

# ALPS UNIVERSITY - SPRING SEMESTER REGISTRATION FORM

**Registration Due:** IN HOUSE to the State Office by **Monday, April 8, 2019.**

**Practicums Due:** IN HOUSE to State Office by **Monday, March 25, 2019.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email [entries@soindiana.org](mailto:entries@soindiana.org)



## PROGRAM INFORMATION

COUNTY PROGRAM: \_\_\_\_\_ AREA: \_\_\_\_\_

## ATHLETE LEADER INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
 DIETARY RESTRICTIONS: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

## MENTOR INFORMATION

NAME: \_\_\_\_\_  **FIRST TIME MENTOR**  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
 DIETARY RESTRICTIONS: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

Athletes must attend *Introduction to Athlete Leadership* as their first class. Athletes must have 1-on-1 support from a mentor during any class. *Leadership Capstone* is the final course and is only available to those athletes who have satisfied all the necessary prerequisites and practicum hours.

**Athletes may register for one class only. Please note athlete's second choice in case first choice is not available.**

## COURSE REGISTRATION

<input checked="" type="checkbox"/> TO REGISTER	<input checked="" type="checkbox"/> SECOND CHOICE	COURSES
<input type="checkbox"/>	<input type="checkbox"/>	Introduction to Athlete Leadership
<input type="checkbox"/>	<input type="checkbox"/>	Global Messenger II
<input type="checkbox"/>	<input type="checkbox"/>	Governance: Athlete Input Councils
<input type="checkbox"/>	<input type="checkbox"/>	Advanced PowerPoint
<input type="checkbox"/>	<input type="checkbox"/>	Technology: Internet Communications
<input type="checkbox"/>	<input type="checkbox"/>	Athletes as Coaches
<input type="checkbox"/>	<input type="checkbox"/>	Introduction to Health & Fitness
<input type="checkbox"/>	<input type="checkbox"/>	Leadership Through Visual Arts I
<input type="checkbox"/>	<input type="checkbox"/>	Leadership Capstone

## FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that entry information is correct.

X \_\_\_\_\_  
 County Coordinator Signature Date