



# Special Olympics Minnesota



## OMGAA STORM SPECIAL OLYMPICS 2021 Flag Football Registration Form

Athlete Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Athlete Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's age: \_\_\_\_\_

Cell: \_\_\_\_\_ Email address: \_\_\_\_\_

Need a Jersey: Yes No Jersey 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: \$50.00**

**Make Checks payable to: SOMN Storm Special Olympics**

**MAIL TO: OMGAA STORM SPECIAL OLYMPICS  
Dan and Deb Nohr  
8918 Tewsbury Gate  
Maple Grove, MN 55311**