



239 West 1st Street
 Casper WY 82601
 T: (307) 235-3062
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Young Athletes Program Registration Form

Young Athlete Information

Last Name: _____ First Name: _____
 Gender: Male Female Date of Birth: _____
Month Day Year
 Intellectual Disability: Yes No T-Shirt Size: _____

Parent/Guardian Information:

Parent/Guardian Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____
 Add email address to SOWY Newsletter mailing list

Young Athletes Program Release Form

I, _____, herby give consent for _____ to participate in
Parent/Guardian Young Athlete
 Special Olympics Young Athlete Program. I represent and warrant that, to the best of my knowledge and belief, my child/ward is physically and mentally able to participate in Special Olympic activities. Special Olympic has my permission, (both during and anytime after), to use my child's/my ward's likeness, name, voice or words in either live television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities. I hereby certify that I have reviewed this release and am satisfied with all terms.

Signature of Parent/Guardian

Date

SOWY Use Only

Recorded in GMS: ____ / ____ / ____
 Initial: _____

Once completed please return to Special Olympics Wyoming.
 Email: programmanager@specialolympicswy.org
 Fax: (307) 235-3063