



**SPECIAL OLYMPICS KING PINS  
2017/2018 ATHLETE APPLICATION**

**ATHLETES'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBERS:**

**HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

**PARENT OR GUARDIAN'S NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

**MEDICAL DIAGNOSIS:** \_\_\_\_\_

**MEDICATIONS & DOSAGES (PLEASE PRINT):**

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**ALLERGIES:** \_\_\_\_\_

**SPECIAL NEEDS OR RESTRICTIONS:**

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**DESIRED BOWLING PARTNER:** \_\_\_\_\_

**RAMP NEEDED:** YES NO

**BUMPERS NEEDED:** YES NO

**T-shirt size:**

**TO BE FILLED OUT BY SO COACH:**

**Physical on file:** \_\_\_\_\_ **Physical Expires:** \_\_\_\_\_