## YOUNG ATHLETES REGISTRATION

## **TEAM NAME**

## INSTRUCTIONS

- 1 Fill out last name, first name.
- 2 Please identify whether the registered participant is an "athlete" or "partner".
  (Athlete) Individuals <u>with</u> intellectual disabilities
  (Partner) Individuals <u>without</u> intellectual disabilities
- 3 Fill out date of birth.
- 4 Select gender.
- 5 Fill out shirt size.
- 6 Please indicate whether the athlete utilizes a wheel chair.

## REGION



	ACTIVE ATHLETES		DESIGNATION		DATE OF BIRTH	GENDER			Shirt	Wheel
#	Last Name	First Name	Athlete	Partner	(Month-Day-Year)	Male	Female	Non-binary	Size	Chair
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										