



Special Olympics Minnesota



OMGAA STORM SPECIAL OLYMPICS 2024 Basketball Registration Form

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

Athlete Address: _____ City: _____ Zip: _____

Phone: _____ Date of Birth: _____ Today's age: _____

Cell: _____ Email address: _____

Need a new uniform? YES NO Jersey Size: _____ Shorts Size: _____

Parent/Guardian Name: Last: _____ First: _____

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

Phone: _____ Cell: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

INSURANCE STATEMENT: I understand that OMG Storm Delegation does not carry insurance on participation in this program and that it is my responsibility to provide coverage as I deem necessary. The athlete is covered through Special Olympics MN, provided the Athlete Application, Health and Consent forms are complete, signed by a physician within the last 3 years and on file with the Minnesota Special Olympics office. Please keep a copy of this form for your records. If your Health form requires an update, please do this as soon as possible. Team managers or commissioners will have copies available. By rule, the athlete cannot participate without this in place.

I have read the above and understand the content.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

*****Registration Fee per sport: \$70.00*****

Make Checks payable to: SOMN Storm Special Olympics

**MAIL TO: OMGAA STORM SPECIAL OLYMPICS
Mitch Ringe
14080 96th Ave N
Maple Grove, MN 55369**