

LAW ENFORCEMENT TORCH RUN ATHLETE NOMINATION APPLICATION FORM

800 E. I-90 Lane • Sioux Falls, SD 57104 • 605.331.4117 • 1.800.585.2114

Athlete	Name: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F E-mail: _____
	Mailing Address: _____ City: _____ Zip: _____
	Phone: _____ DOB: _____ Age: _____ Yrs in SO: _____
	Insurance Company: _____ Policy #: _____

Parent/Guardian	Name: _____
	Mailing Address: _____ City: _____ Zip: _____
	Phone: _____ E-mail: _____

Self Help Skills	Provide a sentence regarding this athlete's level of independence: _____																					
	Meals: _____																					
	Dressing: _____																					
	Personal Hygiene: _____																					
	Traveling: _____																					
	Does this athlete do the following:																					
	<table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="padding-left: 40px;">Swim</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 40px;">Smoke</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">Express self verbally</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">Follow instructions</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">Speak in front of people</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">Take medication independently</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Swim	<input type="checkbox"/>	<input type="checkbox"/>	Smoke	<input type="checkbox"/>	<input type="checkbox"/>	Express self verbally	<input type="checkbox"/>	<input type="checkbox"/>	Follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	Speak in front of people	<input type="checkbox"/>	<input type="checkbox"/>	Take medication independently	<input type="checkbox"/>	<input type="checkbox"/>
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If no, describe amount of assistance needed: _____																						

Phys. Assess.		Poor	Average	Above Average
	Strength:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Speed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Coordination:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	General Fitness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation	Parent / Guardian
	Tell us why this athlete would be a good candidate to participate in the Torch Run:
	<hr/> Parent / Guardian Signature Date

Recommendation	Coach
	Tell us why this athlete would be a good candidate to participate in the Torch Run:
	<hr/> Coach Signature Date

Recommendation	Torch Run Officer
	Tell us why this athlete would be a good candidate to participate in the Torch Run:
	<hr/> Officer Signature Date

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 Sioux Falls, SD 57104
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