

Athlete's Name: _____ Self Guardian: ___ yes ___ no

Legal Guardian: Name & Relationship _____

Birthdate: _____ Contact Phone: () _____

Address: _____ City: _____ Zip: _____

School (2019-20): _____ OR if alumni, employer _____

Communication: ___ verbal ___ non verbal ___ signing ___ communication devise

Check if you require the use of: ___ crutches ___ walker ___ wheelchair

FIRST TIME EVENING ATHLETES MUST INCLUDE SOCIAL SECURITY NUMBER OF THIS FORM

___ First time evening athlete (Comets) SS# _____

Listed below are the sports and season that will be offered. Check as many as you wish except during * **spring/summer season...write 1 and 2 choice only.**
 Tryouts are held for all team sports. This form should be mailed to:
 3700 S. High Street, Ste.143, Columbus, Ohio 43207 or faxed to 614-365-5132.

SPORT	SEASON	MINIMUM AGE	CHECK
FALL/WINTER			
Team Bowling/HP Lanes	Sept-Oct 2019	Middle school & up	
Soccer/Africentric	Aug-Oct 2019	Middle school & up	
Swim Team/YMCA North	Sept-Dec 2019	8 years & up	
Basketball:			
BIST (Individual skills)/Champion MS	Jan-Mar 2020	8 years & up	
Team (tryouts)/Multiple sites	Nov-Mar 2019-20	Middle school & up	
*****	*****	*****	*****
* SPRING/SUMMER: THIS SEASON ONLY WRITE 1 FOR FIRST CHOICE & 2 FOR SECOND CHOICE FOR THIS SEASON * (7 CHOICES)	THIS SEASON ONLY 1 ST AND 2 ND CHOICE ↓	THIS SEASON ONLY 1 ST AND 2 ND CHOICE ↓	LIST 1 & 2 HERE *
* Individual Bowling/HP Lanes	Feb-June 2020	8 years & up	*
* Athletics (Track & Field)/Africentric	Apr-June 2020	8 years & up	*
* Bocce/YMCA North	Apr-June 2020	Middle school & up	*
* Gymnastics/Capitol City Gymnastics	Apr-June 2020	8 years & up	*
* Powerlifting/CBUS Lifting Co.	Apr-June 2020	14 years & up	*
* Tennis/Whetstone HS	Apr-June 2020	8 years & up	*
* Volleyball (tryouts)/Dominion MS	Apr-June 2020	Middle school & up	*
*****	*****	*****	*****
SUMMER/FALL			
Softball:			
SIST (Individual skills)/Northland HS	July-Sept 2020	Middle school & up	
Team (tryouts)/Northland HS	July-Sept 2020	Middle school & up	
Golf(Unified)/Wilson & Raymond Courses	July-Sept 2020	High school & up	

ADDITIONAL ATHLETE AND/OR PARENT/GUARDIAN INFORMATION (PLEASE PRINT):

Athlete lives: Mom/Dad Mom Dad Self Other _____

Supported living - If this is checked, complete information below:

Name of Agency or Independent Provider _____

Phone number () _____ () _____

Name of Service Coordinator/Case Manager _____

Phone number () _____ () _____

Name and phone number (MUST BE CURRENT). SPECIAL OLYMPICS NEEDS TO BE NOTIFIED IF NUMBERS CHANGE!

- Athlete-Name: _____ Phone/cell () _____

- Mom-Name: _____ Phone/cell () _____

- Dad-Name: _____ Phone/cell () _____

- Other-Name: _____ Phone/cell () _____

Emergency contact and relationship: Name: _____

Relationship: _____ Phone number: () _____

If there is an athlete in your area that needs a ride to practice/game, may your phone number be given for assistance? yes no

Closest intersection to your home:

The Special Olympics program needs assistance from athletes, parents/guardians, family members, friends and others to be successful. Everyone has their own way of contributing. This could involve serving on a committee, helping with a fundraiser, making phone calls or helping an athlete that has no transportation. Please take a minute to check the areas of interest below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Carpool | <input type="checkbox"/> Wreath and Greenery | <input type="checkbox"/> Col's Sports Classic |
| <input type="checkbox"/> Assist at event | <input type="checkbox"/> Golf Outing | <input type="checkbox"/> Basketball Score Table |
| <input type="checkbox"/> Cash Drop | <input type="checkbox"/> Other: _____ | |

