

**2009-10  
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: \_\_\_\_\_