

**HAMILTON COUNTY SPECIAL OLYMPICS**  
**TEACHERS/COACHES REGISTRATION FORM**

**Please Print**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Shirt Size** \_\_\_\_\_

**School/Agency** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**School/Agency Address** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

Please identify any current certification you hold and the expiration date (eg. life-saving, First-Aid, CPR, Swim Instructor, etc. )

\_\_\_\_\_

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**ONLY THOSE WHOSE FORM IS RETURNED AND CHECKED WILL RECEIVE UPDATED INFORMATION AND REMINDERS OF DUE DATES FOR SPORTS IN WHICH THEY ARE INTERESTED.**  
**I WOULD BE INTERESTED IN HAVING ATHLETES PARTICIPATE IN:**

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> ART SHOW                                | <input type="checkbox"/> SOFTBALL                              |                                     |
| <input type="checkbox"/> BASKETBALL                              | <input type="checkbox"/> SKIING                                |                                     |
| <input type="checkbox"/> BOCCE BALL                              | <input type="checkbox"/> SWIMMING                              |                                     |
| <input type="checkbox"/> BOWL                                    | <input type="checkbox"/> TENNIS                                |                                     |
| <input type="checkbox"/> FISHING                                 | <input type="checkbox"/> SPRING GAMES (Track & Field)          |                                     |
| <input type="checkbox"/> GOLF                                    | <input type="checkbox"/> VOLLEYBALL                            |                                     |
| <input type="checkbox"/> GYMNASTICS                              | <input type="checkbox"/> WEIGHTLIFTING                         |                                     |
| <input type="checkbox"/> MOTOR ACTIVITIES PROGRAM                | <input type="checkbox"/> UNIFIED SPORTS                        |                                     |
| <input type="checkbox"/> NITE OUT PROGRAMS (Athletes 18 & older) | <input type="checkbox"/> BOWLING                               | <input type="checkbox"/> BASKETBALL |
| <input type="checkbox"/> ROLLER SKATING                          | <input type="checkbox"/> GOLF                                  | <input type="checkbox"/> SOCCER     |
| <input type="checkbox"/> SOCCER                                  | <input type="checkbox"/> SOFTBALL                              | <input type="checkbox"/> VOLLEYBALL |
|  | <input type="checkbox"/> TRACK & FIELD                         |                                     |
|  | <input type="checkbox"/> YOUTH SPORTS PROGRAMS (5-11 yr. old)  |                                     |
|  | <input type="checkbox"/> YOUTH SPORTS PROGRAMS (12-17 yr. Old) |                                     |

Is there a teacher that you know would like to get involved with Special Olympics?

Name \_\_\_\_\_ School/Agency \_\_\_\_\_

Would you like someone from Special Olympics to speak about our program at your school/agency?  Yes  No

**Please fax form to: 271-2631**

Or Mail to: HCSO, 4777 Red Bank Expressway, #19, Cincinnati, OH 45227