Special Olympics
Wisconsin
THE ARC-Dodge County

PRE-REGISTRATION REQUIRED:

ATHLETE NAME_____
ADDRESS _____

PHONE # Home_____ Work_____ CELL_____

PARENT GUARDIAN NAME_____

ADDRESS_____

PHONE# Home_____ Work_____ Cell_____

Emergency Contact: If different than above
NAME_____
ADDRESS _____
PHONE # Home _____ Work_____ Cell_____

ATHLETE INTEREST IN SPORTS:

_____Bowling	_____Basketball (Team)
_____Swimming	_____Basketball Skills
_____Powerlifting	_____Athletics (Track)
_____Bocce	_____Golf

_____Other_____

Health History To be completed by parent or Guardian (Please comment on back if needed)

Yes	No		Yes	No	
___	___	Heart Disease/defect/	___	___	Allergies
____	___	Chest Pain			Medicines_____
____	___	Seizures/ Epilepsy/Fainting			Food_____
____	___	Diabetes			Insect Bites_____
___	___	Head Injury/Concussion	___	___	Special Diet
___	___	Major Surgery/Illness	___	___	Asthma
___	___	Heatstroke/Exhaustion	___	___	Tobacco Use
___	___	Blindness/Visual Problem	___	___	Easy Bleeding
___	___	Glasses/ Contacts	___	___	Emotional/
___	___	Hearing Loss/Hearing Aid	___	___	Psychiatric
___	___	Bone/Joint Problem	___	___	Behavioral

Please return to: Delores Verges N4963 Ron-Del Rd Columbus, WI 53925