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)