



HUTCHINSON AREA TIGERS SPECIAL OLYMPICS TRACK AND FIELD 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 April 23rd to:

Amy Nisse
Hutchinson High School
amy.nisse@isd423.org

OR

Louis Bedard
Park Elementary
louis.bedard@isd423.org