

Butler Blazers/Flinthills Services Special Olympics Application 2020

Athlete Name _____ Birthdate _____ Age _____

Parent/Guardian Name _____

Address _____ Zip _____

Parent Place of Employment _____

Cell Phone _____ Emergency Contact _____

Email address _____

Agency Name (if applicable) _____

T-shirt Size _____

Preferred Practice Location: (Please circle one) El Dorado Andover/Rose Hill

Media Release

I (parent/guardian) _____, give permission for Flinthills Services to use photos of (athlete) _____ for the purpose of educating and informing the community through social media, in newspaper articles, visual materials or brochures promoting Flinthills Services programs, and successes.

Parent or Guardian Signature

Date

****Must have a current SOKS physical on file****

****Scholarships are available upon request****

Please contact Sarah Vaughan for more information

316-213-5480

butlerblazers@outlook.com