

**2008-09
SPECIAL OLYMPICS FITNESS CLUB
APPLICATION**

ATHLETE'S NAME: _____

PARENT OR GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE NUMBERS:

HOME: _____ CELL: _____ WORK: _____

EMAIL: _____ DOB: _____

EMERGENCY CONTACT: _____ NUMBER: _____

MEDICAL DIAGNOSIS: _____

MEDICATIONS & DOSAGES (PLEASE PRINT):

ALLERGIES: _____

SPECIAL NEEDS OR RESTRICTIONS: _____

I, the parent or guardian of _____ understand that my athlete can be suspended at any time from Fitness Club for behavior that is not in the best interest or well being of the other athletes. This decision will be made by the director of Fitness Club.

Signature of Parent or Guardian: _____ Date: _____

Dues: \$50 per year Amount paid: _____

T-Shirt Size: _____ Physical on file: _____ Physical Expires: _____