



Special Olympics Sports Athlete Sign-up Sheet 2024-2025 Training Season



| | | |
|--------------------|-------------|-------------|
| Name: | Home Phone: | Cell Phone: |
| Parent/Caregiver | | |
| Address: | | City: |
| Email: | Birthday: | Age: |
| Diet Restrictions: | | |

Please check the box to the left of each sport that you plan on participating in this year.

| | | | |
|--------------------------|-----------------------|--|-------------------|
| <input type="checkbox"/> | Soccer Team Play | | Soccer Skills |
| <input type="checkbox"/> | Bocce | | |
| <input type="checkbox"/> | Basketball Half-Court | | Basketball Skills |
| <input type="checkbox"/> | Bowling | | Bowling Skills |
| <input type="checkbox"/> | Bowling - Ramp | | Swimming |
| <input type="checkbox"/> | Pickleball Team | | Pickleball Skills |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

You MUST have a current Special Olympics medical and release form on file in order to participate in any of the above sports. Medicals are good for three years from the date of the doctor's signature. **If your medical expires, YOU WILL NEED TO STOP** training in whatever sport (s) you are currently participating in. Questions? Call 255-7973 or 849-0627. SOVA has NEW Medical forms that can be downloaded from the Special Olympics Virginia website. Please be sure to submit the **NEW** medical form.

| | |
|---|---|
| <u>Signature</u> of person completing form: | <i>Relationship to athlete: parent/caregiver/group home staff</i> |
|---|---|



Parent/Caregiver Activity Sign-up



| | |
|--------------------------|--------|
| Parent/Caregiver's Name: | Phone: |
|--------------------------|--------|

****Please Check Box/Boxes if you can assist in any of the below****

| | | | | |
|--------------------------|--------------------------------------|--|--------------------------|---------------|
| <input type="checkbox"/> | Christmas Dinner/Dance | | <input type="checkbox"/> | Grant Writing |
| <input type="checkbox"/> | Fundraising/ Events/ (Brenda Fisher) | | <input type="checkbox"/> | Photographer |
| <input type="checkbox"/> | Coach Fill ins (When needed) | | <input type="checkbox"/> | |

Thank you for investing in the program. We need the help of **every** family involved! Please return to:
 Alan & Tammy Cale ♥ P.O. Box 1381 ♥ Waynesboro, VA 22980