



Special Olympics Florida

Special Involvement for Families

Please Print

Family Member Name: _____
Last First

Family Member Address: _____
Street City State Zip

Work Phone: () _____ Home Phone: () _____ Email: _____

Athlete's Name: _____
Last First

Does your Athlete reside: _____ at home _____ in a group home _____ on their own

My daughter / son is _____ is not _____ currently a Special Olympics Athlete

What is your relationship to your Athlete:

_____ Grandparent _____ Parent _____ Sibling _____ Aunt _____ Uncle _____ Care Provider

If you are 18 or over, indicate your age group: _____ 18-21 yrs. _____ 22-30 yrs. _____ 60+ yrs.

Future-Athlete's Name: _____
Last First

COUNTY MANAGEMENT TEAM

I am interested in volunteering in the following areas:

- | | |
|--|----------------------------------|
| _____ Families Committee | _____ Finance Committee |
| _____ Athlete Recruitment Committee | _____ Fundraising Committee |
| _____ Coaches & Athlete Training Committee | _____ Public Relations Committee |
| _____ Competition Committee | _____ Medical Committee |
| _____ Volunteer Committee | _____ Transportation Committee |
| _____ Registration Committee | |

_____ I am interested in becoming a Family Mentor (matched with a new family and serve as a resource)

_____ I am interested in becoming a Family Messenger (spokesperson recruiting new families)

TRAINING

I would like to:

_____ Register my Athlete for Special Olympics
(See Section _____).

_____ Work with my Athlete at home on sports skills
in addition to his/her training session.

_____ Take my Athlete to any training clinics

_____ Become an assistant coach

_____ Become a certified coach

_____ Assist with transporting Athletes

MAILING LISTS

If you have an email address, please supply us with yours on the front page of this form

I would like to be notified to register for:

_____ A training school to become a coach

_____ A training school to become a games committee chairperson

_____ A training school to become an official

I would like to be put on the Special Olympics Florida mailing list for family mailings and Program Memos:

_____ By email

_____ By US Mail

I would like to be put on my county program's mailing list (if they have one):

_____ By email

_____ By US Mail

Any Additional Comments:

PLEASE RETURN TO AMY LESNER AT SOFL
FAX: 352-243-9568
EMAIL: amy.lesner@sofl.org