

SPECIAL OLYMPICS ILLINOIS SOCCER VIRTUAL ENTRY FORM



REGION _____ AGENCY (IF APPLICABLE) _____

	SOCCER SKILLS		FITNESS CHALLENGE
(ATHLETE NAME)			ARE YOU PARTICIPATING IN OUT FITNESS CHALLENGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
(GENDER) (DOB)	(DRIBBLING SCORE)	(SHOOTING SCORE)	
(DATE MED APP EXPIRES OR VIRTUAL WAIVER COMPLETED)	(RUN & KICK SCORE)		
(EMAIL ADDRESS)			

	SOCCER SKILLS		FITNESS CHALLENGE
(ATHLETE NAME)			ARE YOU PARTICIPATING IN OUT FITNESS CHALLENGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
(GENDER) (DOB)	(DRIBBLING SCORE)	(SHOOTING SCORE)	
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	SOCCER SKILLS		FITNESS CHALLENGE
(ATHLETE NAME)			ARE YOU PARTICIPATING IN OUT FITNESS CHALLENGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
(GENDER) (DOB)	(DRIBBLING SCORE)	(SHOOTING SCORE)	
(DATE MED APP EXPIRES OR VIRTUAL WAIVER COMPLETED)	(RUN & KICK SCORE)		
(EMAIL ADDRESS)			

	SOCCER SKILLS		FITNESS CHALLENGE
(ATHLETE NAME)			ARE YOU PARTICIPATING IN PLANKSGIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO
(GENDER) (DOB)	(DRIBBLING SCORE)	(SHOOTING SCORE)	
(DATE MED APP EXPIRES OR VIRTUAL WAIVER COMPLETED)	(RUN & KICK SCORE)		
(EMAIL ADDRESS)			