



SCHOOL DISTRICT U-46 SPECIAL OLYMPICS



2019-2020 REGISTRATION FORM

** Parents: If your Child is interested in participating in any of the following activities, please COMPLETE this form in its entirety and RETURN it to Classroom Teacher or Lindsey Reynolds at Huff Elementary school by September 20th.

** Classroom Teachers: Please return completed forms to Lindsey Reynolds at Huff Elementary School ASAP and no later than September 20th, 2019.

Please place a check next to all the activities your child would like to participate in.

Basketball		Swimming		Track & Field		Bowling	
		** Student must be able to swim 1 lap **					

Please print ALL of the following information. Include updated email address to receive information regarding Special Olympics,

Child's Full Name: _____	Child's Birthdate (Include year): _____ My child turns 22 years old this school year <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Child's School: _____	Child's Classroom Teacher: _____
Child's Home Address: _____	
Mother's Name: _____	Father's Name: _____
Mother/Guardian Cell Phone: _____	Father/Guardian Cell Phone: _____
Home Phone: _____	Home Phone: _____
Preferred Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Preferred Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home

Mother/Guardian Email Address: _____	Father/Guardian Email Address: _____

** Please note most communication regarding practice information will be sent out via email **

Please Circle Uniform/T-Shirt Size

Child 10-12	Child 12-14	Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large
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In order to participate in Special Olympics each athlete is required to have a medical application. It **must** be on the attached form, filled out, signed, and dated by parent/guardian, and by the doctor. An athlete's medical application is good for two years once filed with Special Olympics.

Parent/Guardian Signature: _____

Date: _____

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**Do NOT fill out this bottom portion - for Coach Lindsey's record keeping only.**

|                     |          |                   |  |                 |  |                          |  |                |
|---------------------|----------|-------------------|--|-----------------|--|--------------------------|--|----------------|
| <b>Med App In</b>   | <b>Y</b> | <b>Basketball</b> |  | <b>Swimming</b> |  | <b>Track &amp; Field</b> |  | <b>Bowling</b> |
|                     | <b>N</b> |                   |  |                 |  |                          |  |                |
| <b>Med App Exp.</b> |          |                   |  |                 |  |                          |  |                |

**Athlete turns 22 on:** \_\_\_\_\_

**Due September 20th**