



**SPECIAL OLYMPICS LYNX CLUB  
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)**

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

**SPECIAL NEEDS OR RESTRICTIONS:** \_\_\_\_\_

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I, the parent or guardian of \_\_\_\_\_, understand that my athlete can be suspended at any time from Lynx Club 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). I also hereby acknowledge that both my athlete and I have read and will abide by the Lynx Club Rules.

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

**Dues Paid:**  **T-shirt Size:** \_\_\_\_\_

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