



## Special Olympics New Mexico Group Registration

General Information	
Group/Organization Name:	
Primary Contact Name and Title:	
Organization/Group Address	
City:	Zip:
Contact Phone number:	
Contact Email	

### **PARTICIPANT INFORMATION**

Please provide the number of individuals you anticipate participating in fitness activities in your Group/Organization. *Special Olympics will follow up at the conclusion of activities to confirm actual participation numbers.*

#### School Aged Participants:

Age	Special Education Students (Athletes)		General Education Students (Partners)	
	Male	Female	Male	Female
2 – 4				
5 – 7				
8 -15				
16- 21				
<b>Total</b>				

#### Adult Participants:

Age	Individuals with ID (Athletes)		Individuals w/o ID (Partners)	
	Male	Female	Male	Female
22– 35				
36- 45				
46- 55				
55 +				
<b>Total</b>				

**WAIVER OF LIABILITY**

On behalf of the Group/Organization named above, I agree that the Group/Organization assumes all liability, including proper insurance coverage and full responsibility for any risk of loss, property damage, or personal injury in connection with Special Olympics New Mexico Health and Wellness activities occurring under the Group/Organization's supervision.

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**Signature of Administrator**

**Print Name**

**Date**

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**Signature of Main Group/Organization  
Contact**

**Print Name**

**Date**

**Program Roster:** Please include information on all participants. Your form will not be processed without this portion