Special Olympics New Jersey

FORM D

AQUATICS, BOCCE POWERLIFTING TENNIS

For Office Use Only
Date Rec'd: ____ / ____ / ____

Summer Sports Season

INDIVIDUAL ATHLETE ENTRY FORM

Area: ______ Name of LTP: ______

Athlete: ______ (Last Name) ______ (First Name) Sex: ❑ Female ❑ Male

Birthdate: ___ MONTH ___ DAY ___ YEAR Age: ______

Athlete's Medical Expiration Date: ___ MONTH ___ DAY ___ YEAR (Attach Valid Medical Form) Coach Daytime Phone : ______

Coach Name: ______

VALID MEDICAL FORM MUST BE ATTACHED TO THIS FORM

Medication Name	Type & Dosage	Frequency
1.		
2.		
3.		

INSTRUCTIONS: Place an X in the box(es) of the event(s) athlete is entering. Enter score if necessary. Check level if necesssary.

AQUATICS Athletes may participate in 2 events plus 2 relays *(please use Area scores).*

Event	MIN	SEC	THS
❑ 25M Freestyle			
❑ 25M Backstroke			
❑ 25M Breaststroke			
❑ 25M Butterfly			
❑ 50M Freestyle			
❑ 50M Backstroke			
❑ 50M Breaststroke			

Event	MIN	SEC	THS
❑ 50M Butterfly			
❑ 100M Freestyle			
❑ 100M Backstroke			
❑ 100M Breaststroke			
❑ 100M Butterfly			
❑ 100M Individual Medley			
❑ 200M Individual Medley			

Event	MIN	SEC	THS
❑ 200M Freestyle			
❑ 4x25M Freestyle Relay			
❑ 4x50M Freestyle Relay			
❑ 4x25M Medley Relay			
❑ 4x50M Medley Relay			

BOCCE ❑ Doubles ❑ Unified Sports Team (4-person) *(Summer Games only)* Skills Score Points ___________cm

POWERLIFTING

❑ Benchpress ❑ Deadlift ❑ Squat

Body Weight ______ Opening Weight ______ Maximum Weight ______

❑ Combination (Benchpress and Deadlift)

❑ Combination (Benchpress, Deadlift and Squat)

TENNIS ❑ Singles ❑ Doubles *(Summer Games only)* ❑ Unified Doubles *(Summer Games only)* ❑ Individual Skills contest *(Sectional competition*

Athletes may compete in 2 events

Points ______

GYMNASTICS - Please use Gymnastics Form D.

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