##### 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 |