

YOUNG ATHLETES SCHOOL REGISTRATION



SCHOOL CONTACT INFORMATION

School Name:	_____
School Administrator Name:	_____
School Address:	_____
School Phone:	_____ School Fax: _____
Main School Contact/Head Coach Name (Special Education Teacher):	_____
Main School Contact/Head Coach Email:	_____
Main School Contact/Head Coach Phone:	_____
Assistant Coach Contact Name (General Education Teacher):	_____
Assistant Coach Contact Email:	_____
Assistant Coach Contact Phone:	_____
Educational Level {i.e., Preschool, Primary School, etc.):	_____

PARTICIPANT INFORMATION

Please provide the number of students you anticipate participating in Young Athletes in your school. *Special Olympics will follow up at the conclusion of activities to confirm actual participation numbers.*

Age	Special Education Students		General Education Students	
	Male	Female	Male	Female
2 – 4				
5 – 7				
8+				
Total				

WAIVER OF LIABILITY

On behalf of the school named above, I agree that the school assumes all liability, including proper insurance coverage and full responsibility for any risk of loss, property damage, or personal injury in connection with Special Olympics Young Athletes activities occurring under the school's supervision.

Signature of School Administrator

Print Name

Date

Signature of Main School Contact

Print Name

Date