

2019 SOPA Area M Games

Adult and Home School Track & Field Athlete Registration Form

Group Home:
(If applicable)

Contact Name:

Contact Phone: Email:

Athlete Information

Last Name: First Name:

Address:

City: State: Zip:

Phone:

Date of Birth: / /

Gender: Male Female

Adult Shirt Size: Small Medium Large XL 2XL 3X 4X

Date of Medical Signature: / / Required

- Medical Conditions:**
- | | |
|---|--|
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Athlete requires a buddy who signs | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> Daily Medications |

Other (specify): _____

Events (choose up to 3): Qualifying Times (not required if athlete will attend a local meet)

Minutes : Seconds : Tenths

Circle One **50 or 100M Dash** : :

200M Dash : :

400M Dash : : (Last event of the day, may start after 12:30)

Circle One **50 or 100M Walk** : :

25M Wheelchair : :

30M Wheelchair Slalom : :

Does athlete require assistance to compete in selected event(s)?
 Yes No

Is the Wheelchair Motorized?
 Yes No

Qualifying distances not required for field events

- | | |
|--|--|
| <input type="checkbox"/> Shot Put | <input type="checkbox"/> Wheelchair Shot Put |
| <input type="checkbox"/> Running Long Jump | <input type="checkbox"/> Standing Long Jump |
| <input type="checkbox"/> High Jump | <input type="checkbox"/> Softball Throw |
| <input type="checkbox"/> Turbo Jav | |
| <input type="checkbox"/> Pentathlon <small>(If pentathlon is selected, no other events should be selected)</small> | |