<u>Austin</u> <u>Independent</u> <u>School</u> <u>District</u> AISD SPECIAL OLYMPICS

3200 Jones Road Austin, Texas 78745 (512) 414-1050 Fax (512) 414-0469



Student Name _			
School		Teacher	
Parent/Guardian 1	Name		
Home Phone #:		Work Phone # :	
Parents e-mail ad	dress :		
Age:	DOB:		
		ation: If you would like f will need a medical on fi	for your child to participate in ile.
Medical	is updated	Expiration Date : _	
Medical	needs updating		
New Me	dical is needed		
(use the spanish v AISD Special Ol	version to interp ympics activiti	cal form. The special olympics ut only, but the final medical slees offered for the 2016-2017 ske to participate in please read of the special olympics.	school year :
Area 1 Basket SOTX Marcos Gymna SOTX Track SOTX	3 Bowling Mee ball (Tentative Area Basketba s. Athlete will no astics (Tentative Area Competit & Field (Tenta	practice will begin in January 9 all Competition (March 3 – 4, eed a medical on file to participe practice will begin in January ton TBA tive practice will begin in Marc ompetition (May 2017 @ Bibl	sultiple venues in Austin area) 9-Febuary 13, 2017) 2017 @ Texas State University in San pate.) 23, 2017)
to: www.austin	isdathletics.c	com or contact Shalanda Bye	h our AISD Special Olympics program go ers at 841-8336 or Albert Chapa at 841-assroom teacher or fax it to our office at
	Parent/Guardia	n Signature	Date

Shalanda Byers, (AISD Special Olympics Coordinators / Head of Delegation) Albert Chapa, (AISD Special Olympics Assistant)