

ATHLETE INFORMATION

Special Olympics



ATHLETE INFORMATION

Name _____ Date of Birth _____ Male Female

Street Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Email _____ Phone _____

Special Olympics Sports/Activities _____

Please mark items you would like Special Olympics to know about:

- Requires Wheelchair Accessible Locations
- Language Needs: _____
- Medical Conditions: _____
- Special Diet: _____
- Other: _____

PARENT/GUARDIAN INFORMATION (if minor or otherwise has a legal guardian)

Name _____ Relationship _____

Street Address (if different from Athlete) _____

City _____ State/Province _____ Postal Code _____ Country _____

Email _____ Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Relationship _____ Phone _____

SPECIAL OLYMPICS PROGRAM INFORMATION

Local Program Name _____

Coach Name _____ Coach Email _____ Coach Phone _____

Person Completing Form _____ Relationship _____ Date _____