

ATHLETE REGISTRATION FORM



Are you a new athlete to Special Olympics or Re-Registering? New Athlete Re-Registering

ATHLETE INFORMATION

First Name:	Middle Name:
Last Name:	Preferred Name:
Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Female <input type="checkbox"/> Male



SEND COMPLETED REGISTRATIN FORM VIA EMAIL TO: DUGBOWEN@GMAIL.COM

Douglas Bowen * The Time Machine USA Track Club Inc. * 501(c)3 Tax Exempt Organization 951-691-8138

Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	

Athlete Employer, if any (Optional):

PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)

Name:		
Relationship:		
<input type="checkbox"/> Same Contact Info as Athlete		
Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	

EMERGENCY CONTACT INFORMATION

<input type="checkbox"/> Same as Parent/Guardian	
Name:	
Phone:	Relationship:

PHYSICIAN & INSURANCE INFORMATION

Physician Name:	
Physician Phone:	
Insurance Company:	Insurance Policy Number:
Insurance Group Number:	