

# 2020 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

Check if Applicable:  Hearing Impaired  Visually Impaired  
 Athlete requires a buddy who signs  Epilepsy / Seizures

Other (specify):

**Events** (choose up to 3):

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

50 M }  :  :   
 100 M }  :  :

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

Circle One **Dash / Walk**

200M Dash  :  :

400M Dash  :  :

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

25M Wheelchair  :  :

30M Wheelchair Slalom  :  :

Is the Wheelchair Motorized?  
 Yes  No

Qualifying distances not required for field events

Shot Put

Running Long Jump

High Jump

Turbo Jav

Pentathlon (If pentathlon is selected, no other events should be selected)

Wheelchair Shot Put

Standing Long Jump

Softball Throw