

ALPS UNIVERSITY - FALL SEMESTER REGISTRATION FORM

Registration Due: IN HOUSE to the State Office by **Monday, September 21, 2020.**
Practicums for Spring 2020 Classes Due: IN HOUSE to State Office by **Monday, Sept. 7, 2020.**
 Copy Form as needed.
 Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
 Email: entries@soindiana.org

**Special
Olympics
Indiana**



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

✓ TO REGISTER	✓ SECOND CHOICE	COURSES
<input type="checkbox"/>	<input type="checkbox"/>	Introduction to Athlete Leadership
<input type="checkbox"/>	<input type="checkbox"/>	Understanding Leadership (tentative)
<input type="checkbox"/>	<input type="checkbox"/>	Global Messenger I
<input type="checkbox"/>	<input type="checkbox"/>	Governance: Boards and Committees
<input type="checkbox"/>	<input type="checkbox"/>	Technology: Internet Communications
<input type="checkbox"/>	<input type="checkbox"/>	Athletes as Coaches
<input type="checkbox"/>	<input type="checkbox"/>	MATP (Motor Activities Training Program) Coaching
<input type="checkbox"/>	<input type="checkbox"/>	Health & Fitness Advocates
<input type="checkbox"/>	<input type="checkbox"/>	Leadership Through Visual Arts II
<input type="checkbox"/>	<input type="checkbox"/>	Event Planning II
<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