

2019 SOPA - Area M Games Non-Competition Athlete Registration Form

School District:
School:
Contact Name:
Contact Phone: Email:

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: Hearing Impaired Heart
 Athlete requires a buddy who signs Down Syndrome
 Visually Impaired Diabetes
 Epilepsy / Seizures Daily Medications

Other (specify):

Note: Athletes who are under 8 years of age may not participate in competition events, but may attend activities in Olympic Village if they have a valid medical form on file.