Special Olympics

**Family Registration Form**

**Welcome to the Special Olympics!**

We are pleased to invite you to join Special Olympics *(Program Name)* Family Support Network to experience the joy of Special Olympics and help us build opportunities for athletes and families in our community.

**Please fill in the information below and return to your local Special Olympics Program.**

**Contact information**

|  |  |  |
| --- | --- | --- |
| **First name** |  |  |
|  |  |  |
| **Last name** |  |  |
|  |  |  |
| **Address** |  |  |
|  |  |  |
| **Mobile phone number** |  |  |
|  |  |  |
| **WhatsApp phone number** |  |  |
|  |  |  |
| **E-mail address** |  |  |
|  |  |  |
| **Your relationship to athlete** |  |  |

**Special Olympics Athlete**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Athlete full name** |  |  | | | | |
|  |  |  | | | | |
| **Athlete date of birth** |  |  | | | | |
|  |  |  | | | | |
| **Has your Athlete registered to join Special Olympics?** |  | Mark one | **YES** |  | **NO** |  |

***Note:*** You will be added to our contact list to receive information about sports training and other programs available for your athlete. You will also receive invitations to sports competitions, orientation, leadership training, family forums and other special programs where you can learn and share information.

Your support makes a difference for athletes and helps them succeed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Date of registration |  |
| **Full Name** |  | | |  |

**Please check any volunteer roles you would like more information about:**

|  |  |
| --- | --- |
|  | A coach or assistant coach to Special Olympics athletes. |
|  |  |
|  | An Event Organizer (Seminar, workshop, Forum and competitive events) |
|  |  |
|  | Run a Home Training Program. |
|  |  |
|  | Recruit new athletes and families. |
|  |  |
|  | Attend competitions as general volunteers, officials, Games Management team |
|  |  |
|  | Serve on the Special Olympics Board and Committees. |
|  |  |
|  | Serve as a Unified Partner. |
|  |  |
|  | Mentor athlete leaders. |
|  |  |
|  | Train Young Athletes aged 2-7 years. |
|  |  |
|  | PR & Communication (Website, media relations, newsletter and social media). |
|  |  |
|  | Serve on Fund Raising committee. |
|  |  |
|  | Provide administrative and office support. |
|  |  |
|  | Volunteer at Healthy Athletes screening and invite the community to attend |
|  |  |
|  | Become a Family Leader. |