



FIT Program Registration Form

Special Olympics Iowa
551 Dovetail Road
Grimes, IA 51111
Phone: (515) 986-5120 ext 123
Email: FIT@soiowa.org

Dear Program Manager/Coach:

Use this form to register your delegation for the 2015-2016 FIT Program. Please ensure that you provide ALL required information and then mail or email the completed form to us for processing. Note that the FIT Program is Unified and all coaches, staff, family members, and Unified partners are encouraged to participate.

As a FIT Program delegation, you will receive the following:

- FIT Kit Duffel Bag – Includes program guidebook, clipboard, Coaches Corner Training Cards, and assessment paperwork and equipment to run a FIT Core Assessment.
- Dri-fit FIT t-shirts for all participants that complete a pre- and post-assessment during an 8-12 week sports season.

Participating delegations will be **required** to complete the following:

- Pre- and post- FIT Core assessments during any desired 8-12 week sports seasons in 2015-2016.
- Submission of assessment data for all program participants.
- Maintain regular communication with State Office regarding progress of FIT Core Assessments.

Delegation Name: _____

Program Manager: _____ Address: _____

Phone Number: _____ Email: _____

Please list the sports seasons your delegation plans to offer assessments:

(Example: Bowling August – November 12 participants)

Sport: _____ Training Season Dates: _____ # Participants: _____

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For office use only:

☐ Sent FIT Kit

☐ Entered into registration spreadsheet

☐ Emailed intro letter