##### FORM 1

ATHLETE REGISTRATION FORM

Special Olympics Program: SOCT

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| ATHLETE INFORMATION | | | | | |
| First Name: | Middle Name: | | | | |
| Last Name: | Preferred Name: | | | | |
| Date of Birth (dd/mm/yyyy)*:* | Female Male | | | | |
| Preferred Language (Optional): | Race/Ethnicity (Optional): | | | | |
| Address: Rm. 213, 2F., No.55, Changji St., Datong Dist., Taipei City 103, Taiwan (R.O.C.) | | | | City: Taipei | |
| State/Province: Taiwan | Country:Taiwan | | | | Postal Code:10363 |
| Phone:886-2-25989571 | E-mail: chinesetaipei@soct.org.tw | | | | |
| Shirt Size: | | | | | |
| Does the athlete have the capacity to consent to medical treatment on his or her own behalf? 🞏Yes☑No | | | | | |
| Passport Number: | | Passport Country: Taiwan | | | |
| Passport Type: ☑Regular 🞏 Diplomat |  | Other: | | | |
| Date of Issue (dd/mm/yyyy): | | Date of Expiration (dd/mm/yyyy): | | | |
| PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian) | | | | | |
| Name: | | | | | |
| Relationship: | | | | | |
| ☑Same Contact Info as Athlete | | | | | |
| Address: | | | | City: | |
| State/Province: | Country: | | | | Postal Code: |
| Phone: | E-mail: | | | | |
| EMERGENCY CONTACT INFORMATION | | | | | |
| 🞏Same as Guardian/Parent | | | | | |
| Name: HAN HUANG | | | | | |
| Phone:886-2-25989571 | | | Relationship: TEACHER | | |
| PHYSICIAN INFORMATION | | | | | |
| Physician Name:CHEN MING-CHEN | | | | | |
| Physician Phone: 886-2-25989571 | | | | | |