

2017 Marshall County Special Olympics Basketball Camp Registration Form

Athlete Information:

Last Name: _____ First: _____

M.I.: _____ Date of Birth _____ Sex: M ___ F _____

Current SOKY Athlete: Yes / No County: _____

Sports: _____

Is SOKY Athlete Medical Form on file and up to date: Yes / No Will athlete be accompanied by a parent / guardian / CLS aide? If yes, please provide name and contact information.

Contact Information: Athlete _____ Parent or Guardian _____

Last Name: _____ First: _____

Address: _____

Home #: _____ Cell#: _____

Emergency Contact: _____ Cell # _____

T-SHIRT SIZE (circle one below)

Youth: S M L XL **Adult:** S M L XL 2X 3X

Camp Fee - \$20 per athlete

Make payment to: Marshall County Special Olympics

MAIL TO: 1387 Starks Cemetery Road, Hardin, KY 42048

Parent Authorization:

I hereby give my consent approval to the participation of the registered camper in the program conducted by Marshall Co Special Olympics Basketball Camp, and I further certify that he/she is physically fit to take part in all activities. Further, I authorize the Director(s) and Athletic Trainer(s) to act for me according to their best judgments in any emergency requiring medical attention other than that maintained by the camp, for which services I shall pay.

SIGNATURE OF PARENT/GUARDIAN (Sign and Date Below)

_____ **DATE:** _____

MCSOKY



BASKETBALL CAMP

Oct. 21st

**SITE: Marshall County High School
Main Gym**

TIME: 10am – 12pm

Registration day of only!

Open to all athletes 8-99 yrs old who have an intellectual disability. There will be sign-up activities for anyone interested in playing basketball for Marshall County Special Olympics immediately following the basketball camp. Fun Activities, meet & greet, and refreshments! For more info contact - Coach Jonny Byrd 270-252-4672