 AREA 6 SPECIAL OLYMPICS

Athlete and Partner Sport Registration Form

Which sport are you registering for:

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| **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:       |