

Special Olympics New Mexico Young Athletes Head Start Site Registration

General Site Information	
Site Name	
Site Contact	
Site Address	
City:	Zip:
Site Contact Phone number:	
Site Contact Email:	

PARTICIPANT INFORMATION

Please provide the number of students you anticipate participating in Young Athletes at your site.
Special Olympics will follow up at the conclusion of activities to confirm actual participation numbers.

Age	Special Education Students (Athletes)		General Education Students (Partners)	
	Male	Female	Male	Female
2 – 4				
5 – 7				
Total				

WAIVER OF LIABILITY

On behalf of the Head Start Site named above, I agree that the Site 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 Young Athletes activities occurring under the site's supervision.

Signature of Site Administrator

Print Name

Date

Signature of Main Site Contact

Print Name

Date

Stipulations With Program Funding

On behalf of the Site named above, I understand and agree to comply with all funding stipulations:

- Use the project funding, equipment, and supplies solely for the purposes outlined in the application proposal or other document approved by SONM
- Should you stop your program, equipment purchased with SONM funds will need to be returned so that another site can use them
- Purchasing of equipment and uniforms requires approval by SONM, to ensure proper logo and equipment standards are met
- Any Press Releases must be sent to SONM for review
- Submit one testimonial about the impact of this project

Signature of Site Administrator

Print Name

Date

Signature of Main Site Contact

Print Name

Date



Special Olympics New Mexico Young Athletes Head Start Site Roster

Please fill out the roster for all participants, including staff and volunteers. For Participant Type, please distinguish between Staff, Athlete (child with ID), Partner (child without ID), Volunteer.

[illegible]