

**Wood County Special Olympics
Participation Expectation Contract
2010/2011**

I, _____, have read or had read to me the rules and principles outlined in the Wood County Special Olympics Participation Expectations. As an athlete participating in Special Olympics programming, I agree to abide by those rules throughout 2010/2011. I understand that violations of these principles will result in disciplinary actions as outlined in the Participation Expectations including possible suspension and removal from Special Olympics.

Athlete Signature

Date

Parent/Guardian/Care Provider Signature

Date