TRANSFER FORM

Athlete's Participation on Non-Primary Local Programs

Special Olympics New Hampshire

Athlete Name _____

Event _____   Date _____

Use this form if you would like to participate in a sport with a Local Program other than your primary program.

STEP 1 - PRIMARY LOCAL PROGRAM

The athlete must let his/her LPC know they would like to participate in another sport and which Local Program they are interested in joining.

- If the Primary Local Program offers the sport, the LPC should work with the athlete to determine why the athlete would like to participate with another Program and decide if they will approve participation. Athletes should be empowered to choose where to participate.

Primary Local Program _____

Local Program Coordinator's Name _____

Local Program Coordinator's Signature _____

STEP 2 – PARTICIPATING LOCAL PROGRAM

The athlete needs to ask the LPC of the team he/she would like to participate with.

- If the LPC of the "participating team" does not have the infrastructure (enough volunteers to make a safe environment) they may say no to the athlete.
- If the secondary LPC says yes, he/she needs to fill in the existing transfer form including the amount of money that will need to be transferred and any expectations as a result of the athlete's participation. If the secondary Local Program registers the athlete through Agon and does not fill out a transfer form, the participating program will be fiscally responsible.
- The participating LP may register an athlete they think will be participating with them – but if the transfer form is not completed by the scratch date the athlete will be scratched

Participating Local Program _____

Local Program Coordinator's Name _____

Local Program Coordinator's Signature _____

Funds to be transferred from Primary Local Program to Participating Local Program $ _____

Description of funds to transfer   _____

_____

Expectations of the athlete   _____

STEP 3 - PRIMARY LOCAL PROGRAM

The athlete needs to get the transfer form back to their primary LPC who signs, then submits to Bridget Carleton (BridgetC@sonh.org) for processing.

Primary Local Program _____

Local Program Coordinator's Name _____

Local Program Coordinator's Signature _____