



**SPECIAL OLYMPICS BELLEVUE ANGELS
2015-2016 ATHLETE APPLICATION**

ATHLETES'S NAME: _____

PARENT OR GUARDIAN'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBERS:

HOME: _____ **CELL:** _____ **WORK:** _____

EMAIL: _____ **DOB:** _____

EMERGENCY CONTACT: _____ **NUMBER:** _____

MEDICAL DIAGNOSIS: _____

MEDICATIONS & DOSAGES (PLEASE PRINT)

ALLERGIES: _____

SPECIAL NEEDS OR RESTRICTIONS: _____

I, the parent or guardian of _____, understand that my athlete can be suspended at any time from the Bellevue Angles for behavior that is not in the best interest or well-being of the other athletes. This decision will be made by Lisa Taylor (the Director of Special Olympics) and Program Director Bill Cooper. I also hereby acknowledge that both my athlete and I have read and will abide by the Bellevue Angels Rules.

Signature of Parent or Guardian: _____ **Date:** _____

T-shirt Size: _____ **Physical on file:** **Physical Expires:** _____