



Special Olympics
youngathletes™

Young Athletes Registration Form

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

My Young Athlete Name: _____

DOB: _____ Gender: _____

Please indicate which Location:

___ Northwestern Medical Center – Conference room - St. Albans. -
March 3 – April 21, Wednesday’s 4 – 5:00pm

___ Norwich University – Andrews Gym – Northfield
February – April 23 (no class on 4/16) – Friday’s 11:00 – 12:00

___ Kids Rehab Gym (in collaboration with UVM) –Colchester
March 20 – April 24 – 10:00 – 10:45

Please return to: Donna Diaz – Director of Sports
Special Olympics Vermont
368 Avenue D., Suite 30
Williston, Vermont 05495
ddiaz@vtso.org (802)863-5222 x 104