



Special Olympics

Minnesota

OMGAA STORM TEAMS

2020 Basketball Registration Form

Athlete Name, Last: _____ First: _____ Initial: _____

Athlete Address: _____ City: _____ Zip: _____

Phone(s): _____ Date of Birth: _____ Today's Age: _____

Email Address: _____ Male/Female: _____

If a new uniform is needed: Shirt Size _____ Short Size _____

Parent/Guardian Name, Last: _____ First: _____

Address (if different): _____ City/Zip: _____

Phone: _____ Cell: _____ Email: _____

Emergency Contact: _____ Phone: _____

INSURANCE STATEMENT: I understand that OMGAA Storm does not carry insurance on participants in this program and that it is my responsibility to provide coverage as I deem necessary.

The athlete is covered through Special Olympics Minnesota provided the Application for Participation is filled out, and signed by a physician within the last three years and on file at the SOMN office. Please keep a copy for yourself. If you need to update the application please do ASAP. The team manager will have blank copies available. By rule the athlete cannot participate without this in place.

I have read the above paragraphs and understand their contents.

Parent/Guardian Signature _____ Date: _____

Athletes Signature: _____ Date: _____

Do you know anyone interested in coaching? YES ___ NO ___

Registration Fee: \$50.00 or 3 OMGAA Sport Vouchers

Make Checks Payable to: "OMGAA"

MAIL TO: Mitch Ringe
OMGAA Basketball Commissioner
14080 96th Ave. N. Maple
Grove, MN 55369
mitch.ringe@gmail.com