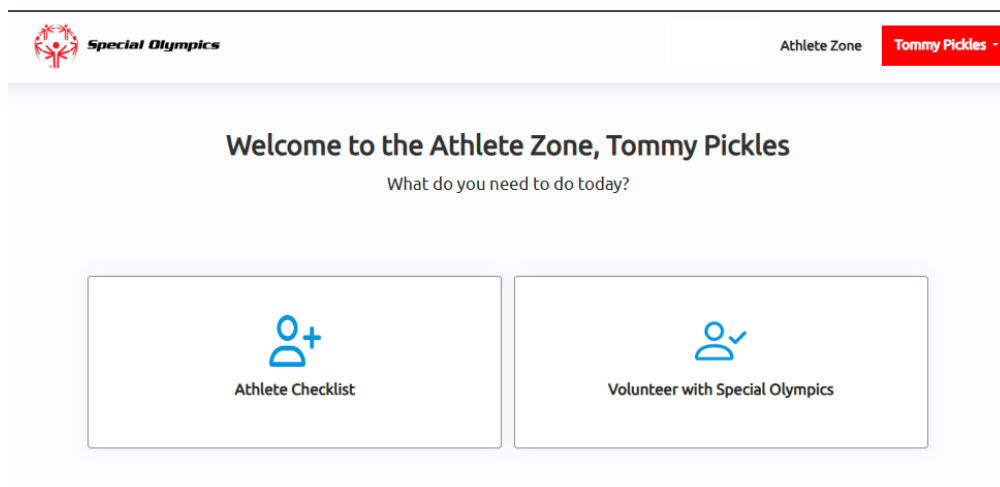
Related Form	Indicates a document such as a Release, Waiver or Health History Form.
Submitted	Automatic status when a related form has been submitted.
Under Review	Used by staff or a team member to indicate that a form is being reviewed.
Approved	Used by staff or team members to indicate that a form has been reviewed and information is complete and accurate.
Expired	Automatic status when a related form or certification is no longer valid based on initial signature date and SO Program policy.
Missing Information	Used by staff or team members to indicate that there is missing information in the form. This will trigger a draft email notification that can be sent to the contact with a request of pending information.
Abandoned	Used by staff or team members to indicate that the form has not been submitted, it stays in the saved status, and then was abandoned by the contact.
Source	Indicates the Role that the checklist item/related form originates from. These can be roles such as Athlete, Coach, Class B Volunteer etc.
Shift	These are event shifts associated with a given event that Volunteers/Coaches/Athletes can be registered for. You may also see this referred to as Engagement Opportunity Schedules, Volunteer Schedules, or Athlete Competition Shifts.

## Section A: Accessing the Portal & Athlete Zone

1. Access the portal by visiting either the [Sandbox](#) or [Production](#) environment. If purely testing and learning the COE product, it's recommended to use the Sandbox portal environment.



2. This guide assumes that the user has already familiarized themselves with the account creation process. If not, please reference the **Account Creation User Guide**.
3. Log in or create an account with the selected role being "**Athlete**" – Doing so brings you to the landing page of the Athlete Zone.



## Section B: Navigating the Athlete Zone

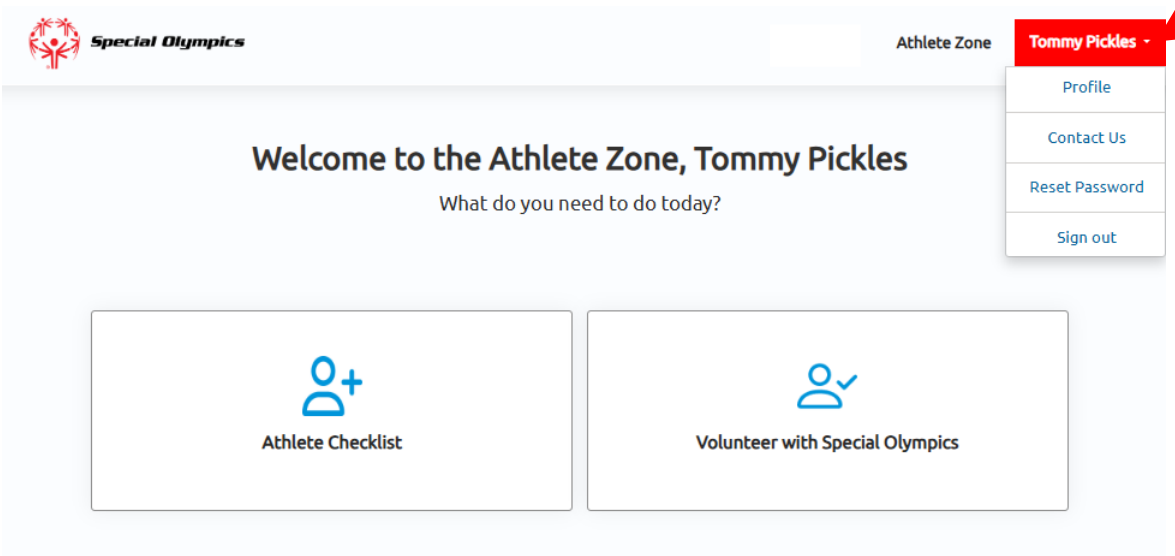
1. At the top of the Athlete Zone page, the user will see a variety of different headers, each doing some sort of specific functionality. Clicking on any of these options will take the user to a new view of the Athlete Zone – focusing on the specific functionality indicated.



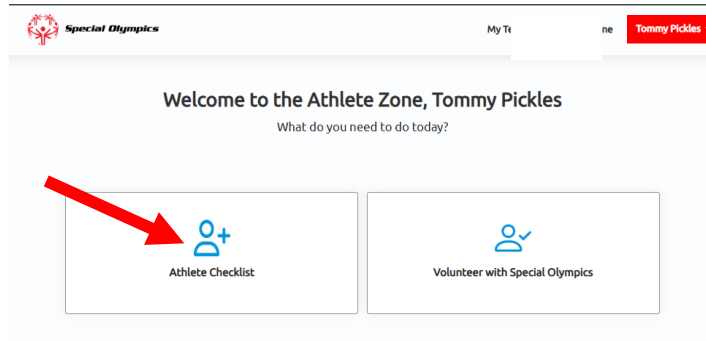
2. A user can treat the "**Athlete Zone**" text as a "**Home**" button, clicking on this button will take the user back to the landing page of the Athlete Zone, where they can continue to access different sections.



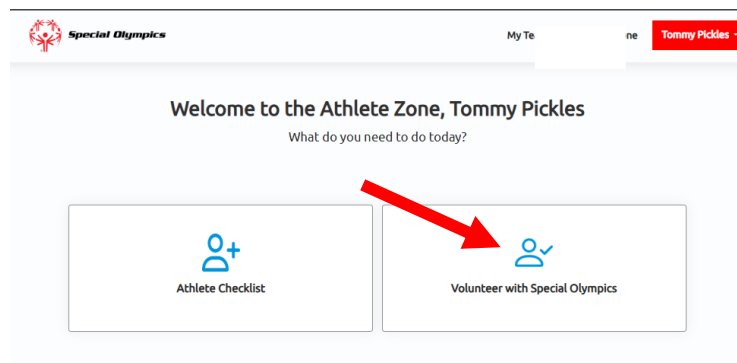
3. To see additional information regarding a user's profile, select the drop-down menu on the button that contains the user's name. This drop-down menu contains additional navigation buttons that allow the user to update information, contact their Special Olympics program, reset a password or sign-out of their account.



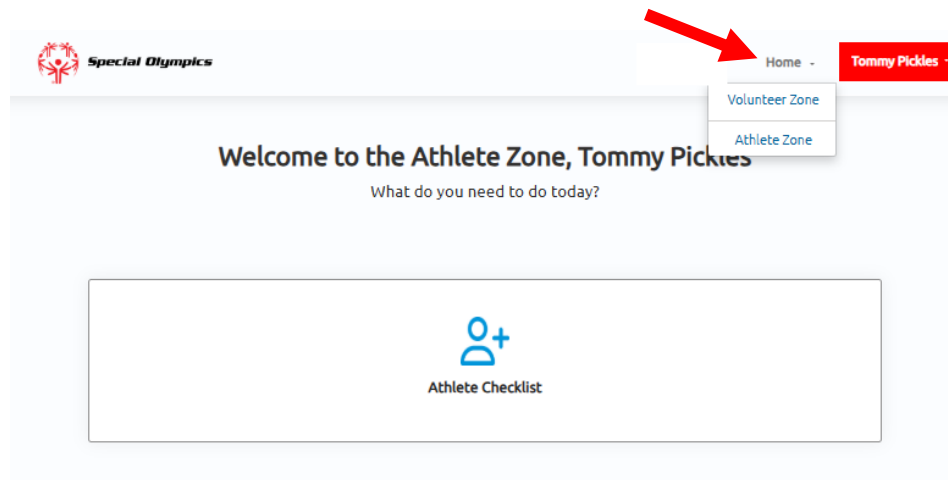
4. On the main landing page of the Athlete Zone is the Athlete Checklist. Clicking on "**Athlete Checklist**" will take the Athlete to their personalized checklist where they will be able to manage their requirements for participation with their SO program. These requirements may vary depending on the program.



5. If an athlete wanted to register as a volunteer, they could select the "Volunteer with Special Olympics" tile to gain access to the Volunteer Zone.

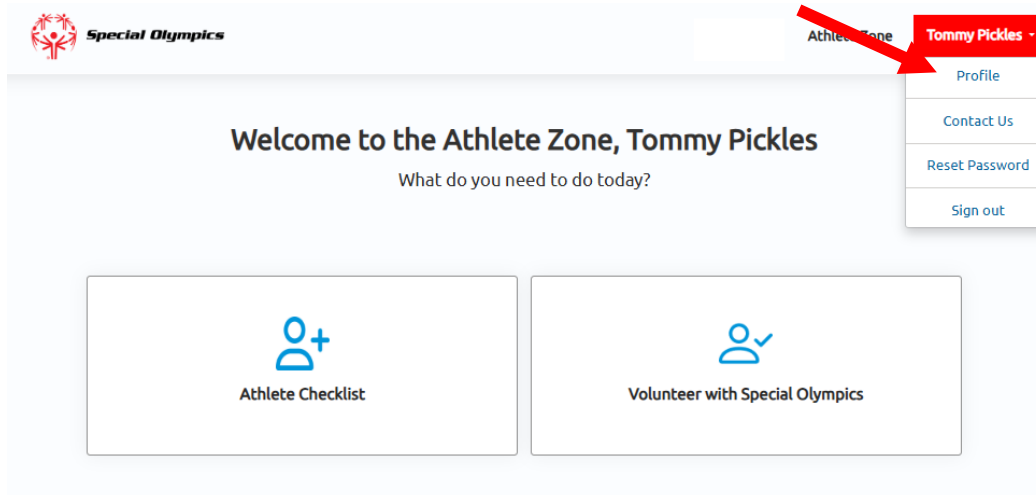


6. Once selected the "Volunteer with Special Olympics" tile is no longer an option, and the athlete will now have a "Home" button and access to the Athlete Zone and Volunteer Zone.



## Section C: Updating an Athlete Profile

1. Select the drop-down menu under the Athlete's name on the top-right corner of the portal page and select "**Profile**"



2. Opening the Profile page takes the athlete to a summary view of the account questions they were asked when creating the initial profile, including new fields for "**Profile Photo**" & "**Biography**". Fields that a user can update are indicated by solid white boxes, whereas fields that are locked are indicated by a grayed-out box. **NOTE: Some information will be locked to users but can be updated via the Dynamics Backend by a SO staff member.**

Profile Photo

Profile Photo  
 No file selected

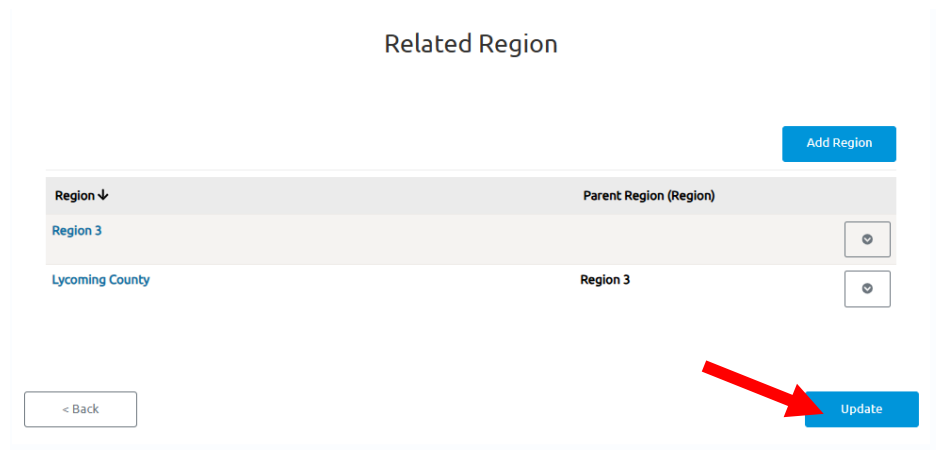
We'll start with a few things about you

<b>First Name *</b> <input type="text" value="Thomas"/>	<b>Middle Name</b> <input type="text"/>
<b>Last Name *</b> <input type="text" value="Pickles"/>	<b>Suffix</b> <input type="text"/>
<b>Preferred Name</b> <input type="text" value="Tommy"/>	<b>Email</b> <input type="text" value="jlieblch+qa4@specialolympics.org"/>
<b>Country Code (Primary Phone) *</b> <input type="text" value="United States (+1)"/>	<b>Phone *</b> <input type="text" value="(549)-465-4984"/>

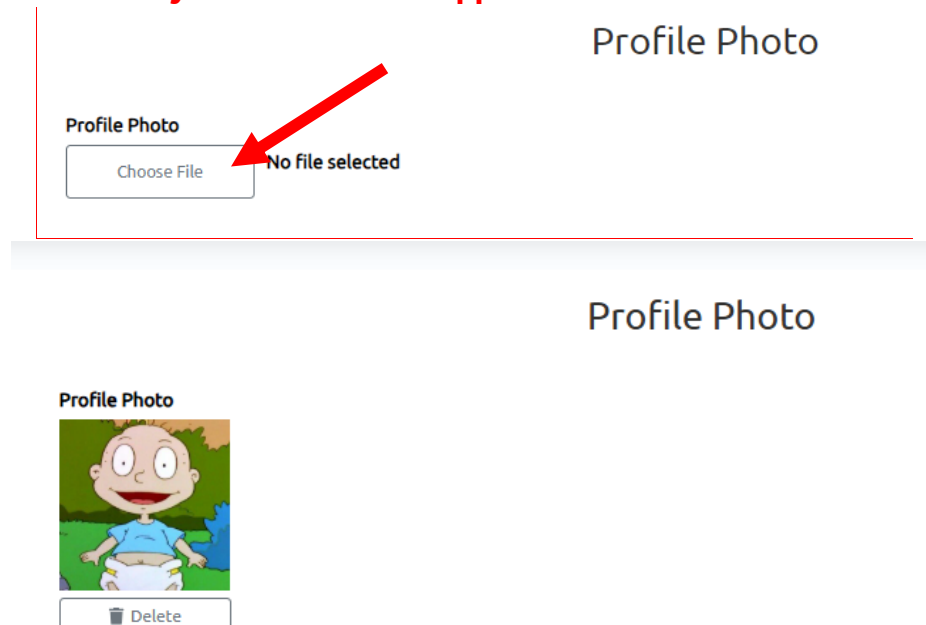
When were you born?

**Date of Birth \***

3. Once a user has updated any necessary profile information, navigate to the bottom of the portal page and click "**Update**" to update the fields.



4. To add a Profile Photo, navigate to the Profile Photo section at the top of the page. Select "**Choose File**" button. Depending on how the user interacts with the portal, this will either open the File Explorer, or the Photo Reel on their mobile device. Select an image to be used, then navigate to the "**Update**" button at the bottom of the portal page. **NOTE: Images can be removed from a profile via the Dynamics Backend application.**



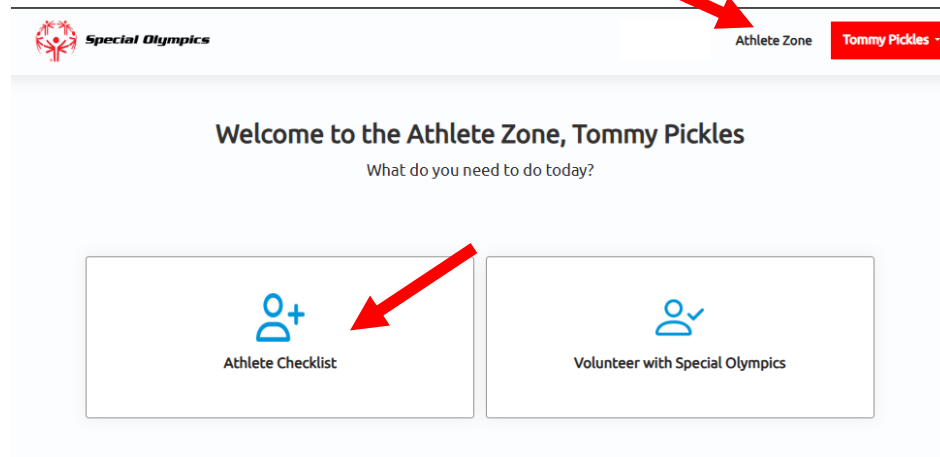
5. To add a biography as an Athlete user, navigate to the "**Biography**" section of the Profile portal page. This field is an open text box, allowing the Athlete to tell the SO program about themselves and their Special Olympics journey. This is an optional field and can be updated or removed via the Dynamics Backend application. Once a user has completed a biography, click the "**Update**" button to save.

## Biography

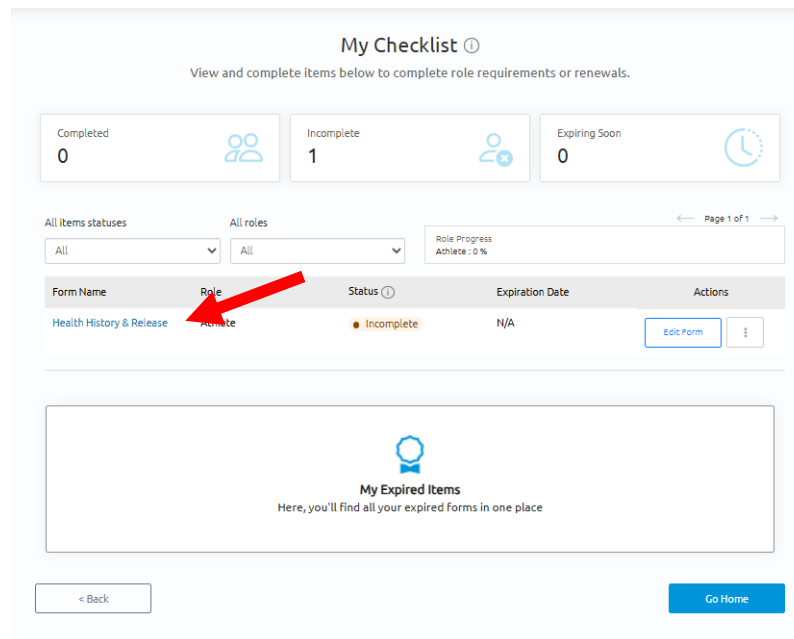
Great leader, loves to explore. Hobbies include escape rooms. |

## Section D: The Athlete Checklist

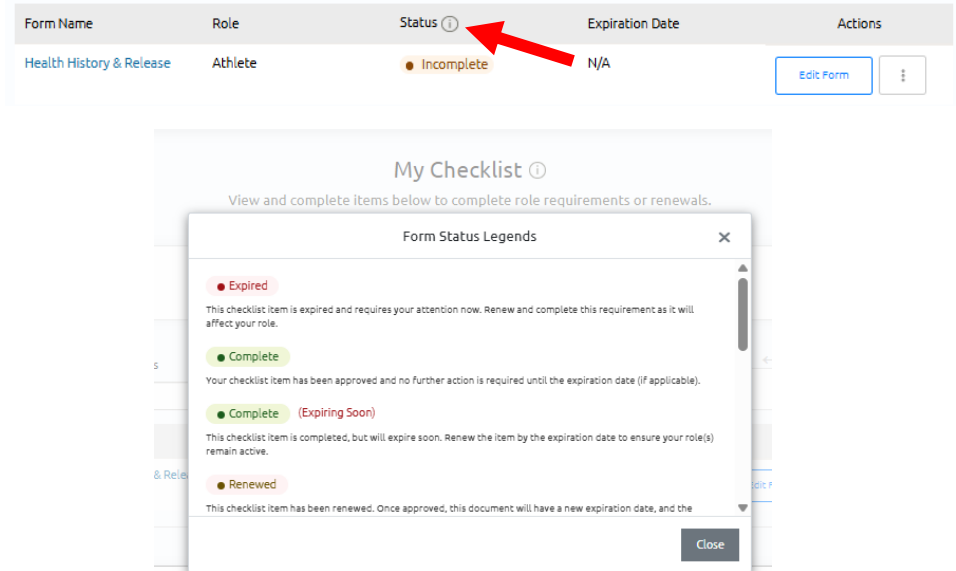
1. Completing the Athlete Checklist is the most important function of the Athlete Zone. This checklist indicates an Athlete's progress towards being applicable for participation within their SO Program. Navigate by selecting "**Athlete Checklist**" on the main landing page of the Athlete Zone.



2. On the checklist, the Athlete user will see the required items that they will need to complete. **NOTE: Depending on SO Program policies, this list may look different than the examples provided. This list is configurable depending on Program requirements.**

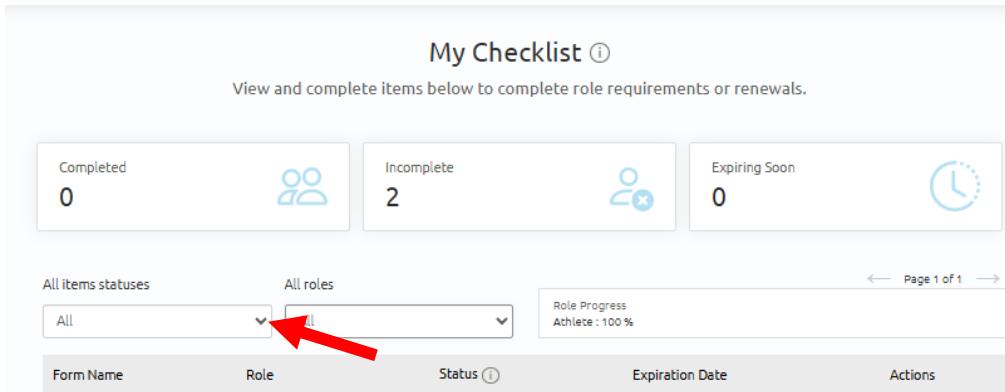


- By selecting the information icon next to “Status” it will provide a “For Status Legend” for what the status of the forms means.



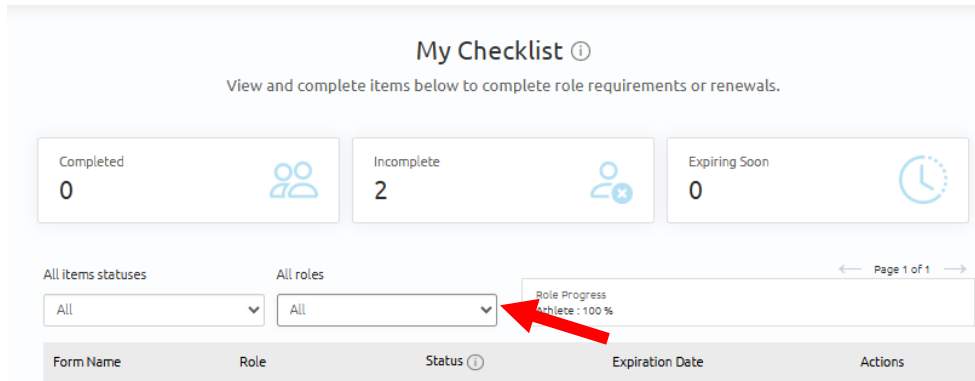
The screenshot shows a table with columns: Form Name, Role, Status, Expiration Date, and Actions. A row is highlighted with 'Health History & Release' as the form name, 'Athlete' as the role, and 'Incomplete' as the status. A red arrow points to the information icon next to the 'Status' column header. Below the table, a modal window titled 'Form Status Legends' is open, listing four status categories: Expired, Complete, Complete (Expiring Soon), and Renewed, each with a brief description of what that status means for the user's role requirements.

- There are a few different ways to sort the Checklist Items. The list can sort by “All Status Items”, by using the drop down under “All Items Statuses” it will list what status you have and when one is selected it will only show those forms.






The screenshot shows the 'My Checklist' page with a summary of items by status: Completed (0), Incomplete (2), and Expiring Soon (0). Below this, there are two dropdown menus: 'All items statuses' (set to 'All') and 'All roles' (set to 'Athlete'). A red arrow points to the 'All items statuses' dropdown. To the right, a 'Role Progress' box shows 'Athlete : 100 %'. At the bottom, a table header is visible with columns: Form Name, Role, Status, Expiration Date, and Actions.

- 5. They can also sort by their forms associated with each role. By using the drop down and selecting what role this will then only pull the forms required for that role.



**My Checklist** ⓘ  
View and complete items below to complete role requirements or renewals.

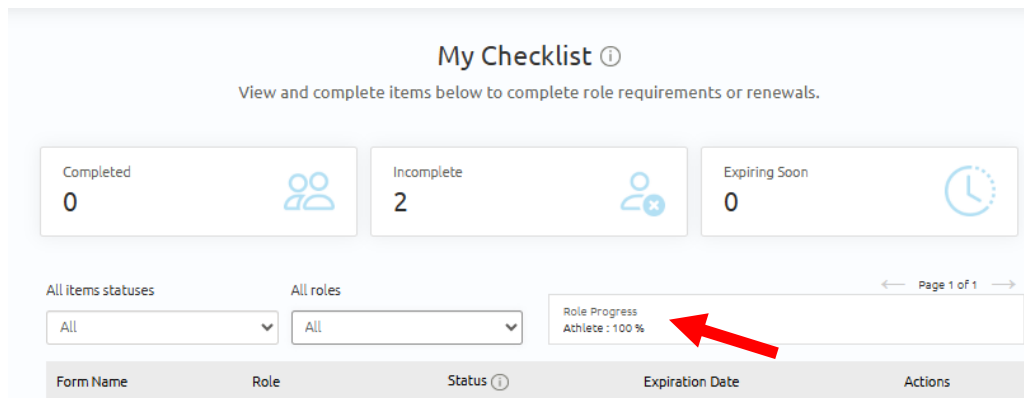
Completed 0  Incomplete 2  Expiring Soon 0 

All items statuses: All  All roles: All  ← Page 1 of 1 →




Role Progress  
Athlete : 100 %

Form Name	Role	Status ⓘ	Expiration Date	Actions
-----------	------	----------	-----------------	---------

- 6. All Checklists will also have a “Role Progress” box. This will show the % of the forms completed for that role.



**My Checklist** ⓘ  
View and complete items below to complete role requirements or renewals.

Completed 0  Incomplete 2  Expiring Soon 0 

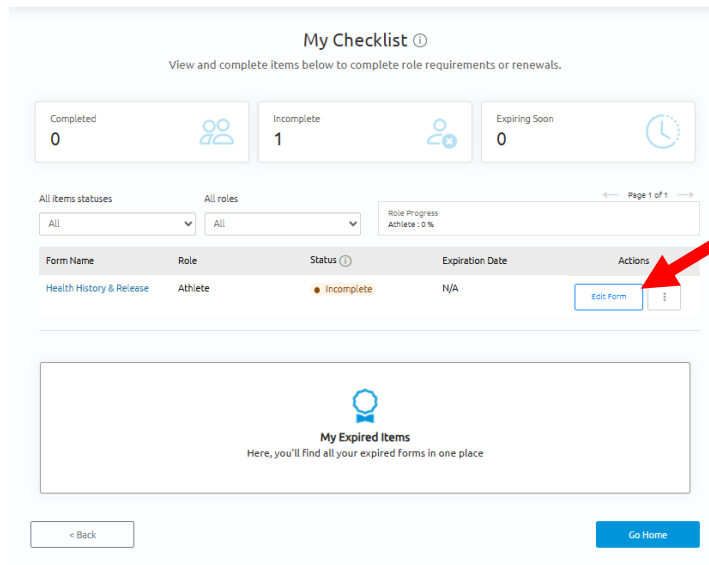
All items statuses: All  All roles: All  ← Page 1 of 1 →

Role Progress  
Athlete : 100 %

Form Name	Role	Status ⓘ	Expiration Date	Actions
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- The main functionality of the Athlete Checklist is the completion of the Health History & Release form. By clicking on the blue hyperlink or the Edit Form button, the athlete will begin the process of providing relevant information regarding their medical needs.

Currently, this checklist item is marked as ***"Incomplete"*** indicating to the user that they will need to click into the item and complete it in its entirety. As the Athlete completes the information, the status of the form will be updated. Refer to the [Glossary Section](#) for more information regarding the unique status reasons of related forms.



**My Checklist** ⓘ  
View and complete items below to complete role requirements or renewals.

Completed 0    Incomplete 1    Expiring Soon 0

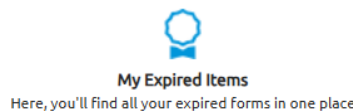
All items statuses: All | All roles: All | Role Progress: Athlete: 0%

Form Name	Role	Status ⓘ	Expiration Date	Actions
Health History & Release	Athlete	Incomplete	N/A	Edit Form ⓘ

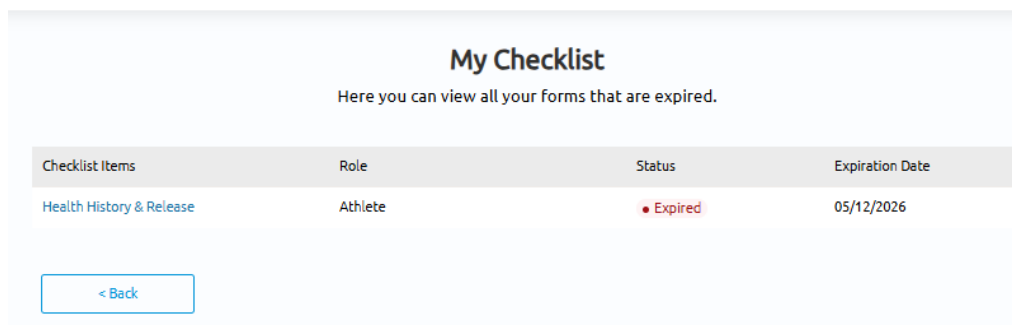
**My Expired Items**  
Here, you'll find all your expired forms in one place

< Back    Go Home

- The ***"My Expired Items"*** button will take the Athlete to a portal page containing historical information regarding any forms they have previously submitted to the portal that have since expired.



**My Expired Items**  
Here, you'll find all your expired forms in one place



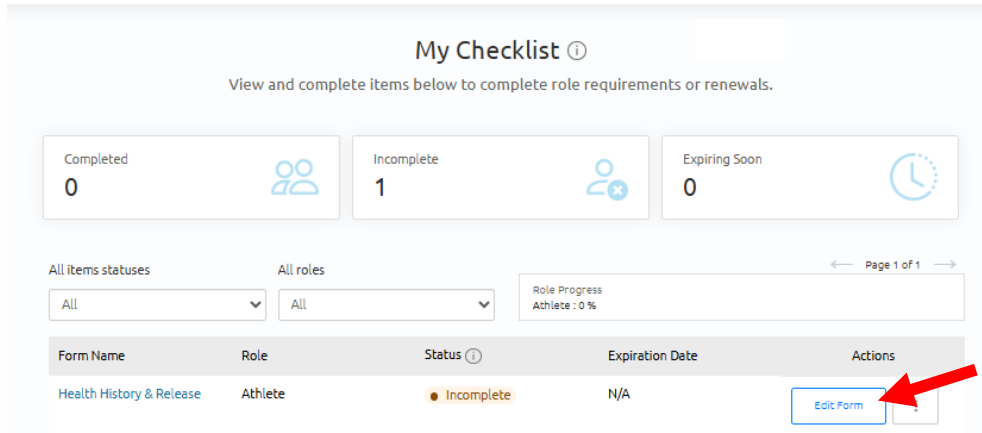
**My Checklist**  
Here you can view all your forms that are expired.

Checklist Items	Role	Status	Expiration Date
Health History & Release	Athlete	Expired	05/12/2026

< Back

## Section E: Completing the Health History Form

1. Completing the Health History Form is an important step in any Athlete's journey to becoming eligible for participation with a SO Program. To initiate the process, select the blue hyperlink titled "**Health History & Release**" or the "edit Form" button.



**My Checklist** ⓘ

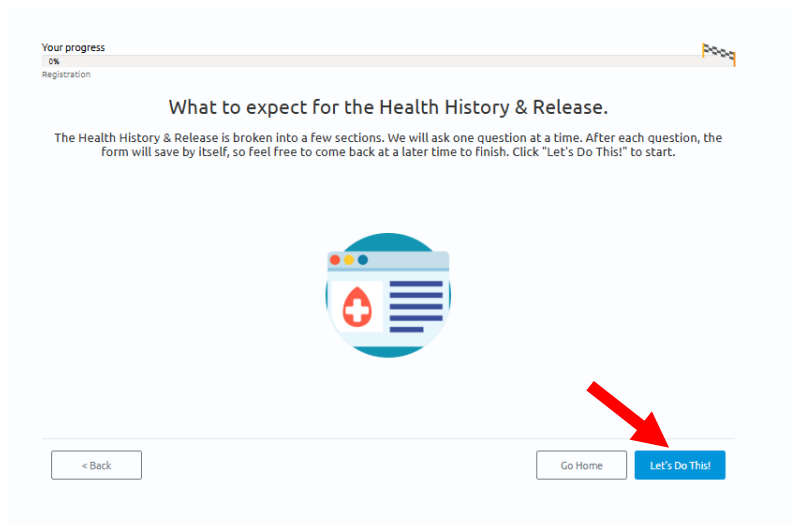
View and complete items below to complete role requirements or renewals.

Completed 0	Incomplete 1	Expiring Soon 0
----------------	-----------------	--------------------

All items statuses: All | All roles: All | Role Progress Athlete: 0 % | Page 1 of 1

Form Name	Role	Status ⓘ	Expiration Date	Actions
<a href="#">Health History &amp; Release</a>	Athlete	Incomplete	N/A	<a href="#">Edit Form</a>


2. The series of the following screens will walk the Athlete through answering important questions regarding their health. To continue the process, click "**Let's Do This**"



Your progress  
0%  
Registration

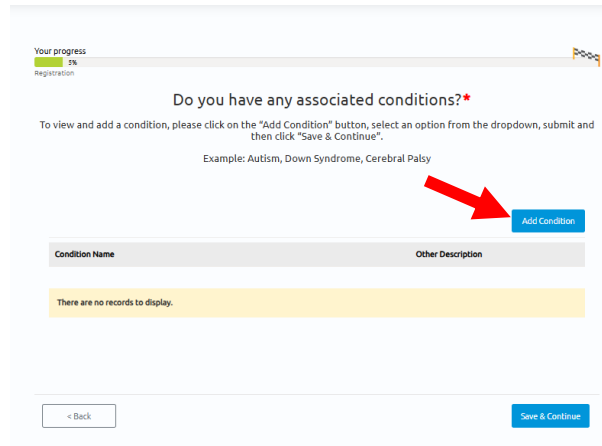
### What to expect for the Health History & Release.

The Health History & Release is broken into a few sections. We will ask one question at a time. After each question, the form will save by itself, so feel free to come back at a later time to finish. Click "Let's Do This!" to start.



< Back | Go Home | **Let's Do This!**

3. **Associated Conditions:** This question allows an athlete to add relevant conditions. Click **"Add Condition"** to open the pop-up box containing pre-populated conditions. If no conditions apply select **"Save & Continue"**.



Your progress: 1% registration

Do you have any associated conditions?\*

To view and add a condition, please click on the "Add Condition" button, select an option from the dropdown, submit and then click "Save & Continue".

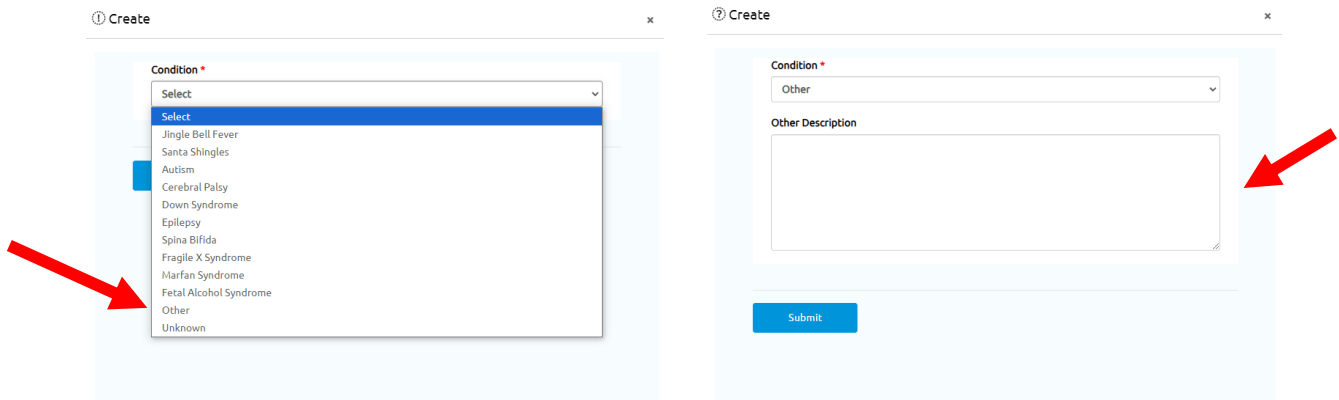
Example: Autism, Down Syndrome, Cerebral Palsy

Condition Name | Other Description

There are no records to display.

< Back | Save & Continue

4. Via this pop-up, the Athlete will select all individual conditions that are applicable to them. By selecting **"Other"** an additional text box will populate allowing the athlete to manually type a condition.



Condition \*

Select

- Select
- Jingle Bell Fever
- Santa Shingles
- Autism
- Cerebral Palsy
- Down Syndrome
- Epilepsy
- Spina Bifida
- Fragile X Syndrome
- Marfan Syndrome
- Fetal Alcohol Syndrome
- Other
- Unknown

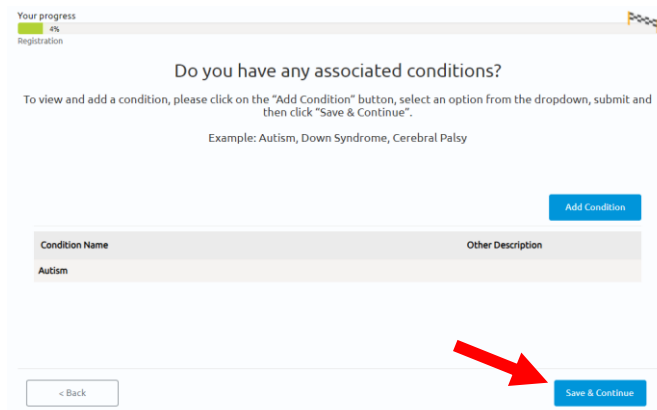
Condition \*

Other

Other Description

Submit

5. Click **"Submit"** to add the condition. Repeat the process for all conditions, then click **"Save & Continue"** to move on.



Your progress: 4% registration

Do you have any associated conditions?

To view and add a condition, please click on the "Add Condition" button, select an option from the dropdown, submit and then click "Save & Continue".

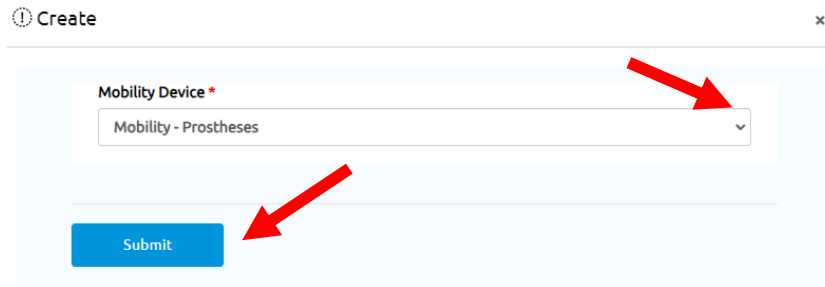
Example: Autism, Down Syndrome, Cerebral Palsy

Condition Name | Other Description

Autism

< Back | Save & Continue

6. **Mobility Devices:** The same format as the previous question. Indicate all that apply, click "**Submit**" and then "**Save & Continue**" to move on.



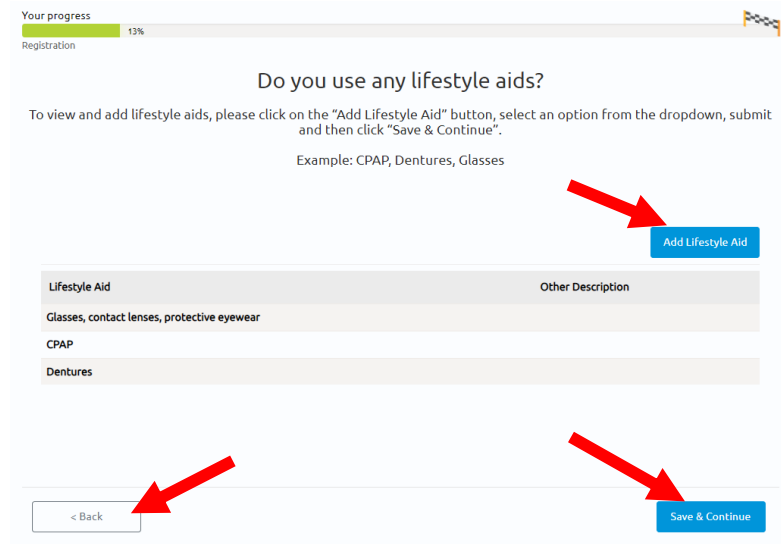
① Create ×


Mobility Device \*

Mobility - Protheses

Submit

7. **Lifestyle Aids:** The same format as the previous question. Indicate all that apply, click "**Submit**" and then "**Save & Continue**" to move on. **NOTE: If a user needs to go back to a previous screen and update information, click "Back" on the left side of the screen.**



Your progress 13% 

Registration

Do you use any lifestyle aids?

To view and add lifestyle aids, please click on the "Add Lifestyle Aid" button, select an option from the dropdown, submit and then click "Save & Continue".

Example: CPAP, Dentures, Glasses

Add Lifestyle Aid

Lifestyle Aid	Other Description
Glasses, contact lenses, protective eyewear	
CPAP	
Dentures	

< Back Save & Continue

8. **Communication Devices:** The same format as the previous questions. Indicate all that apply, click "**Submit**" and then "**Save & Continue**" to move on. **NOTE: This question, and the previous questions are optional – If a user does not have any devices, they can click "Save & Continue" to move forward.**

Your progress 18%

Registration

Do you use any communication devices?

To view and add a communication devices, please click on the "Add Communication Device" button, select an option from the dropdown, submit and then click "Save & Continue".

Example: Hearing aid, Communication Devices, Sign Language

[Add Communication Device](#)

Device	Other Description
There are no records to display.	

[Save & Continue](#)

[< Back](#)

9. **Medical Devices:** The same format as the previous question. Indicate all that apply, click "**Submit**" and then "**Save & Continue**" to move on. **NOTE: The Save & Continue functionality updates information in the Dynamics Backend Application, meaning that a staff member can walk through the process with an athlete over the phone and monitor progress through answering the questions.**

Your progress 22%

Registration

Do you use any medical devices?

To view and add medical devices, please click on the "Add Medical Device" button, select an option from the dropdown, submit and then click "Save & Continue". If you don't use any medical devices, click "Save & Continue".

Example: Implantable Cardioverter Defibrillator, VP Shunt, Pacemaker

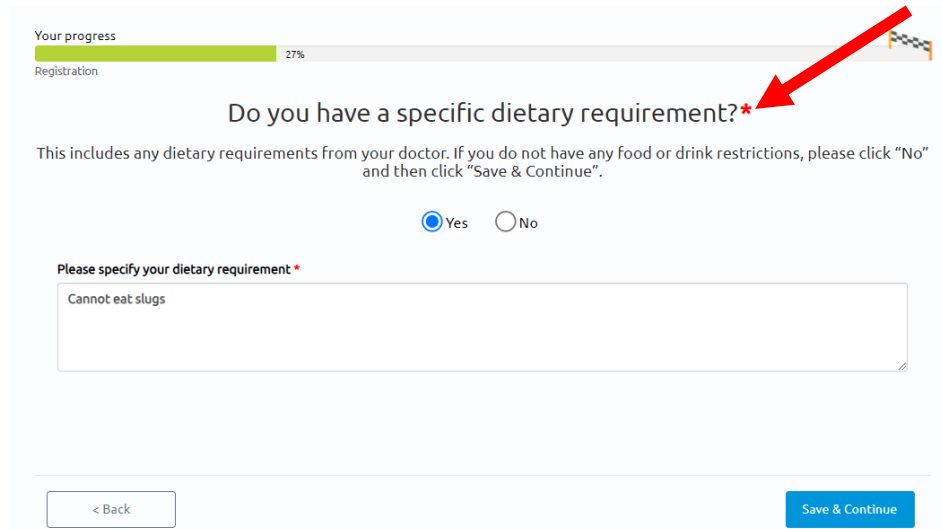
[Add Medical Device](#)

Medical Device	Other Description
Implantable Device for Seizure Management	

[Save & Continue](#)

[< Back](#)

10. **Dietary Requirements:** This question, as well as many of the following questions are **required, indicated by the red asterisk (\*)**. These questions are examples of **"If Yes, please explain"** style questions. Once answered, click **"Save & Continue"**



Your progress  
Registration 27%

Do you have a specific dietary requirement?\*

This includes any dietary requirements from your doctor. If you do not have any food or drink restrictions, please click "No" and then click "Save & Continue".

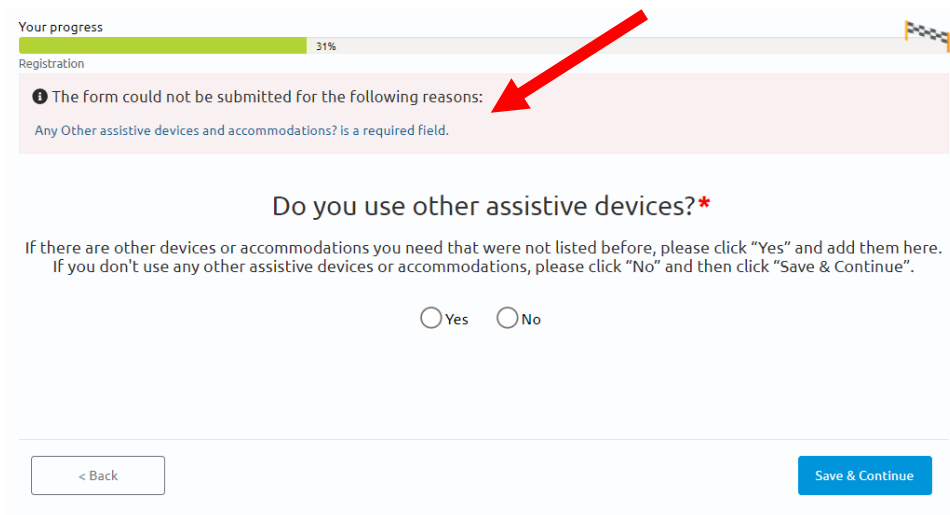
Yes  No

Please specify your dietary requirement \*

Cannot eat slugs

< Back Save & Continue

11. **Assistive Devices:** The same format as the previous question. Indicate Yes or No. If yes, explain in detail what the reason is. **NOTE: If a user attempts to Save & Continue without answering the question, the portal will provide a message indicating they need to answer before moving on.**



Your progress  
Registration 31%

The form could not be submitted for the following reasons:  
Any Other assistive devices and accommodations? Is a required field.

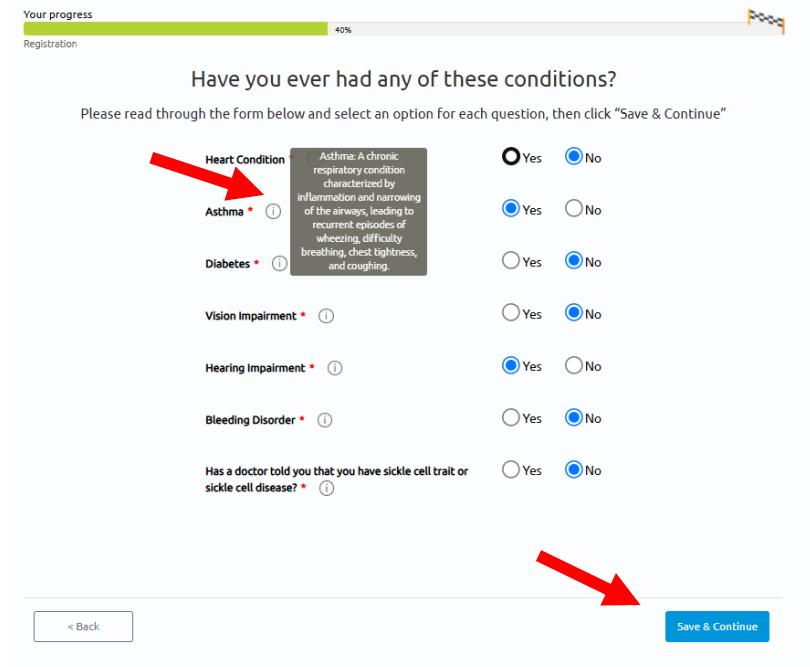
Do you use other assistive devices?\*

If there are other devices or accommodations you need that were not listed before, please click "Yes" and add them here. If you don't use any other assistive devices or accommodations, please click "No" and then click "Save & Continue".

Yes  No

< Back Save & Continue

12. **Conditions:** This question, and the following question, contains Yes/No options to a series of conditions. The user should indicate whether they have these conditions or not. Answering Yes does not require any additional information to be provided. Click **"Save & Continue"** to move forward. **NOTE: Hovering over the Informational Bubble, noted by the Circle Icon with an "i" provides additional details about the specific conditions.**



Your progress  
Registration 40%

Have you ever had any of these conditions?

Please read through the form below and select an option for each question, then click "Save & Continue"

Heart Condition  Yes  No

Asthma \* ⓘ  Yes  No

Diabetes \* ⓘ  Yes  No

Vision Impairment \* ⓘ  Yes  No

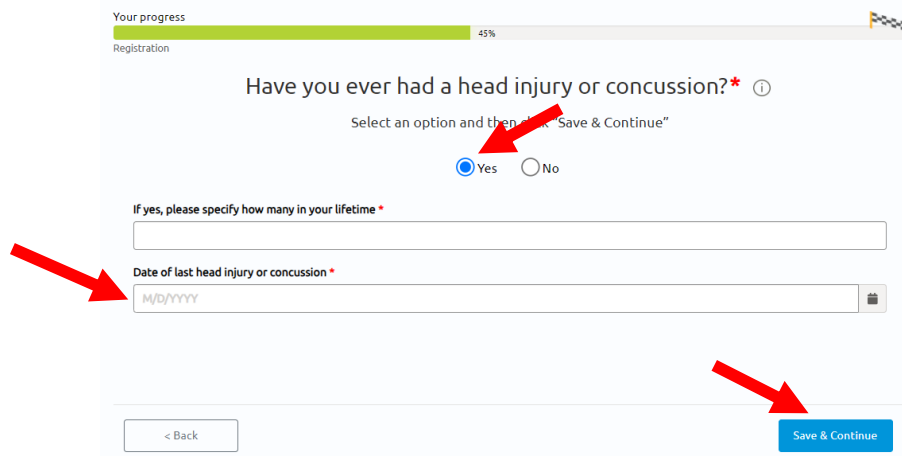
Hearing Impairment \* ⓘ  Yes  No

Bleeding Disorder \* ⓘ  Yes  No

Has a doctor told you that you have sickle cell trait or sickle cell disease? \* ⓘ  Yes  No

< Back Save & Continue

13. **Head Injuries & Concussions:** This question asks for information regarding previous head injuries or concussions. If a user indicates **"Yes"** they will be asked for more information about the number in a lifetime, and the date of the last head injury or concussion. Click **"Save & Continue"** to move forward.



Your progress  
Registration 45%

Have you ever had a head injury or concussion? \* ⓘ

Select an option and then click "Save & Continue"

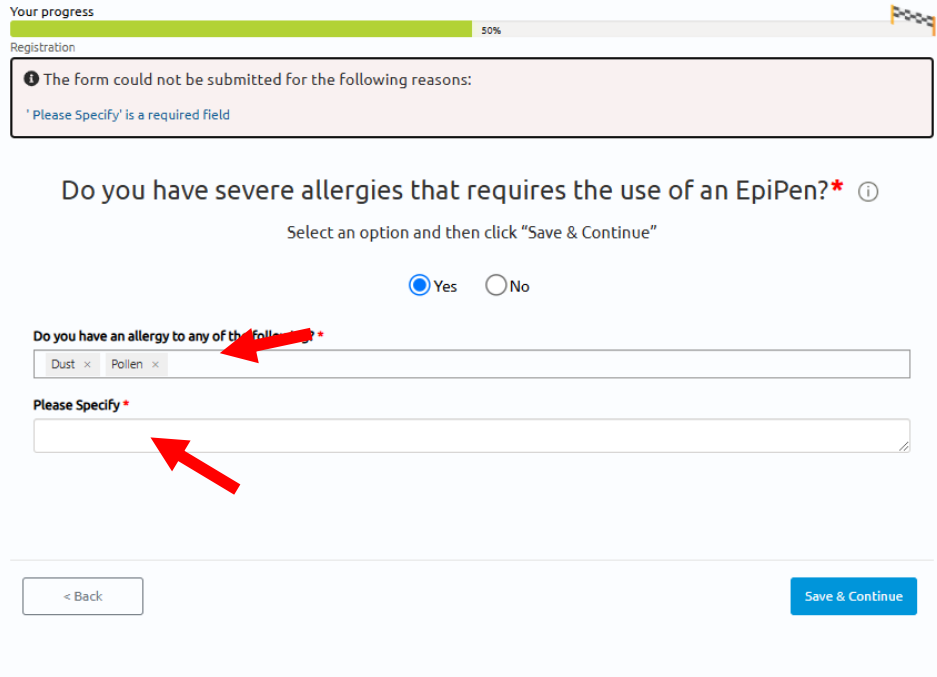
Yes  No

If yes, please specify how many in your lifetime \*

Date of last head injury or concussion \* M/D/YYYY

< Back Save & Continue

14. **Allergies & EpiPen:** Another example of **"If Yes, then Explain"**. If a user selects **"Yes"** they will be given two additional fields to complete. A user can indicate applicable allergies by using the pre-populated options via the dropdown menu and then specify their allergy information in the box. It is required to Specify the allergy. Click **"Save & Continue"** to move forward.



Your progress  
50%

Registration

The form could not be submitted for the following reasons:  
\*Please Specify\* is a required field

Do you have severe allergies that requires the use of an EpiPen? \* ⓘ

Select an option and then click "Save & Continue"

Yes  No

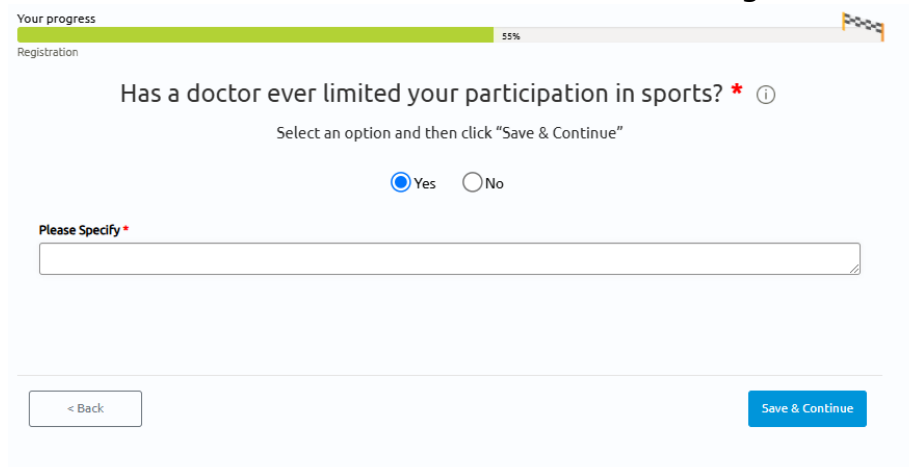
Do you have an allergy to any of the following? \*

Dust × Pollen ×

Please Specify \*

< Back Save & Continue

15. **Sport Participation:** Example of **"If Yes, Please Explain"** type question If a user has ever had their participation limited in a specific sport, they should indicate that sport and limitation in the available box after indicating **"Yes"**.



Your progress  
55%

Registration

Has a doctor ever limited your participation in sports? \* ⓘ

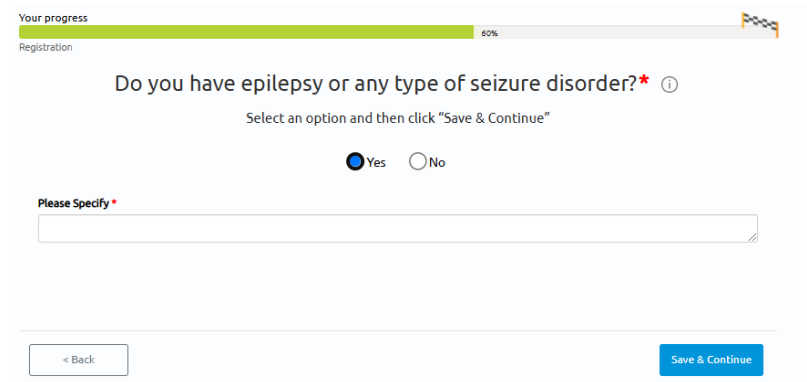
Select an option and then click "Save & Continue"

Yes  No

Please Specify \*

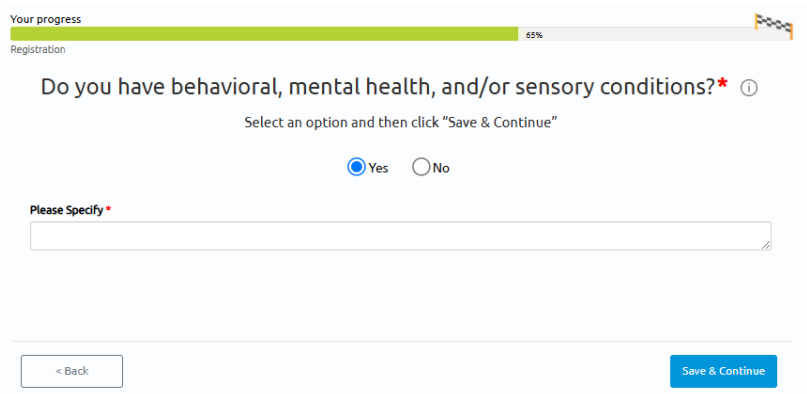
< Back Save & Continue

16. **Epilepsy:** Example of “*If Yes, Please Explain*” type question. Indicate answer and type relevant information into the box (If applicable). **Save & Continue** to move forward.



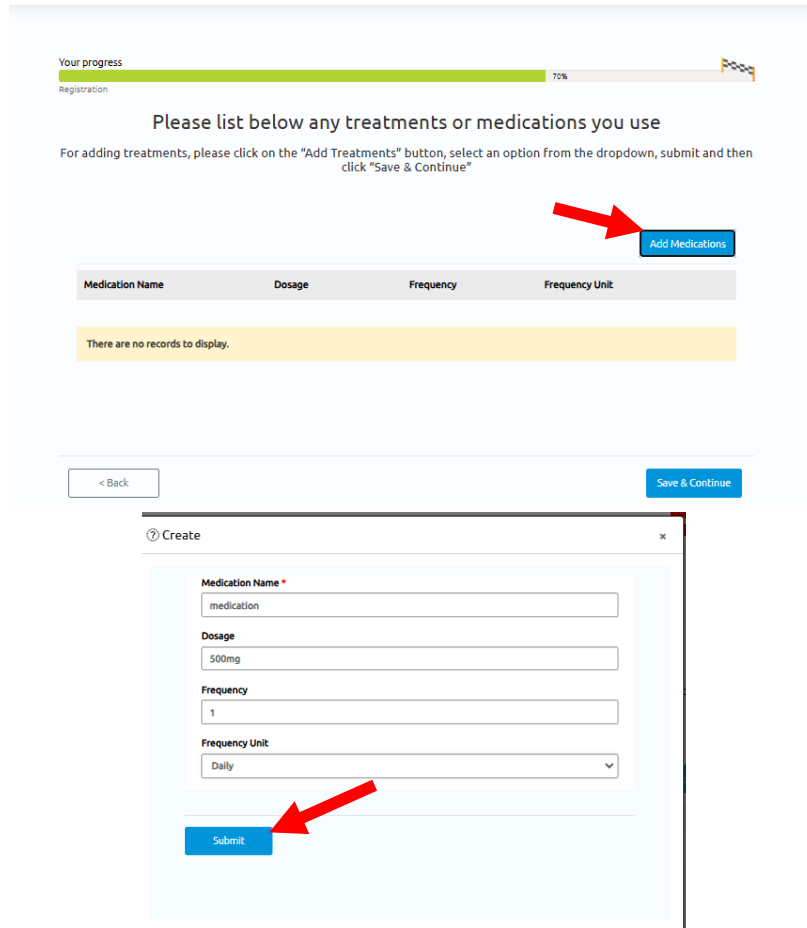
The screenshot shows a registration progress bar at 60%. The question is: "Do you have epilepsy or any type of seizure disorder?\*" with a help icon. Below the question is the instruction "Select an option and then click 'Save & Continue'". There are two radio buttons: "Yes" (selected) and "No". Below the radio buttons is a text input field labeled "Please Specify \*". At the bottom are two buttons: "< Back" and "Save & Continue".

17. **Behavioral/Mental/Sensory Conditions:** Same format as previous question. If yes, indicate the condition. **Save & Continue** to move forward.



The screenshot shows a registration progress bar at 65%. The question is: "Do you have behavioral, mental health, and/or sensory conditions?\*" with a help icon. Below the question is the instruction "Select an option and then click 'Save & Continue'". There are two radio buttons: "Yes" (selected) and "No". Below the radio buttons is a text input field labeled "Please Specify \*". At the bottom are two buttons: "< Back" and "Save & Continue".

**18. Treatments & Medications:** This question allows the user to indicate any medications that they take, including the frequency & dosage of those medications. Click "**Add Treatments**". In the pop-up, complete the relevant information regarding the medication/treatment then click "**Submit**". Repeat the process for additional treatments. **Save & Continue** to move forward.



Your progress  
Registration 70%

Please list below any treatments or medications you use

For adding treatments, please click on the "Add Treatments" button, select an option from the dropdown, submit and then click "Save & Continue"

[Add Medications](#)

Medication Name	Dosage	Frequency	Frequency Unit
There are no records to display.			

< Back [Save & Continue](#)

Create

Medication Name \*  
medication

Dosage  
500mg

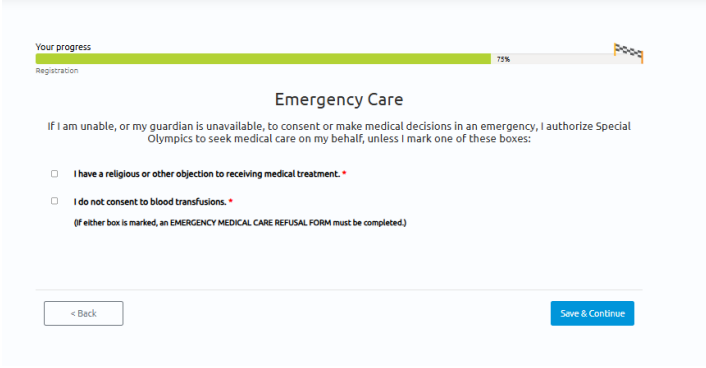
Frequency  
1

Frequency Unit  
Daily

[Submit](#)

19. **Emergency Care:** These two questions refer to any religious or general objections towards receiving care in case of emergency. The user should only mark the boxes if they apply.

- a. If either box is marked an additional form will need to be completed and will populate in the checklist area once a SO staff has reviewed the Health History form. **Save & Continue** to move forward.



Your progress  
Registration 75%

### Emergency Care

If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:

- I have a religious or other objection to receiving medical treatment. \*
- I do not consent to blood transfusions. \*

(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)

< Back Save & Continue

20. **Evaluation and Research:** This is an opt-in question regarding sharing health information with other parties. The question is pre-filled to “**No**” and the user would need to indicate “**Yes**” to consent to the sharing of their personal information. **Save & Continue** to move forward.



Your progress  
Registration 80%

### Evaluation and Research

Special Olympics wants to help our athletes and their families stay healthy and happy. We may take part in research studies and would share information for your potential participation. All studies will be checked by the Special Olympics Chief Health Officer.

Would you or your family be interested in learning about research studies? Yes  No

< Back Save & Continue

21. This screen contains a summary view of all information the user has provided. The user will be able to update, change or remove information if entered incorrectly into the form. Once the user has confirmed the accuracy of the information, scroll to the bottom and click **"Save & Continue"**

Your progress  
Registration 65%

Please review and confirm your health history responses

Do you have any associated conditions?

[Add Condition](#)

Condition Name	Other Description
Epilepsy	

Please list all assistive devices and accommodations

[Add Assistive Device](#)

Assistive Device	Other Description
Other	not listed
Glasses, contact lenses, protective eyewear	
Communication Devices	

[Add Medications](#)

Medication Name	Dosage	Frequency	Frequency Unit
medication	500mg	1	Daily

Emergency Care

I have a religious or other objection to receiving medical treatment.

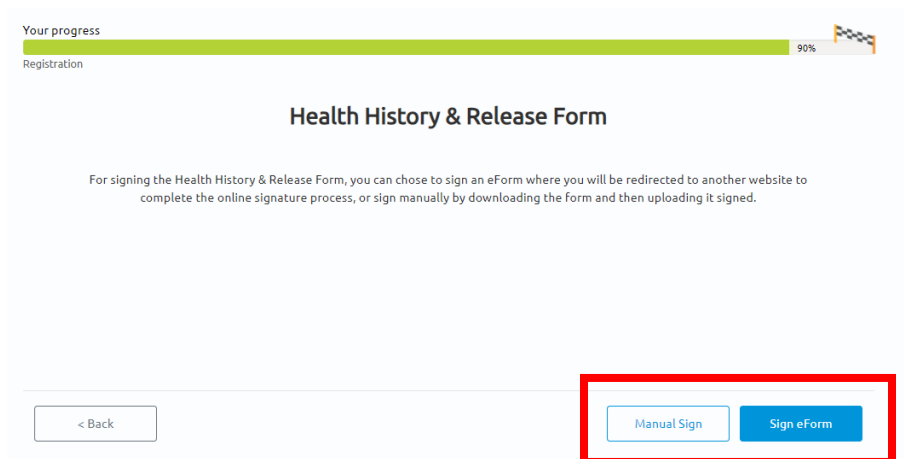
I do not consent to blood transfusions.  
(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)

Evaluation and Research

Would you or your family be interested in learning about research studies? Yes  No

[< Back](#) [Save & Continue](#)

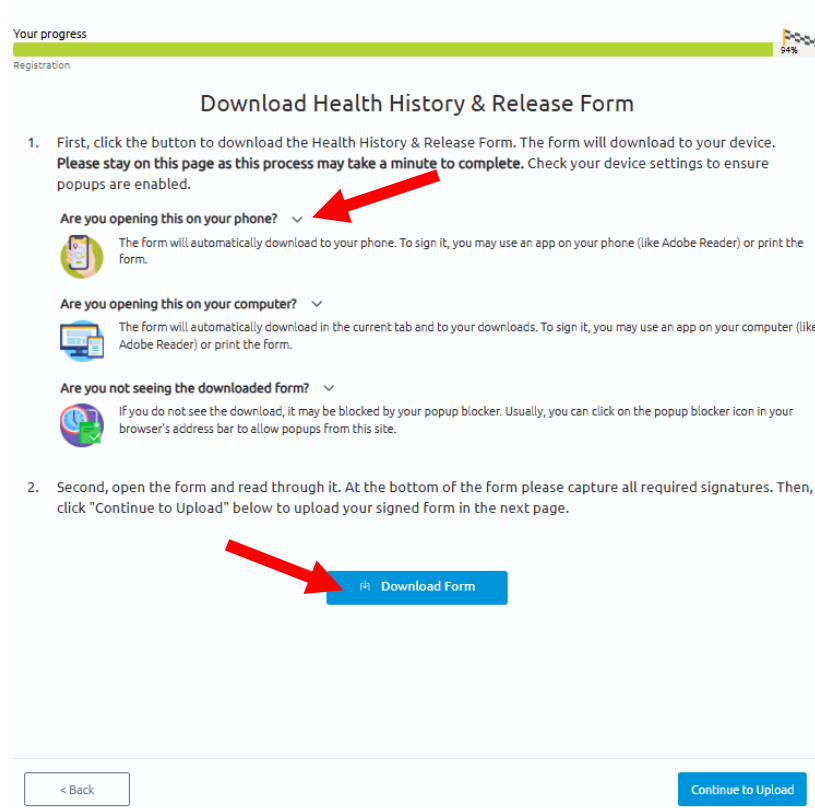
22. **Signing the Form:** To complete the process, the user will need to provide a signature, attesting to the information provided. There are two options for completing the signature form: Manual or eSign. **NOTE: For users under the age of 18, both options for Manual or eSign will need to be completed by a parent or guardian.**



The screenshot shows a web interface for signing a form. At the top left, it says "Your progress" with a green progress bar that is 90% full. Below the progress bar, it says "Registration". The main heading is "Health History & Release Form". Below the heading, there is a paragraph: "For signing the Health History & Release Form, you can chose to sign an eForm where you will be redirected to another website to complete the online signature process, or sign manually by downloading the form and then uploading it signed." At the bottom, there are three buttons: "< Back" on the left, "Manual Sign" in the middle, and "Sign eForm" on the right. The "Manual Sign" and "Sign eForm" buttons are highlighted with a red rectangular border.




## Section F: Completing Signature Form Via Manual Sign:


1. The user will need to download the PDF document of their Health History, print the PDF, and then reupload the signed version of the form. Additional instructions are provided via the drop-down carrots on this screen. Click the **"Download Form"** button. This will generate a filled PDF of all information input on the portal.



Your progress  
Registration 54%

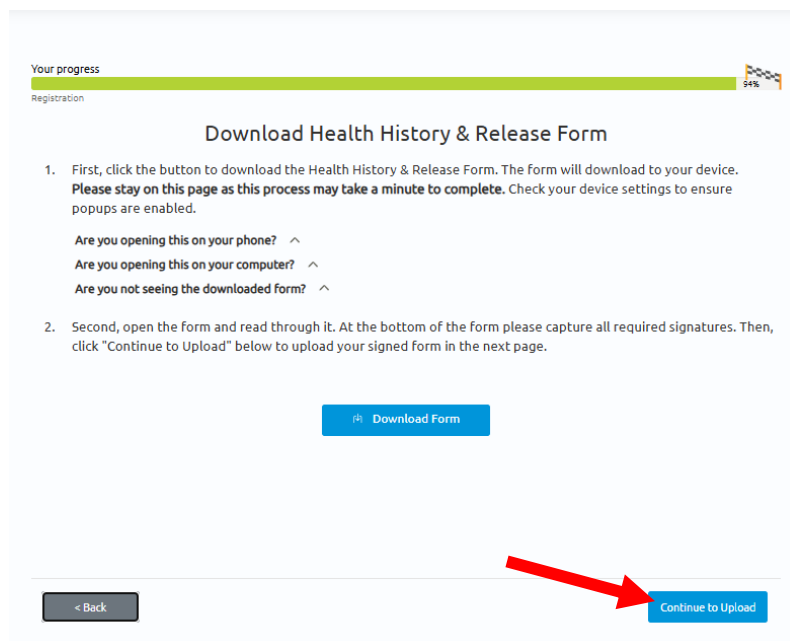
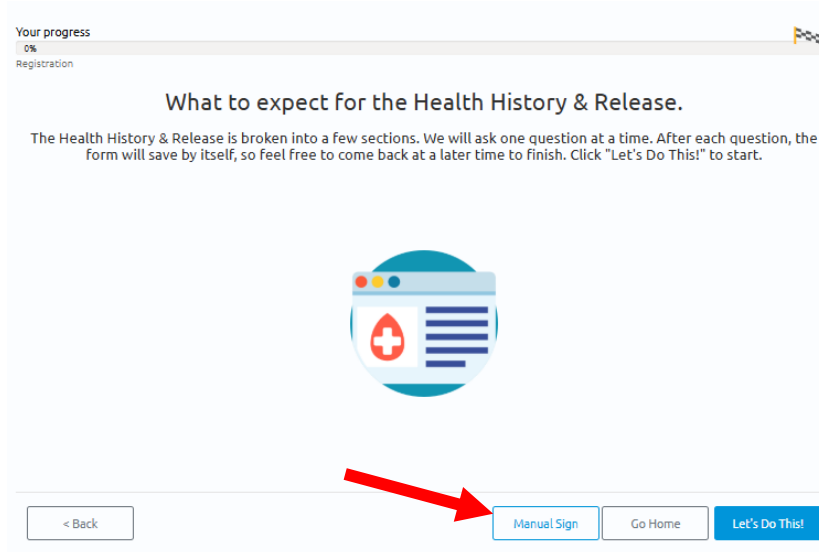
### Download Health History & Release Form

1. First, click the button to download the Health History & Release Form. The form will download to your device. **Please stay on this page as this process may take a minute to complete.** Check your device settings to ensure popups are enabled.
  - Are you opening this on your phone?**  The form will automatically download to your phone. To sign it, you may use an app on your phone (like Adobe Reader) or print the form.
  - Are you opening this on your computer?**  The form will automatically download in the current tab and to your downloads. To sign it, you may use an app on your computer (like Adobe Reader) or print the form.
  - Are you not seeing the downloaded form?**  If you do not see the download, it may be blocked by your popup blocker. Usually, you can click on the popup blocker icon in your browser's address bar to allow popups from this site.
2. Second, open the form and read through it. At the bottom of the form please capture all required signatures. Then, click "Continue to Upload" below to upload your signed form in the next page.

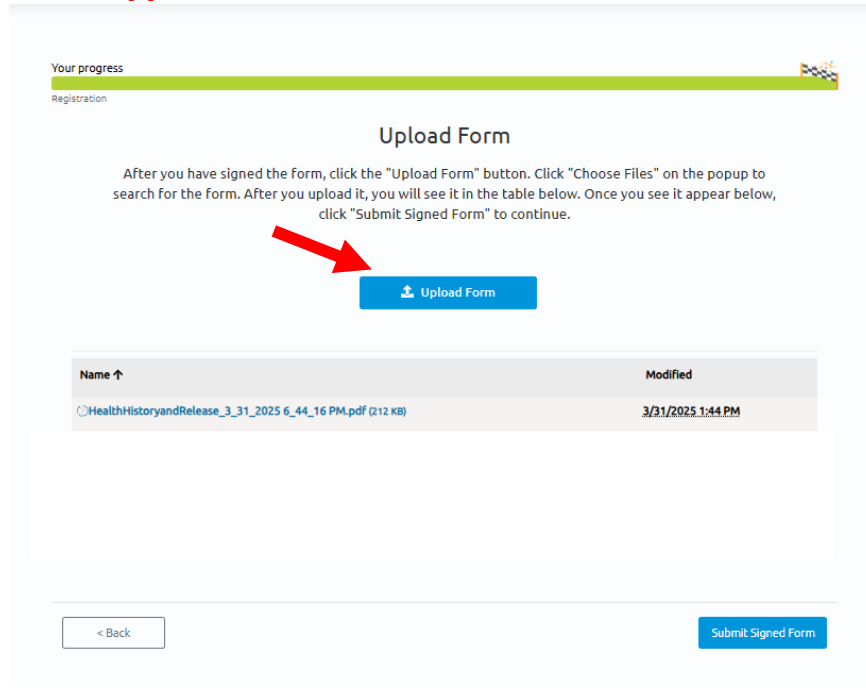
 Download Form

< Back Continue to Upload

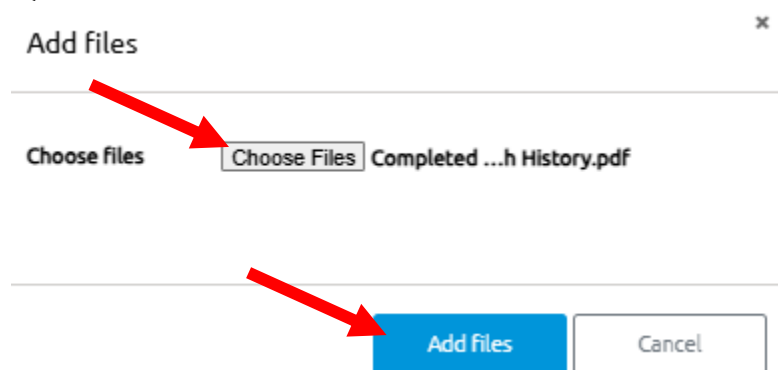
2. Once downloaded, printed and signed, the user should navigate back to the athlete's checklist, select "Edit Form" and when brought to the screen below select "Manual Sign" this will then take them to the correct page to "Continue to Upload"




- On this screen, the user will see the forms they have downloaded, and the option to "**Upload Form**". Click this button. **NOTE: If the user is on a computer, this will open the File Explorer, allowing the user to select the document from their documents. A user is also able to upload a .PNG/.JPEG image, which would be applicable for mobile users.**



- Add the relevant file for the Health History Form by selecting "**Choose Files**". Once selected, click "**Add Files**".



- The user will now see the unsigned downloaded form and the new uploaded document. Click "**Submit Signed Form**" to submit the Document. **NOTE: Submitting a Manually Signed Form will require a SO Staff Member to review and update the status reason. This form will not be automatically approved.**


Your progress 


Registration

### Upload Form

After you have signed the form, click the "Upload Form" button. Click "Choose Files" on the popup to search for the form. After you upload it, you will see it in the table below. Once you see it appear below, click "Submit Signed Form" to continue.

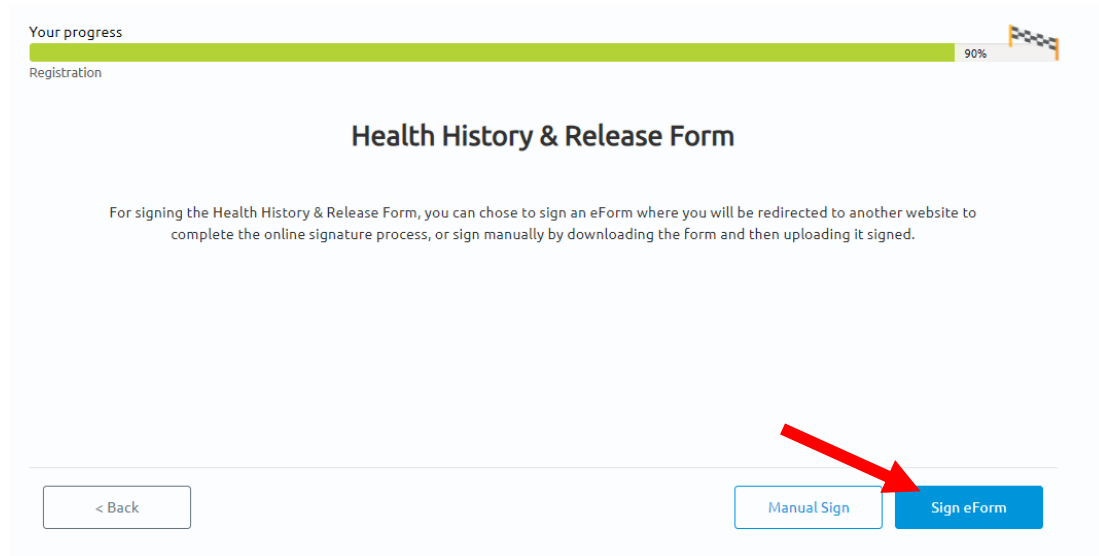
[Upload Form](#)

Name ↑	Modified
<a href="#">Completed Signed Health History.pdf (268 KB)</a> 	3/31/2025 1:51 PM
<a href="#">HealthHistoryandRelease_3_31_2025 6_44_16 PM.pdf (212 KB)</a>	3/31/2025 1:44 PM

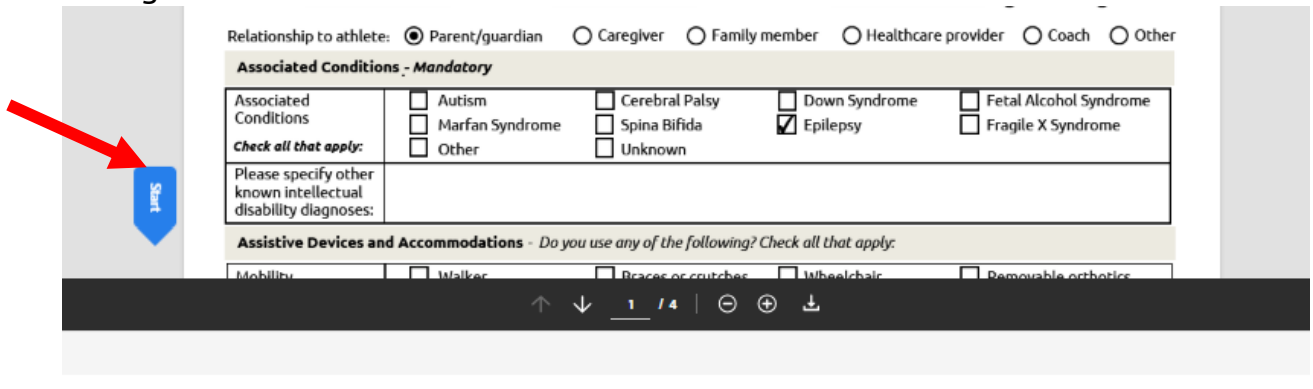
[< Back](#) [Submit Signed Form](#) 

## Section G: Completing Signature Form via ESign

1. **Completing via eSign:** If a user elects to complete the signature form via eSign, click the **“Sign eForm”** button.



2. **If the user is Over 18:** Clicking **“Sign eForm”** will open a pop-up box containing the PDF signature document for the user to complete. The steps for completion are indicated by Blue Arrows, guiding the user through completing the signature document.



3. Follow the on-screen directions indicated by the Blue Arrows. Depending on a few factors the first box will prepopulate to either "Athlete" or "Guardian".
  - a. Always double check the signature box is populating in the correct line. If athlete is own guardian the signature will be in the "Athlete Signature" if Guardian needs to sign it should be yellow under "Parent/Guardian Signature".



Next

Athlete Name: Tommy Pickles

Athlete **ATHLETE SIGNATURE**  
(required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: **Click here to sign** Date (dd/mm/yyyy): 31 / Mar / 2025

**PARENT/GUARDIAN SIGNATURE**  
(required for athlete who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

4. Where applicable signatures are required, click on the signature box. The user should type their full name into the pop-up box, then click "Apply". Once all signature fields have been completed, click "Click to Sign" at the bottom of the PDF page to submit the signature document.

**EVALUATION AND RESEARCH**  
(Optional)

Special Olympics wants to help our athletes and their families stay healthy and happy. We may take part in research studies and would share information for your potential participation. All studies will be checked by the Special Olympics Chief Health Officer.

Would you or your family be interested in learning about research studies?

Yes  No


Signature: Thomas Pickles   
Thomas Pickles (Mar 31, 2025)

Email: jlieblich+qa4@specialolympics.org

Special Olympics U.S. Athlete Registration Form – updated August 2024 Page 4 of 4

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

- Once signed, the user will see a confirmation screen indicating that they are "**all set**" and have completed the process. The user will receive an email copy of the form they have signed, and the status of the form will be updated in the Athlete Portal via the Athlete Checklist. **NOTE: Depending on the Programs requirements, an esigned document may or may not be automatically approved in the system or may require a staff member to approve.**

 **You're all set**


You finished signing "Health History & Release Form\_Dorothy Testerson".

We will send the final agreement to all parties. You can also [download a copy](#) of what you just signed.

---

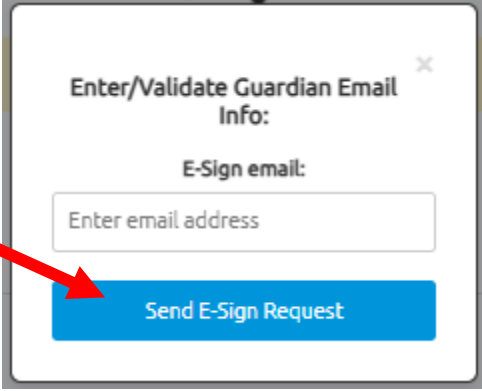
**Don't have an Adobe account?**

- ✓ Access future agreements anywhere on the web
- ✓ Fill, sign, share, or comment on any PDF
- ✓ Send 2 free agreements for e-signature on a monthly basis



[Create account](#)

- If the user is Under 18 or not their own guardian:** a parent or guardian must complete the signature form. When clicking "**Sign eForm**" a pop-up box will appear, pre-populated with the Parent/Guardian email previously indicated during the account creation process, if email was not given during the account creation it will need to be manually typed in. Always verify and update the email address if needed, then click "**Send E-Sign Request**"



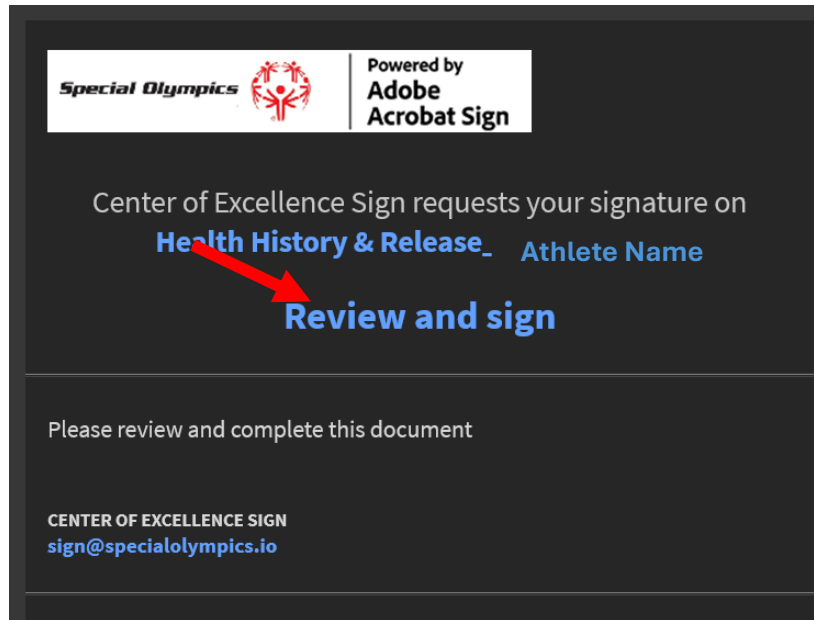
Enter/Validate Guardian Email Info: ×

E-Sign email:

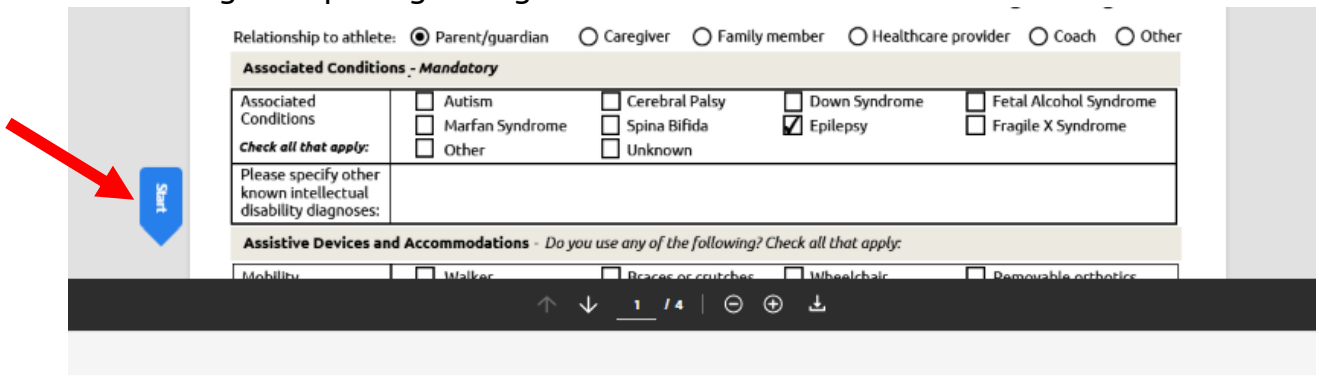
Enter email address

[Send E-Sign Request](#)

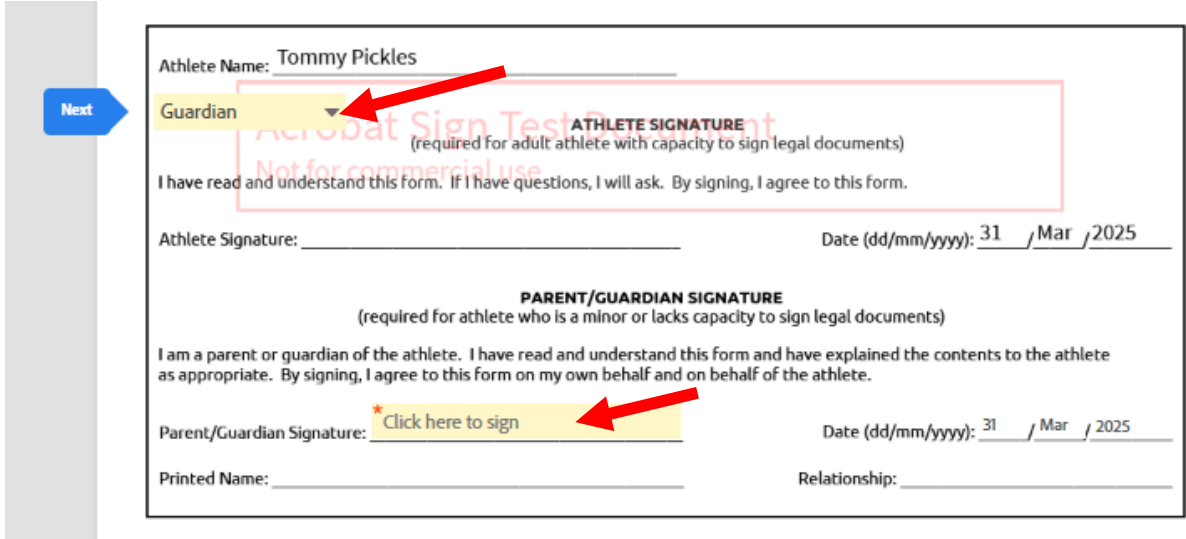
- The Parent/Guardian user will receive an email from **Center of Excellence Sign via Adobe Acrobat Sign**, indicating they have a form to complete. In the email, the Parent/Guardian user must click "**Review & Sign**"



- Clicking this link will open the PDF signature document in the user's default browser. The steps for completion are indicated by Blue Arrows, walking the user through completing the signature document.



- Double check the signature person is correct. Make sure that this box reads **Guardian**. You will be able to tell if is not correct if the yellow “click here to sign” is not in the Parent/Guardian Signature section.



Athlete Name: Tommy Pickles

Guardian **ATHLETE SIGNATURE**  
(required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: \_\_\_\_\_ Date (dd/mm/yyyy): 31 / Mar / 2025

**PARENT/GUARDIAN SIGNATURE**  
(required for athlete who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: \*Click here to sign \_\_\_\_\_ Date (dd/mm/yyyy): 31 / Mar / 2025

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

- Follow the on-screen directions indicated by the Blue Arrows. Where applicable signatures are required, click on the signature box. The Parent/Guardian user should type their full name into the pop-up box, then click “**Apply**”



DEMO USE ONLY

Type Draw Image Mobile

Sign

Stu Pickles

Close Apply

In consideration and agrees that

- While participating in the activity (including travel to and from the activity), I understand and agree that I am assuming the risks and all liabilities, claims, or losses on my account caused or
- If I observe any unsafe conditions, I will report them to the appropriate authorities.
- I understand that I am releasing, defending, holding harmless, and agreeing to indemnify the Special Olympics, its participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and lessors of premises on which any Special Olympics activity is occurring ("Releasees") related to any liabilities, claims, or losses on my account caused or

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t of the law, I

yes, other

participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and lessors of premises on which any Special Olympics activity is occurring ("Releasees") related to any liabilities, claims, or losses on my account caused or

11. Once all signature fields have been completed, click "**Click to Sign**" at the bottom of the PDF page to submit the signature document.

**EVALUATION AND RESEARCH  
(Optional)**

Special Olympics wants to help our athletes and their families stay healthy and happy. We may take part in research studies and would share information for your potential participation. All studies will be checked by the Special Olympics Chief Health Officer.

Would you or your family be interested in learning about research studies?

Yes     No

**Signature:** Stev Pickles  
Stev Pickles (Mar 21, 2025)


**Email:** jlieblich+qa4@specialolympics.org

Special Olympics U.S. Athlete Registration Form – updated August 2024 Page 4 of 4

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

[Click to Sign](#)


12. Once signed, the user should see a confirmation screen indicating that they are all set and have completed the process. The user will receive an email copy of the form they have signed, and the status of the form will be updated in the Athlete Portal via the Athlete Checklist. **NOTE: Depending on the Programs requirements, an esigned document may or may not be automatically approved in the system and may require a staff member to approve.**




## You're all set!

You finished signing "Health History & Release\_Misty Test-Ath".

We will send the final agreement to all parties. Save this document online to access the latest version from anywhere with a free Acrobat account.

 Save to Acrobat

 Download PDF

This concludes with the Athlete Portal User guide. Thank you for taking the time to familiarize yourself with the Athlete Portal. We appreciate your dedication in ensuring a smooth and efficient experience for our athletes. Should you need further assistance or wish to explore more about the portal, please refer to the additional resources section below.

## **Helpful Links & Resources:**

[Sandbox/UAT Portal](#)

[Sandbox/UAT Dynamics \(Backend\)](#)

[Production/Live Portal](#)

[Production/Live Dynamics \(Backend\)](#)

[COE HelpDesk](#)

[COE Sharepoint Resource Page](#)

[Video Library](#)

[Userguide Library](#)

[One Pager Library](#)

[Glossary Library](#)

[FAQ Library](#)