

Special Olympics North Carolina 2016-2017 Athletics Invitational Individual Registration Form



Location: _____ Date of Event: _____

Local Program: _____ # Athletes _____ # Coaches _____

Head Coach: _____ Email: _____
(or primary contact)

Primary Phone: _____ Secondary Phone: _____
(mobile phone preferred - where you can be reached on event date)

Please choose the appropriate event from the drop down menu and indicate the time or distance. Example of time: 1:09.34 which means 1 minute, 9 seconds & 34 hundredths of a second. All field events (throws and/or jumping) scores must be in METERS.CENTIMETERS (ex. 3.06 is three meters, 6 centimeters). If an athlete is competing in pentathlon, please mark whether the score includes high jump or not. Athletes may select events from "Developmental Events" OR "Lead-up & Wheelchair Events" OR "Traditional Events", but must stay within their category. Athletes may compete in up to three individual events. Athletes in the Traditional Events may also compete on one relay team. Register athletes competing in traditional events on a relay team by using the separate Invitational Relay Registration Form.

Developmental Events	Lead-Up & Wheelchair Events	Traditional Events
10m Assisted Walk	25m Dash	100m Dash
10m Wheelchair Race	25m Race Walk	100m Race Walk
25m Assisted Walk	50m Dash	200m Dash
25m Wheelchair Obstacle	50m Race Walk	400m Dash
25m Wheelchair Race	100m Wheelchair Race	400m Race Walk
30m Motorized Wheelchair Slalom	200m Wheelchair Race	800m Run
30m Wheelchair Slalom	Softball Throw	1500m Run
50m Motorized Wheelchair Slalom	Standing Long Jump	Mini-Javelin
Tennis Ball Throw	Wheelchair Shot Put	Pentathlon
		Running Long Jump
		Shot Put
		4x100m Relay (<i>must fill out Relay Entry Form</i>)

Name: _____ Consideration:* H V W Age: _____ Gender: F M

Event 1 _____ Score: _____

Event 2 _____ Score: _____

Event 3 _____ Score: _____

Name: _____ Consideration:* H V W Age: _____ Gender: F M

Event 1 _____ Score: _____

Event 2 _____ Score: _____

Event 3 _____ Score: _____

Name: _____ Consideration:* H V W Age: _____ Gender: F M

Event 1 _____ Score: _____

Event 2 _____ Score: _____

Event 3 _____ Score: _____

Name: _____ Consideration:* H V W Age: _____ Gender: F M

Event 1 _____ Score: _____

Event 2 _____ Score: _____

Event 3 _____ Score: _____

Photocopy this form as needed.

*Please indicate the following consideration: H = Hearing Impaired; V = Visually Impaired; W = Uses Wheelchair