



Special Olympics

Indiana

Monroe County

Athlete Registration Form

***This form MUST be completely filled out and signed in order to participate. Please include any information that will help us contact you.*

Name of sport registering for: _____

Name: _____

Address: _____ Apt. # _____

City: _____ Zip: _____

Telephone: _____ Date of Birth: _____ M F (circle one)

E-mail Address: _____ Shirt Size: _____

Emergency Contact: _____ Phone: _____

Are you taking any medications? YES NO (Circle one)

If YES, please list: _____

List any health concerns (i.e., drug/animal/food allergies, asthma, seizures, etc)

If you live in a group home or supported living, which agency provides the service? _____ Case/House manager's name _____

Are you interested in participating in the area/state games for this sport? Yes No

Signature of Parent/Guardian/Participant

Date

Mail completed form to:
Special Olympics Indiana-Monroe County
P.O. Box 2554
Bloomington, IN 47402

Questions? Call our hotline at 325-1548 or e-mail specialolympics@kiva.net