



**SPECIAL OLYMPICS TENNIS  
PROGRAM 2017 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 Tennis Program 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 Mike Harris. I also hereby acknowledge that both my athlete and I have read and will abide by the Tennis Program Rules.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**T-shirt Size:** \_\_\_\_\_ **Physical on file:**  **Physical Expires:** \_\_\_\_\_