

ATHLETE REGISTRATION FORM



Special Olympics Delegation: _____

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 <input type="checkbox"/> Other Gender Identity

Race/Ethnicity: Check ALL that apply

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian American	<input type="checkbox"/> More than one Race
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latinx	Check ALL that apply
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Prefer not to answer
	<input type="checkbox"/> Other Pacific Islander (be specific) _____	

Language(s) Spoken in Athlete's Home (Optional): Check all that apply

English Spanish Other (please list): _____

Street Address:

City:	State:	Zip Code:
Phone:	E-mail:	

Sports/Activities:

Athlete Employer, if any (Optional):

Does the athlete have the capacity to consent to medical treatment on his or her own behalf? Yes No

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

Name:

Relationship:

Same Contact Info as Athlete

Street Address:

City:	State:	Zip Code:
Phone:	E-mail:	

EMERGENCY CONTACT INFORMATION

Same as Parent/Guardian

Name:

Phone:	Relationship:
---------------	----------------------

PHYSICIAN & INSURANCE INFORMATION

Physician Name:

Physician Phone:

Insurance Company:	Insurance Policy Number:
Insurance Group Number:	

All information above is required to be completed for acceptance by Special Olympics Hawaii