

Gwinnett Masters Special Olympics Family Information Form

Athlete's Information

Athlete's Name (First, Middle, Last) _____

Nickname (if any) _____ Sex M F Date of Birth _____

Mailing Address: (Street address, city, zip)

Home Phone _____ Cell Phone _____

Athlete's email address: _____

May this email address be shared with coaches and administration staff? Y N

What Sports Do You Participate in?

Summer Sport Track & Field Volleyball (Traditional) Volleyball (Modified)

Volleyball (Unified) Badminton Rhythmic Gymnastics

Swimming Soccer Tennis

Fall Sport Bocce Softball Walking Bowling

Winter Sport Basketball (Team Skills) Basketball (Individual Skills)

Basketball (Traditional Team) Floor Hockey Skills

Floor Hockey Ice Skating Power Lifting

Alpine Skiing Artistic Gymnastics

What other sports are you interested in participating in which are not listed?

Shirt Size _____ Short Size _____

Gwinnett Masters Special Olympics Family Information Form (continued)

Parent/Guardian/Caregiver Information

Parent/Guardian/Caregiver Name(s) (First, Middle, Last)

Home Phone _____ Cell Phone _____

Email Address(es) Primary: _____

Additional email address(es) _____

May we subscribe you to an email mailing list for notification of events? Y N

May this email address be shared with coaches and administration staff? Y N

Mailing Address (street address, city, zip)
(If same as athlete's indicate SAME in this area)

Communication Preference (You may circle more than one)

Email Cell Phone Home Phone Regular Mail Text

Emergency Contact(s):

Name: _____

Relation to Family/Athletes: _____

Are you willing to volunteer? If so, please circle what areas?

Advisory Board Fundraising Coach Chaperone Drive to Competitions

Team Mom Awards Awards Banquet Photography

Other Volunteer area(s)

Do you know of any fundraising ideas? Please List
