 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: |