

2020 SOPA - Area M Games 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

Check if Applicable: Hearing Impaired Visually Impaired

Athlete requires a buddy who signs Epilepsy / Seizures

Other (specify): _____

Athlete Type: Swimming (swim coach will provide events separately)

Track & Field (please complete the form below)

Track & Field Events

(choose up to 3):

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

50M Dash / Walk : :
(Circle Only One)

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

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.