



Athlete Information	
Athlete Name:	Agency Number:
Address:	
City:	Zip Code:
Athlete Phone:	T-Shirt Size:
Athlete E-mail Address:	

Athlete Status
<input type="checkbox"/> Current Special Olympics Wisconsin (SOWI) athlete with a current valid medical on file. -OR- <input type="checkbox"/> New Athlete: <u>with</u> an intellectual disability (ID). -OR- <input type="checkbox"/> Unified Partner: Athlete <u>without</u> an intellectual disability (Non-ID).
Training vs Competition
<input type="checkbox"/> I intend to ONLY train. -OR- <input type="checkbox"/> I intend to train in the SOFit program and compete in an open community event. Name of Open Community Event: _____ Date of Open Community Event: _____
SOFit Training
I am training: <input type="checkbox"/> At Home <input type="checkbox"/> At a local community fitness facility: _____ <input type="checkbox"/> Other: _____
I intend to train for: <input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/> Other: _____

SOFit Trainer/Mentor
Mentor Name: _____
Mentor Phone: _____
Mentor E-mail Address: _____
<p>*Trainer/Mentor is:</p> <p> <input type="checkbox"/> A Certified SOWI Coach or Volunteer <input type="checkbox"/> A Community Trainer <input type="checkbox"/> A Parent/Caregiver/Friend <input type="checkbox"/> A non-disabled Peer: <input type="checkbox"/> Other: _____ </p> <p>* A SOFit Trainer/Mentor can be a SOWI Coach, Community Trainer, Unified Partner, family member or friend: Anyone willing to monitor the athletes training and help them reach their goals.</p>
Communication and Monitoring Progress
<p>The SOFit program and all incentives are grant funded. Therefore the following requirements are necessary to ensure sustainability:</p> <ul style="list-style-type: none"> • Set goals based on current level of performance. • Monitor training performance by completing the training and performance log following each training session and submitting to SOWI every four weeks for incentives. • Train 1-2 times per week with a trainer. A trainer is a person who will train and verify progress toward goal(s), incentive requests and/or reimbursement requests. • Provide SOWI staff with written documentation highlighting the successes of your SOFit experience. • Provide SOWI staff with pictures/videos of SOFit experience.
Commitment and Certification
<p>Athlete Signature: _____</p> <p>Printed Name: _____ Date: _____</p> <p>Parent/Guardian Signature: _____</p> <p>Printed Name: _____ Date: _____</p> <p>Trainer Signature: _____</p> <p>Printed Name: _____ Date: _____</p>
<p>Please return your SOFit Intent to Train /Compete Form to:</p> <p>Don Wigington <i>Director of Unified Sports</i> Special Olympics Wisconsin Tel (608) 442-5905 Fax (608) 222-3578 Email dwigington@specialolympicswisconsin.org</p>