

To be eligible for participation in Special Olympics an individual with a mental disability* must agree to observe and abide by the CSO Sports Rules.

***Note:**

"Mental Retardation refers to substantial limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Mental retardation manifests before age 18.

The following four assumptions are essential to the application of the definition:

- 1. Valid assessment considers cultural and linguistic diversity as well as differences in communication and behavioral factors:***
- 2. The existence of limitations in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the person's individualized needs for supports .***
- 3. Specific adaptive limitations of often coexist with strengths in other adaptive skills or other personal capabilities; and,***
- 4. With appropriate supporters over a sustained period, the life functioning of the person with mental retardation will generally improve".***

(Definition. Classification and Systems of Supports, 9th Edition, AAMR, Washington, DC- 1992, p. 5)

The term 'mental retardation' is a diagnostic term used to describe the condition acknowledged above.

In keeping with the current language practiced within the field, the term 'mental retardation' is no longer commonly used.

In its place, if it is absolutely necessary to use a label, i.e. in an educational setting or in a CSO/NCCP Technical Program, then the terms that are in keeping with the current practices are 'a person with a mental disability or a persona with an intellectual disability'.

Special Olympics was created and developed to give individuals with a mental disability the opportunity to train and compete in sport activities. No person shall, on the grounds of gender, race, religion, colour or national origin, be excluded from participation in or be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of Special Olympics.

Flexibility is left to the Local, Region/Zone, Chapter and National Special Olympics organizations for determining the eligibility of the participants because of the variety of situations and needs that exist in the many localities where Special Olympics programs have been and will be instituted. Inclusion is preferred to exclusion when eligibility is in questions.

Individuals who have both a mental disability and multiple disabilities may participate in Special Olympics programs and competitions. **PARTICIPATION BY INDIVIDUALS WITH DOWN SYNDROME WHO HAVE ATLANTOAXIAL INSTABILITY**

A. There is evidence from medical research that up to 15 percent of individuals with Down Syndrome have a malalignment of the cervical vertebrae C-1 and C-2 in the neck. This condition exposes Down Syndrome individuals to the heightened possibility of a neck injury if they participate in activities that hyperextend or radically flex the neck or upper spine.

B. CSO requires temporary restriction of individuals with Down Syndrome from participation in certain activities.

1) Accredited Programs may allow all individuals with Down Syndrome to continue in most Special Olympics sports training and competition activities. However, such individuals shall not be permitted to participate in sport training and competition which, by their nature, result in hyperextension, radical flexion or direct pressure on the neck or upper spine. Such sports training and competition activities include: butterfly stroke and diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, soccer, alpine skiing and any warm-up exercise placing undue stress on the head and neck.

B. CSO requires temporary restriction of individuals with Down Syndrome from participation in certain activities.

2) Restriction from participation in the above-listed activities shall continue until an individual with Down Syndrome has been examined (including x-ray views of full extension and flexion of neck) by a physician who has been briefed on the nature of the Atlantoaxial Instability condition, and the results of such an examination demonstrate that the individual does not have the Atlantoaxial Instability condition; or

3) For any individual diagnosed as having Atlantoaxial Instability condition, the examining physician shall notify the athlete's parents or guardians of the nature and extent of the individual's condition and, such athlete shall be allowed to participate in the activities listed in 1) above only if the athlete submits written certification from two physicians combined with an acknowledgment of risks and signed by the adult athlete or his/her parent or guardian if the athlete is a minor.

4) It is the responsibility of parents/guardians to monitor the individual and take appropriate action if neurological symptoms appear.