

2019 SOPA - Area M Games Track and Field Athlete Registration Form ENTRY LEVEL Competition*

School District:

School:

Contact Name:

Contact Phone: Email:

Local Games Attending:

Athlete Information

Last Name:

First Name: MI:

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):

Entry Level Events

(choose up to 3):

Qualifying Times (not required if athlete will attend a local meet)
Minutes : Seconds: Tenths

<input type="checkbox"/> 50M Dash	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/> 50M Walk	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/> 25M Wheelchair	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/> 30M Wheelchair Slalom	<input type="text"/> : <input type="text"/> : <input type="text"/>

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

Softball Throw

Standing Long Jump

Wheelchair Shot Put

Turbo Jav

*These events are for athletes participating in the ENTRY LEVEL COMPETITION. These are the only events available for Entry Level Athletes.