

EVERY ATHLETE AND THEIR PARENT/GUARDIAN/RESPONSIBLE PERSON MUST SIGN AND RETURN THE ATTACHED ATHLETE CONTRACT TO BE ELIGIBLE TO PARTICIPATE IN THEIR CHOSEN SPORTS.



Special Olympics
Ohio

WASHINGTON COUNTY

OPERATING GUIDELINES AGREEMENT

Name _____ (Please PRINT)

I am a Athlete/Guardian Coach Parent

I HAVE BEEN INFORMED OF THE RULES AND EXPECTATIONS OUTLINED IN THE WASHINGTON COUNTY SPECIAL OLYMPICS "OPERATING GUIDELINES". I AM WILLING TO ACCEPT RESPONSIBILITY FOR MYSELF AND TRY TO FOLLOW THESE RULES AND ACCEPT THE CONSEQUENCES FOR MY ACTIONS WHILE PARTICIPATING IN THE SPECIAL OLYMPICS PRACTICES AND EVENTS. (One Time Contract)

(Date)

(Signature of Athlete, Coach or Parent)

Please return to:

Rachelle R. Flesher
Washington County Special Olympics
340 Muskingum Drive
Marietta, OH 45750