

Ripley Ohio Dearborn Counties



2023 EKS Games REGISTRATION



NAME:		DATE OF BIRTH:		AGE:	
ADDRESS:			ATHLETE ___ UNIFIED PARTNER ___		
CITY:			STATE:		ZIP:
PHONE:		EMAIL:			
PARENTS/GUARDIAN:					

___ Check if New Address

___ Yes, I understand that transportation to/from practice and competitions is the athlete/parent/caregiver's responsibility.

**Competition registration is paid by the Program, unless not attended. See Below.*

Please Circle Shirt Size:

Adult: Sm Med LG XL XX 3X 4X 5X

Youth: Sm Med LG

Please Circle Short Size:

Adult: Sm Med LG XL XX 3X 4X 5X

I Want to Participate in:*

Circle One: Flag Football Long Distance Run/Walk Corn Toss Soccer

Circle One: Trad'l Softball Unified Golf

Circle Up to Two: Equestrian Unified Volleyball

Equestrian Riding Center (Check One) ___ Schuman Quarter Horse Center, Brookville

___ Rachel Miracle Center, Holton

**You may play more than one sport as long as competition/practice dates don't conflict.*

SPECIAL NEEDS/DIET/ALLERGIES/SEIZURE PROTOCOL (*Attach Protocol*):

BY SIGNING BELOW, the athlete and/or parent/guardian understand and agree with the importance of appropriate attendance and sportsmanship at all practices and Area/State competition(s). The athlete and/or parent guardian understand that eight (8) practices must be attended prior to competition in order to be registered for the competition. It is also understood that if the athlete fails to attend the Area/State competition(s) that the athlete will be invoiced for the competition registration fee(s) and will be required to reimburse the Delegation prior to his/her participation in any future sports programs. Acceptable reasons for missing competition are season-ending injury, death in family, work, or medical w/physician's note. The coach must be contacted prior to missing practice/competition. Transportation is the athlete's responsibility and is not excusable for missing practice or competition.

Athlete's Signature

Date

Parent/Guardian's Signature

Date