

Athletics Event/Category Crossover Request Form

Athlete Name: _____ Date: _____

Team/Region: _____

Requested Action (must be running to field or field to running—no running to running, walking to running or running to walking qualifies):

Reason for Request (i.e. medical condition, disability, lack of upper/lower body strength/coordination):

By requesting this waiver it is acknowledged that if approved the above named athlete **will not** be eligible for any higher competition above Special Olympics Nebraska in athletics. A new waiver is required for each competition year.

HOD/Coach: _____

Approved: _____ Disapproved: _____

Regional Director

Date

SONE Staff

Date