



HUTCHINSON AREA TIGERS SPECIAL OLYMPICS BASKETBALL 2024 REGISTRATION FORM

Athlete Name: _____

Date of Birth: _____ Grade: _____

School Attending: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: (home/cell) _____

(work) _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Additional information about the student that would be helpful for
coaching staff: _____

Please return this form by January 22nd to:

Amy Nisse, Head Coach
amy.nisse@isd423.org