

ATHLETE REGISTRATION FORM

Special Olympics



State Special Olympics Program: _____ Local Area/Delegation: _____

Are you a new athlete to Special Olympics or Re-Registering? New Athlete Re-Registering

ATHLETE INFORMATION		
First Name:	Middle Name:	
Last Name:	Preferred Name:	
Date of Birth (mm/dd/yyyy):	Female	Male Other Gender Identity
Race/Ethnicity: Prefer not to answer		
American Indian/Alaskan Native	Asian American	More than one race
Black or African American	Native Hawaiian or Other Pacific Islander	
White or Caucasian	Hispanic or Latinx	
Language(s) Spoken in Athlete's Home (Optional): Check all that apply		
English	Spanish	Other (please list):
Street Address:		
City:	State:	Zip Code:
Phone:	E-mail:	