



36th Annual Deaf Youth Sports Festival

"I CAN! YOU CAN! MDO CAN!"

July 21 – July 27, 2019

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 (MUST be able to reach during the Festival 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 2019) _____ 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 Sunday, July 21, 2019.

Participants may not leave before 10:00 AM on Saturday, July 27, 2019.

I'M GOING TO MDO! I will arrive on July ____, 2019 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 27, 2019 at ____ AM / PM. (AFTER 10:00 AM)

By CAR – Driver name _____ Other riders _____

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

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

Go to www.mdoyouth.org to find 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

PARTICIPANT CODE OF CONDUCT **Participant Name** _____

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 and School 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 participant 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, Life Adventure Center, Falling Springs Recreation Center 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 |

Email: teammdo@gmail.com

Website: www.mdoyouth.org

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



36th Annual Deaf Youth Sports Festival
"I CAN! YOU CAN! MDO CAN!"
July 21 – July 27, 2019
PLEASE PRINT CLEARLY

MDO use only

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: _____ 7/21/19

TO BE COMPLETED AT CHECK-OUT

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

Parent / Guardian Initials: _____ 7/27/19



36th Annual Deaf Youth Sports Festival
"I CAN! YOU CAN! MDO CAN!"
July 21 – July 27, 2019
PLEASE PRINT CLEARLY

MDO use only

PARTICIPANT MEDICAL INFORMATION CHECK-IN

Participant Name _____ **Birthdate** ____/____/____

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 _____
Prescribing Dr's name _____
Breakfast _____ Special Instructions:
Lunch _____
Dinner _____
Bedtime _____
Other _____

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 _____
Prescribing Dr's name _____
Breakfast _____ Special Instructions:
Lunch _____
Dinner _____
Bedtime _____
Other _____

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 _____
Prescribing Dr's name _____
Breakfast _____ Special Instructions:
Lunch _____
Dinner _____
Bedtime _____
Other _____

If more space is needed, use separate sheet.



36th Annual Deaf Youth Sports Festival
“I CAN! YOU CAN! MDO CAN!”
July 21 – July 27, 2019

PARTICIPANT WHAT TO BRING / NOT TO BRING TO MDO

BRING

- _____ Pillow
- _____ Bedding (Sleeping bag or Twin XL sheets)
- _____ Blanket
- _____ Bath Towels
- _____ Washcloths
- _____ Toiletries (toothbrush/paste/shampoo/soap, etc)
- _____ Pajamas
- _____ Sunscreen / bug repellent
- _____ Swim suit (Girls **MUST** have one-piece)
- _____ Beach Towel
- _____ Comfortable Sneakers (2 pair if possible)
- _____ Sweater or jacket
- _____ At last one pair of shorts per day (6 days)
- _____ At least one top per day (6 days) (Girls required to wear top under jersey)
- _____ Enough socks/underwear for daily use (6 days)
- _____ Nice outfit for Friday Banquet/Dance (Theme ‘Your EMOJI What?’)
- _____ 1 or 2 casual outfits for evening events
- _____ **POSITIVE ATTITUDE (REQUIRED)**

See Full Dress Code at www.mdoyouth.org

DO NOT BRING

Electronic Devices of ANY Kind

Cell phones, IPads, Game devices, spinners, computers, etc. Devices brought to MDO will be held in the safe until **AFTER** Closing Ceremony

Toys

Snacks

MDO supplies snacks 3 times per day: fruit, juice, cookies. Water available at all times.

Dirty clothes

Laundering facilities are **NOT** available to Participants

Jewelry

NO jewelry of **ANY** kind may be worn **during** competition.
NO EXCEPTIONS.

MDO accepts NO responsibility for loss or damage to any personal property brought to MDO.
Thank you for being a valuable part of MDO and allowing your children to experience MDO.
We look forward to seeing you at the 36th Annual MDO! Please contact us with any questions.

Email: teammdo@gmail.com Website: www.mdoyouth.org
The Deaf Youth Sports Festival, Inc., P. O. Box 421304, Indianapolis, IN 46242



36th Annual Deaf Youth Sports Festival
"I CAN! YOU CAN! MDO CAN!"
July 21 – July 27, 2019

MDO INFORMATION FOR PARENTS / GUARDIANS

Emergency Contact – MDO is at Life Adventure Center, 570 Milner Road., Versailles, KY 40383

- Before MDO call 317-493-0537 VP or email teammdo@gmail.com
- During MDO call 317-493-0537 VP, text 317-446-8095, or email teammdo@gmail.com (email checked several times daily)

Parking – Plenty of free parking on campgrounds

- Speed limit (15 mph) STRICTLY enforced
- MDO accepts NO responsibility for tickets on campgrounds

Attendance

- Please make arrangements for your child to participate during the entire week
- Participants may not leave without Director's permission
- During MDO parents are not permitted on participant floors in order for children to gain confidence and realize their potential for growth emotionally and socially
- Participants should be mature enough to function in a dorm setting overnight

Dress Code

- Participants are required to wear sneakers (gym shoes) and team color jersey for identification
- Modest sports clothes acceptable (shorts, sweat pants)
- Girls **MUST** have one-piece bathing suit
- Unacceptable – bare midriff, short shorts, sagging pants/shorts, inappropriate words/pictures
- Not sure? DON'T bring them
- Full policy at www.mdoyouth.org
- **NO JEWELRY of ANY kind may be worn during competitions. NO EXCEPTIONS.**

NO Electronic Devices – of ANY kind

- MDO accepts NO responsibility for any personal property brought to MDO
- Devices brought to MDO will be held in office safe until AFTER Closing Ceremony

What to Bring / NOT Bring – see separate sheet on website

Fees / Fundraising / Scholarships – see separate Information sheet on website

REGISTRATION – begins Sunday, July 21, 2019 at 2:00 pm. FOLLOW SIGNS.

- Bring luggage and belongings to registration
- **After** dropping off Participants and their luggage in cabin/bunkhouse
 - **Participants** go with Coach to prepare for Opening Ceremony
 - **Parents** go to Assembly Building to wait for Opening Ceremony
- **REGISTRATION CLOSED** at 3:00 pm – late arrivals register **after** Opening Ceremony

Opening Ceremony – begins 3:30 pm – FOLLOW SIGNS – Parents, families, friends welcome

- **AFTER** Opening Ceremony
 - **Participants** have dinner with their teams
 - **Parents** leave from Assembly Building

Friday Night Banquet and Dance – Theme 'Your EMOJI What?'

- Free to Participants and Volunteers
- Parents, families, friends, community purchase tickets at Headquarters – \$50 per person
- Formal dress (nice outfit)

Closing Ceremony – begins Saturday, July 27, 2019, 9:00 am – 10:00 am. FOLLOW SIGNS.

- Parents, families, friends welcome
- **AFTER** Closing Ceremony
 - Check-out with Coaches.
 - Collect all luggage and medicines



36th Annual Deaf Youth Sports Festival
“I CAN! YOU CAN! MDO CAN!”
July 21 – July 27, 2019

MDO PAYMENT / FUNDRAISING / SCHOLARSHIP INFORMATION

- MDO's goal is to accept every Deaf/Hard of Hearing child who applies
- The Board of Directors works year-round seeking grants and donations to ensure all can attend
- The actual cost is more than \$750 per child

ALL FEES AND DEPOSITS ARE NON-REFUNDABLE

- Check payable to MDO – OR –
- Use PayPal at www.mdoyouth.org (select ‘MDO Participants’ then ‘Donate’: include child's name in notes)

TWO WAYS TO PAY FEES – One time Payment OR Monthly Payments

1. **One time Early Bird Payment Deadline** – Receive Scholarship for Balance
 - Pay by **June 30, 2019** **\$300** (\$750 - \$300 = \$450 Scholarship)
2. **Monthly Payments Due on 1st of month** – Receive Scholarship for Balance
 - All payments must be completed by **June 30**
 - **January 1 to June 1** - \$52.50/month x 6 payments = \$315 (\$750 - \$315 = \$435 Scholarship)
 - **February 1 to June 1** - \$63/month x 5 payments = \$315 (\$750 - \$315 = \$435 Scholarship)

PERSONAL WEBSITE FUNDRAISING – OPTIONAL

- MDO will create a website for your child and send you the link
- Distribute to family, friends, co-workers, church, etc. (anyone who may donate for your child)
- Amount is shown on website you can see at anytime
 - 100% of all funds raised will go toward your child's fee
- To begin website, ask your child to answer these questions and email or mail your child's answers to us along with a recent picture of your child
 - About me (Talk about yourself, school, favorite sports, friends, pets, like to do, etc.)
 - Why I want to go to MDO

FULL SCHOLARSHIPS

- Limited number of full scholarships available to those who truly need help
- Email request for full scholarship to teammdo@gmail.com ASAP
- Requests processed in order received

MDO has expenses for jerseys, t-shirts, facility, equipment, food, storage, transportation, insurance and others. If you would like to donate or sponsor a specific expense for MDO, or have ideas for fundraising, please contact us at teammdo@gmail.com to see needs, sponsor levels and donor benefits.

*Thank you for being a valuable part of MDO and allowing your children to experience MDO.
We look forward to seeing you at the 36th Annual MDO! Please contact us with any questions.*

Email: teammdo@gmail.com Website: www.mdoyouth.org
The Deaf Youth Sports Festival, Inc., P. O. Box 421304, Indianapolis, IN 46242