



Special Olympics Wyoming

Young Athlete Program Registration

Name _____

Address _____

City _____

State _____ Zip _____

Date of Birth _____

Daycare or Preschool _____

School _____

Grade/year _____

Please tell us anything we should know about the participant prior to participation:

Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (C) _____

Email _____

Email _____

What is your relationship to participant? _____

Please send to: Dede McDonald
1355 Hoyt Lane
Jackson, WY 83001
dedmcdon@wyoming.com
307-413-4880

Young Athlete Program Participation: check all appropriate boxes

Participant's Status

Athlete

Partner-(Child w/o a known Intellectual Disability)

We received a kit to work with our young athlete in the home.
Date: _____

We would like a kit sent to us.

Our young athlete will be participating in Young Athlete activities:

at school,

in the community,

with a therapist or teacher.

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Program Information (Completed by Special Olympics Wyoming)

Date form received by area representative _____

Date completed Young Athlete Release form received at state level _____

Program/Site that Young Athlete will attend: (Circle all that apply) Group Home

*group site attended by multiple families at a school, center, etc.

*home site implemented by therapist or a family member at home

County _____ City _____ Site _____

Date _____ Notes: _____