1. Name
2. Special Olympics Program:
3. Address:
4. City, State and Zip:
5. Email address:
6. Home phone number:
7. Cell phone number:
8. Date of birth:
9. Athlete can travel independently: \_\_Yes; \_\_No
10. Athlete’s reading level:
11. Experience with the following:
	1. Leading the Athlete Oath: \_\_Yes; \_\_No
	2. Being a member of a self-advocacy group: \_\_Yes; \_\_No
	3. Giving formal presentations: \_\_Yes; \_\_No
	4. Being interviewed by the media: \_\_Yes; \_\_No
	5. Serving on a Special Olympics Committee: \_\_Yes; \_\_No
12. List history of athlete’s sports, training and competition participation in Special Olympics:
13. List biographical experiences as they pertain to ~
	1. Family:
	2. School:
	3. Work:
	4. Honors and awards:
	5. Outside interests/hobbies:
	6. Volunteer experiences:
	7. Organizational affiliations:
14. List any restrictions you might have when traveling?
15. List any medical challenges that we should be know. Ensure the program office has an up-to-date medical card and completed Application for Participation (Medical Form).

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1. Complete the following:
	1. My insurance carrier is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. My policy number is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. My emergency contact person is:
	1. His/her day phone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. His/or her night phone number is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. His/or her cell phone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Identify this contact person’ relationship to me: \_\_\_ friend; \_\_\_family member; \_\_\_neighbor; \_\_\_other (list)