



**AREA 6 SPECIAL OLYMPICS**  
**Athlete and Partner Sport Registration Form**

Which sport are you registering for:

**Personal Information**

Athlete/Partner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Do you live with your parents:  Yes  No

**Emergency Contact Information**

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Relationship:  Parent  Guardian  Residential Staff  Other \_\_\_\_\_

**Program Information**

Case Manager: \_\_\_\_\_

Program Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Medical Information**

Do you take medication:  Yes  No Do you need help with your meds?  Yes  No

Do you have diabetes?  Yes  No Is there a history of seizures?  Yes  No

*Area Personnel Only*

Date medical on file expires: \_\_\_\_\_ Date of consent on file: \_\_\_\_\_

If medical is required, was a form issued:  Yes  No Date Issued: \_\_\_\_\_

Initials of volunteer accepting form: \_\_\_\_\_ **COVID WAIVER**