



SPECIAL OLYMPICS ILLINOIS VIRTUAL UNIFIED VOLLEYBALL ENTRY FORM

REGION _____ AGENCY (IF APPLICABLE) _____

SO ATHLETE	VOLLEYBALL			FITNESS CHALLENGE
(ATHLETE NAME)				ARE YOU PARTICIPATING IN OUR FITNESS CHALLENGE?
(GENDER) (DOB)	(ATHLETE OVERHEAD PASSING SCORE)	(UNIFIED PARTNER OVERHEAD PASSING SCORE)	(COMBINED OVERHEAD PASSING SCORE)	
(DATE MED APP EXPIRES OR VIRTUAL WAIVER COMPLETED)				Athlete: <input type="checkbox"/> Yes <input type="checkbox"/> No Unified Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No
(EMAIL ADDRESS)	(ATHLETE SERVING SCORE)	(UNIFIED PARTNER SERVING SCORE)	(COMBINED SERVING SCORE)	
UNIFIED PARTNER				
(UNIFIED PARTNER NAME)				
(GENDER) (DOB)	(ATHLETE PASSING SCORE)	(UNIFIED PARTNER PASSING SCORE)	(COMBINED PASSING SCORE)	
(DATE CLASS A EXPIRES)				
(EMAIL ADDRESS)				

Total of all Combined Scores: _____

SO ATHLETE	VOLLEYBALL			FITNESS CHALLENGE
(ATHLETE NAME)				ARE YOU PARTICIPATING IN OUR FITNESS CHALLENGE?
(GENDER) (DOB)	(ATHLETE OVERHEAD PASSING SCORE)	(UNIFIED PARTNER OVERHEAD PASSING SCORE)	(COMBINED OVERHEAD PASSING SCORE)	
(DATE MED APP EXPIRES OR VIRTUAL WAIVER COMPLETED)				Athlete: <input type="checkbox"/> Yes <input type="checkbox"/> No Unified Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No
(EMAIL ADDRESS)	(ATHLETE SERVING SCORE)	(UNIFIED PARTNER SERVING SCORE)	(COMBINED SERVING SCORE)	
UNIFIED PARTNER				
(UNIFIED PARTNER NAME)				
(GENDER) (DOB)	(ATHLETE PASSING SCORE)	(UNIFIED PARTNER PASSING SCORE)	(COMBINED PASSING SCORE)	
(DATE CLASS A EXPIRES)				
(EMAIL ADDRESS)				

Total of all Combined Scores: _____

*Athletes and Unified Partners will complete each skill individually. The scores from the Athlete and Partner will be added together for a final Unified Score to be entered in the "COMBINED _____ SCORE" box.