

2010 National Games
Special Olympics North Dakota

ATHLETE/SPECIAL PARTNER APPLICATION

Part A-General Information

Athlete/Special Partner Name _____			
Address _____	City _____	State _____	Zip _____
Work Phone _____	Home Phone _____	E-Mail _____	
Age _____	Date of Birth _____	Sex _____	Social Security Number _____
Athlete/Special Partner's Parent/Guardian's Name _____			
Address _____	City _____	State _____	Zip _____
Work Phone _____	Home Phone _____		
E-Mail _____			

Part B-School/Agency/Coach Contact

(Person filling out form)

Contact Person's Name _____			
Address _____	City _____	State _____	Zip _____
Work Phone _____	Home Phone _____		
School/Agency _____	E-mail _____		

Part C-Sport Application (List the sport (s) and events that this athlete would like to compete in at the 2010 National Games. Unified sports include soccer (male), volleyball (female) and bocce-male and female.

Sport (first choice)	Events	Sport (second choice)	Events
_____	_____	_____	_____
	_____		_____
	_____		_____
	_____		_____

(Athlete/partner must meet criteria before they can be nominated to participate in a sport)

Selection for the 2010 National Games is an honor and a privilege. With this privilege comes responsibility. We promise to meet all of the selection criteria, to complete all required forms promptly to support Team North Dakota to the best of our ability. If this athlete should prove unworthy of this honor due to misbehavior or poor training habits, we understand that Special Olympics North Dakota has the authority to release this athlete from Team North Dakota.

Athlete

Contact Person

Parent/Guardian

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COACH APPLICATION**

Part A-General Information

Coach Name _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

E-mail _____

Age _____ Date of Birth _____ Sex _____

Occupation _____

Would you be willing to be an alternate coach? _____

Do you have any physical, medical, or other condition that may affect your ability to serve the athletes? _____
Please explain.

Part B-Sports Background Information

What sport are you applying to coach for Team North Dakota? (You may list more than one)

Please list the Special Olympics sport you have coached, for how long, and in which sports you have a Special Olympics or National Governing Body Certification:

Sport	Years	Certification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently certified in First Aid, CPR, EMT or any other sports medicine training? If so, please list:

List an individual that knows you personally or professionally:
Name _____ Phone _____

Comments about why you would like to be a coach for Team North Dakota: _____

Selection for the 2010 National Games is an honor and a privilege. With this privilege comes a great deal of responsibility. I promise to meet all of the selection criteria, to complete all required forms promptly to support Team North Dakota to the best of my ability. The information presented in this application is accurate to the best of my knowledge

Signature of Coach

Date