

ATHLETE INFORMATION FORM

Special Olympics



Special Olympics Iowa Delegation/Team: _____

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

Has the athlete's Health History changed in the last three years? Yes No
If Yes please submit an updated Health History along with the Exam.

ATHLETE INFORMATION

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

Race/Ethnicity (Optional):

American Indian/Alaskan Native Asian Two or More Races
 Black or African American Native Hawaiian or Other Pacific Islander
 White Hispanic or Latino (specific origin group: _____)

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

English Spanish Other (please list): _____

Street Address:

City:	State:	Postal Code:
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Phone:	E-mail:
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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:	Postal Code:
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Phone:	E-mail:
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EMERGENCY CONTACT INFORMATION

Same as Parent/Guardian

Name:

Phone:	Relationship:
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PHYSICIAN / INSURANCE INFORMATION

Physician Name:

Physician Phone:

Insurance Company:	Insurance Policy Number:
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Insurance Group Number: