



Absence from Housing Request

Delegation/Area Program: _____ Competition Name: _____

Athlete/Unified Partner/Coach/Chaperone Name: _____
(Please circle)

If Athlete/Unified Partner:

Parent/Guardian responsible during absence: _____
Cell/Emergency phone number: _____

I, _____, understand that Special Olympics South Carolina (SOSC) will not be responsible for the care and safety of the above named athlete/unified partner during the evening hours as they are separated from their delegation and are under my care. I am taking the responsibility to have this athlete/unified partner report on time to each ceremony and their sports event. I understand if they do not report on time to their sports event, they may not be allowed to compete. I also understand I must tell the Head of Delegation that the athlete/unified partner is leaving at a pre-arranged time or make them aware before leaving the event. I have supplied my cell phone/emergency phone number so that if a change in schedule, location, or other details comes about, I may be reached by our Head of Delegation or SOSC staff.

Signature

Date

If Coach/Chaperone:

Cell/Emergency phone number: _____

I, _____, understand that Special Olympics South Carolina (SOSC) will not be responsible for my care and safety during the evening hours as I am separated from my delegation. I am taking the responsibility to report on time to each ceremony and sports event. I understand if I do not report on time to perform my duties as a coach/chaperone I may not be allowed to participate fully. I also understand I must tell the Head of Delegation that I am leaving at a pre arranged time or make them aware before leaving the event. I have supplied my cell phone/emergency phone number so that if a change in schedule, location, or other details comes about, I may be reached by our Head of Delegation or SOSC staff.

Signature

Date