



Special Olympics Bowling
2017 Athlete Application
Billy Hardwick's League

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):

ALLERGIES: _____

SPECIAL NEEDS OR RESTRICTIONS:

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: _____