



## 2024 Special Olympics Fall Medical Incentive Awards Program

Special Olympics Georgia, SOGA, would like to announce an incentive program to offer more athletes the opportunity to participate in SOGA. The incentive is called the *Awards Program “March Medical Madness”*, and it will begin **August 9<sup>th</sup>, 2024**, and run thru **October 9<sup>th</sup>, 2024**. **If you are mailing athlete medicals, they must be sent & received to our office by October 10<sup>th</sup>. Any medicals received after October 10<sup>th</sup> will NOT count towards the incentive. Any registered Agency must send in the **NEW medical packet, which includes the medical form, release form and the 2 health history forms (see the attached medical form to the email), to register a new athlete or to re-register an athlete whose form expired on or prior to December 31<sup>st</sup>, 2023, will receive a check from SOGA in the amount of \$45.00 per medical packet.** For example, if the Special Olympics Orange County Program sent in 25 new medical packets, then that registered agency would receive a check from SOGA in the amount of \$1,125.00. The more packets that are sent in during this time period, the more money your registered program could receive. The checks will be sent out from SOGA after the **October 9<sup>th</sup>** deadline. We encourage you to take advantage of the *Awards Program*. In order for a registered Agency to receive any money from SOGA they must complete the form on the back of this page and return it with the medical, release and 2 history forms. We appreciate your continued support of the Program.**

**Please send all forms to the attention of your Program Manager at the following address or via e-mail or scan:**

Special Olympics Georgia  
3998 Inner Perimeter Rd. Ste. A  
Valdosta, Georgia 31602

Special Olympics Georgia  
6046 Financial Drive  
Norcross, Georgia 30071

**If you have any questions, need new or additional medical and release forms, or are in need of a medical professional to sign the form, please contact your Program Manager or Santiago Arias, Director of Programs at 770-414-9390 Ext 1109 or by e-mail at [Santiago.Arias@specialolympicsga.org](mailto:Santiago.Arias@specialolympicsga.org) . Packets can be found and printed from the SOGA website. **Checks will NOT be reissued for incorrect mailing address.****

**Checks not deposited by November 18<sup>th</sup> will be cancelled and will NOT be reissued.**

**(The New medical packet must include the 2 Health History Forms, Medical Form and Release Form for each Athlete.)**

# 2024 Special Olympics Fall Medical Incentive Awards Program

This form must accompany the new medical, release and history forms per Athlete that you wish to be reviewed for the awards program:

Agency (account name or check made payable to):

Area:

Local Coordinator Name:

Mailing Address:

City/GA/Zip

Day time phone number:

E-mail:

**Number of packets returned to SOGA:**

Date mailed, e-mailed, or dropped off:

***For SOGA Purposes only. DO NOT COMPLETE THIS SECTION:***

Number of packets: \_\_\_\_\_

Criteria met: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount reimbursed: \_\_\_\_\_

Check made payable to: \_\_\_\_\_

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**(The New medical packet must include the Release Form, Medical Form, 2 Health History Forms for each Athlete.)**