



**Special Olympics
Wisconsin
THE ARC-Dodge County**

PRE-REGISTRATION REQUIRED:

ATHLETE NAME _____
ADDRESS _____

PHONE # Home _____ Work _____ CELL _____

PARENT GUARDIAN NAME _____
ADDRESS _____

PHONE# Home _____ Work _____ Cell _____

Emergency Contact: If different than above
NAME _____

ADDRESS _____

PHONE # Home _____ Work _____ Cell _____

ATHLETE INTEREST IN SPORTS:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Basketball (Team) |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Basketball Skills |
| <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Athletics (Track) |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Other _____ | |

Health History To be completed by parent or Guardian (Please comment on back if needed)

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease/defect/	<input type="checkbox"/>	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Medicines _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures/ Epilepsy/Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Food _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Insect Bites _____
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury/Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Special Diet
<input type="checkbox"/>	<input type="checkbox"/>	Major Surgery/Illness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Heatstroke/Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use
<input type="checkbox"/>	<input type="checkbox"/>	Blindness/Visual Problem	<input type="checkbox"/>	<input type="checkbox"/>	Easy Bleeding
<input type="checkbox"/>	<input type="checkbox"/>	Glasses/ Contacts	<input type="checkbox"/>	<input type="checkbox"/>	Emotional/
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss/Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric
<input type="checkbox"/>	<input type="checkbox"/>	Bone/Joint Problem	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral

Please return to: Delores Verges N4963 Ron-Del Rd Columbus, WI 53925

DODGE COUNTY SPECIAL OLYMPICS PO Box 173 • BEAVER DAM, WI 53916 •

WWW.SPECIALOLYMPICSWISCONSIN.ORG

