INSPIRE GREATNESS™

Special Olympics Maryland

Participation Registration Form

Please fill out a separate form for each team and a separate form for ISC. Indicate whether an individual is a Unified Partner or a Traditional Athlete ("A" for Athlete, "P" for Partner).

Area: _____

Event: _____ **(Example: "Team 1 / 5 v 5 / Unified" or "ISC")**

Team Score: _____

Coach Name: _____

Coach's info: _____ **(Address)**
_____
_____ **(Phone numbers)**
_____ **(Email address)**

Athletes: The score column is for the scores for athletes participating in ISC, or for individual assessment scores from members of the team.

Name of Participant	Gender "M" / "F"	Date of Birth	Medical Expiration	Athlete or Partner "A" / "P"	Score