

ATHLETE REGISTRATION FORM



To be completed by school district:

Local School District: _____	Teacher: _____
Qualifying EMIS Category: ID <input type="checkbox"/>	MD <input type="checkbox"/> ASD <input type="checkbox"/>

To be completed by parent:

ATHLETE INFORMATION	
Are you a new athlete to Special Olympics or Re-Registering? <input type="checkbox"/> New <input type="checkbox"/> Re-Registering	
First Name:	Preferred Name:
Last Name:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth (mm/dd/yyyy):	T-shirt size: Youth / Adult
I will be participating in the following events:	
<input type="checkbox"/> Volleyball: <u>Team</u> or <u>Skills</u> <input type="checkbox"/> Bowling	
<input type="checkbox"/> Basketball: <u>Team</u> or <u>Skills</u> <input type="checkbox"/> Track and Field: <u>Team</u> or <u>Skills</u>	
PARENT / GUARDIAN INFORMATION	
Name:	Relationship:
Street Address:	
City:	State/Zip Code:
Phone:	Email:
EMERGENCY CONTACT INFORMATION (other than parent)	
Name:	Relationship:
Phone:	
PHYSICIAN INFORMATION	DENTIST INFORMATION
Name:	Name:
Phone:	Phone:
Does the Athlete have the capacity to consent to medical treatment on his/her own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	