



# Games for the Visually Impaired

Montana School for the Deaf and the Blind  
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## 2018 ATHLETE'S ENTRY FORM

ATHLETE'S NAME \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### PARTICIPATION LEVEL (PLEASE CHECK ONE)

LOW VISION     BLIND     Participation Accommodations Needed: \_\_\_\_\_

**ATHLETES T-SHIRT SIZE** \_\_\_\_\_ Additional Tee Shirts will be available for purchase during the Games.

ATHLETE WILL BE ACCOMPANIED BY \_\_\_\_\_

I \_\_\_\_\_ (Signature of parent or guardian) \_\_\_\_\_ (date) give my permission for \_\_\_\_\_ (name) to participate in the 2018 Games for the Visually Impaired.

I \_\_\_\_\_ (Signature of parent or guardian) \_\_\_\_\_ (date) **do** \_\_\_\_\_ **do not** \_\_\_\_\_ give my permission for \_\_\_\_\_ (name) to be photographed by newspaper, TV, MSDB or other media personnel.

I would like \_\_\_\_\_ athlete's lunches **at no charge** and \_\_\_\_\_ lunches for non-athlete's (parents, siblings, friends, etc.) at **\$3.00 per lunch**. Please pay for the lunches when you register.

### SCHEDULE OF EVENTS:

	DATE	TIME
_____ Pentathlon (ages 10-21)	May 4, 2018	1:00pm-5:00pm
_____ Games for the Visually Impaired Athletes <b>14 years and older</b> , please select one of the following	May 5, 2018	8:30am- 2:30pm
_____ Endurance Challenge	_____ Gymnastics	
Awards Ceremony and Raffle	May 5, 2018	2:30pm -3:00pm

\_\_\_\_\_ We do not wish to attend the Games. Please do not send any additional literature.

**ALL APPLICATIONS MUST BE POSTMARKED BY APRIL 1st**  
**TO PROPERLY PREPARE, ORDER TEE SHIRTS and MATERIALS.**