



SPECIAL OLYMPICS LEHIGH COUNTY ATHLETE REGISTRATION

Print Clearly - Every line MUST be filled out completely. Today's Date _____

Athlete's Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Social Security No _____ Date of Birth _____

Telephone: _____ Sex Male / Female Age _____

Adult Short Size: S M L XL XXL XXXL Adult Shirt Size: S M L XL XXL XXXL

Please circle ALL sports where athlete participates:

Aquatics Basketball Bowling Golf Track & Field Soccer

Volleyball Softball Bocce Skiing Gymnastics

Lehigh County offers its athletes the opportunity to participate in out of town or overnight stays in competitions. There is no charge to the athletes, as the county will pay any cost for the competition. Please circle one or all of the following:

Athlete can compete in Local County Events Only Yes or No

Athlete can compete in overnight competitions out of town Yes or No

Athlete can compete in one-day competitions out of town Yes or No

Parent / Guardian Information

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell No _____ Work No _____

Email Address _____

Coaches - Please mail a copy to the office of Special Olympics Lehigh County
