



**SPECIAL OLYMPICS KING PINS
2019-2020 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):

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:** _____

This application may be emailed to davidross5147@gmail.com, faxed to 901-795-9472 or mailed to David Ross, 8317 Cordova Rd. Ste. #101, Cordova, TN 38016



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