

Young Athletes School Registration Form

Contact Information

School Name: _____
School Administrator Name: _____
School Site Coordinator Name: _____
School Address: _____
School Phone: _____ School Fax: _____
Site Coordinator Email: _____
Site Coordinator Phone/Cell: _____
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	Students with I.D./D.D		Students without I.D./D.D.	
	Male	Female	Male	Female
2 – 4				
5 – 7				
Total				

WAIVER OF LIABILITY & ACKNOWLEDGMENT OF SITE COORDINATOR ROLE

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 (YA) activities occurring under the school's supervision. Our school's Site Coordinator will liaison with SOWA staff and/or Area YA Liaison in a timely manner and administer the mid-point YA survey and exit-survey to families.

Signature of School Administrator

Print Name

Date

Signature of Site Coordinator

Print Name

Date