



PROFILE						
First Name:			Middle Name:			
Last Name:						
Date of Birth (yyyy-mm-dd):		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/>				
Email:			Phone:			
State Program/Delegation:						
Role at 2022 USA Games:	<input type="checkbox"/> HOD	<input type="checkbox"/> AHOD	<input type="checkbox"/> Medical Personnel	<input type="checkbox"/> AS Staff	<input type="checkbox"/> Caddie	
	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Coach	<input type="checkbox"/> Athlete as Coach		Sport:	
	Youth Leadership Experience:		<input type="checkbox"/> Participant		<input type="checkbox"/> Mentor	
PERSONAL						
<input type="checkbox"/> Headshot photo included with this form						
Anticipated # of Family Members attending for this person:						
Race / Ethnicity (Optional)					<input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Hispanic or Latino (Specific Origin Group _____)	
<input type="checkbox"/> White						
Preferred Language:		<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> French		
		<input type="checkbox"/> ASL	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Check if this person has a smart phone						
Country of Residence:						
Street Address:						
City:		State:		Zip:		
Shoe Size:		<input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Youth				
PARENT / GUARDIAN CONTACT INFORMATION (required if minor)						
First Name:		Last Name:		Relationship:		
Phone:			Email:			
Street Address:				City:		
State:		Country:		Zip:		

Athlete/Unified Partner Full Name:

EMERGENCY CONTACT INFORMATION		
<input type="checkbox"/> Parent/ Guardian is the Emergency Contact		
First Name:	Last Name:	Relationship:
Phone:	Email:	
GAMES APP PROFILE		
# of years in Special Olympics:	Preferred First Name:	
List other sports and/or activities (athlete leadership, healthy athletes, etc) within Special Olympics:		
List other interests or hobbies:		
What does attending the 2022 USA Games mean to you and what do you look forward to most?		