

**COMMUNITY REGISTRATION
2019 SPECIAL OLYMPICS KINDERSLEY INVITATIONAL BOWLING TOURNAMENT**

COMMUNITY NAME: _____

CONTACT PERSON: _____

CONTACT EMAIL: _____

CONTACT PHONE NUMBER: _____

ATHLETE NAME	MALE OR FEMALE	\$30 REGISTRATION FEE
	TOTAL FEES	

VOLUNTEERS NAME	\$15 REGISTRATION FEE
TOTAL FEES	

PLEASE SUBMIT YOUR REGISTRATION FORM BY MAY 24, 2019 VIA:

- MAIL (P.O. BOX 1393, KINDERSLEY, SK, SOL 1S0);
- BY EMAIL VIA NEISZNER@GMAIL.COM OR;
- FAX (1-306-463-6003)

THANK YOU!

Special Olympics Kindersley and District

Box 1492 Kindersley, Sk SOL 1S0 Tel 1 306 460 0220

Website: <https://www.facebook.com/SOSKindersley/> Email neiszners@gmail.com

Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities

**ATHLETE MEDICAL FORM 2019 SPECIAL OLYMPICS KINDERSLEY /KERROBERT INVITATIONAL
BOWLING TOURNAMENT**

ATHLETE NAME:		COMMUNITY NAME:	
DATE OF BIRTH:		SASK HEALTH NUMBER:	
ADDRESS:			
EMERGENCY CONTACT NAME:		RELATIONSHIP:	
EMERGENCY CONTACT NUMBER:			
ALLERGIES (Circle one):	YES, PLEASE LIST	NO	
PHYSICAL RESTRICTIONS:			
MEDICAL CONDITIONS/ DIAGNOSIS:			
MEDICATIONS (list below or attach a copy of medication list):			
ATHLETE SIGNATURE: (IF OVER 16 YEARS OF AGE)			
PARENT/GUARDIAN SIGNATURE:			

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