

# West Licking Special Olympics Athlete Information Sheet

West Licking Special Olympics  
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Welcome to West Licking Special Olympics! This is our 14<sup>th</sup> year of helping special needs athletes become part of a team, get some physical activities weekly and succeed in social settings.

We are a privately-run organization. We receive a grant from the Licking County Board of DD annually to aid in our expenses. All other funds must be raised by our group. It takes a LOT of money to keep our group running successfully! If you know of anyone or any organization willing to donate PLEASE contact MIKE SUSSMAN (740-927-6391 or 614-214-0040 or [msilksussman@aol.com](mailto:msilksussman@aol.com)) ALL donations are acknowledged with a receipt for tax credit purposes.

- Participants are expected to be at practices whenever possible. Excessive absences will result in limited playing time for the team sports. Uniforms are provided at no charge to all athletes seasonally.
- Athletes (families) are responsible for the laundering of their uniforms. PLEASE take care of them and follow laundering instructions inside the garment. Let us know as soon as you see any damage or needed repairs. Uniforms must be returned to us at the completion of the season.
- Be on time and prepared to play. Athletes should NOT plan to use their street shoes for practices and games. Clean shoes appropriate for the sport should be brought to practice and changed into once inside the facility or upon arrival at the track/courts.
- Each athlete should ALWAYS bring water to practice/games in a NO SPILL Container.

## **YOUNG ATHLETES PROGRAM:**

The Special Olympics Young Athletes Program (YAP) is new this year. It will serve ALL children ages 4 – 7 and the focus is on basic sport skills, learning to share, take turns and following directions. There is no cost to the athletes for this program.

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## ATHLETE or VOLUNTEER Information

(Please complete this sheet and return it to the coach or coordinator ASAP)

Athlete Name \_\_\_\_\_

Athlete Address \_\_\_\_\_

Athlete Phone number \_\_\_\_\_

Athlete Birthdate \_\_\_\_\_ Athlete Sex \_\_\_\_\_

Athlete School (if attending) \_\_\_\_\_

Athlete participates in (or wishes to participate in):

- Basketball (Nov-Mar)     Track (Apr-June)     Cheer (Nov-Mar)  
 Tennis (Apr - June)     Bowling (Jul-Aug)     Young Athlete Program (ages 4-7)

**Athlete Parent(s) or Guardian(s) Name:** \_\_\_\_\_

\_\_\_\_\_

Contact Address (if different than above) \_\_\_\_\_

#1 Name: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Athlete Shirt Size \_\_\_\_\_

Athlete Short Size \_\_\_\_\_

### **VOLUNTEER INFO (please complete the name/address/contact & shirt size info):**

I am willing to help:

- Run the scoreboard     Keep score book     Coach  
 Assistant Coach     Send Birthday Cards     Order trophies/gifts  
 Plan banquets/parties     Inventory/store uniforms     Greet guests at games/events  
 Help make phone call for reminders or cancellations     Other

If coaching list sport(s) \_\_\_\_\_

Volunteer Shirt Size: \_\_\_\_\_