



**SPECIAL OLYMPICS GOLF PROGRAM
2019 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: _____

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