

Young Athletes Classroom Registration Form



School Contact Information

School Name:	
School Administrator Name:	
Main Classroom Contact Name:	
School Address:	
School Phone:	School Fax:
Main Contact Email:	
Main Contact Phone/Cell:	
Classroom 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 Classroom Teacher

Print Name

Date