Special Olympics New York

Special Olympics New York
Training Club Roster - FALL SEASON

Region:

Date: _____ **20** _____ **(year)**

Page: 1
Total Pages: _____

All rosters are due before your training club begins competing for the season. No incomplete rosters will be accepted. No training club will be allowed to register for competition until a complete roster is submitted. Return rosters to your Area Coordinator or Regional Office. Please report any late additions to your Regional Office.

Training Club Name: _____

Head Coach: _____

Email: _____

Phone: _____

Training Location: _____
_____

Contact Address:
_____
_____

Zip: _____

Training Times:
_____

COACH ROSTER

*Please list **all** coaches working with your Training Club.*

Last Name	First Name	E-mail Address

By submitting this form, I verify that the information contained in this form is complete and accurate

Full Name: _____ Date: _____

Special Olympics New York

ATHLETE ROSTER

Training Club: _____

Head Coach: _____

Page: 2

Please include all fall athletes in the Training Club, regardless of whether or not they will participate in any competitions.
-In the column marked "M/C," check off that you have a current Medical and Consent on file.
-In the column marked Res, indicate the athlete's residency status using the key below.
-In the sport columns, indicate all sports in which the athlete is training this season, regardless of whether or not they will compete in that sport this season.
-This form will accomodate 55 athletes; if your Training Club has more than 55 athletes, please photocopy the last page of this form. Each additional page will hold 32 entries.

Residency Status Key	BC = Bocce	FBT = Football (Soccer) Team	SBT = Softball Team
1 = Lives independently	XCR = Cross Country Running	FBS = Football (Soccer) Skills	SBS = Softball Skills
2 = Lives at home	CY = Cycling	GF = Golf	YA = Young Athlete
3 = Lives with agency	EQ = Equestrian	MATP = Motor Activity Training Program	

MC	Last Name	First Name	Date of Birth	Sex	Res	BC	XCR	CY	EQ	FBT	FBS	GF	MATP	SBT	SBS	YA

Special Olympics
New York

ATHLETE ROSTER

Training Club: ____

Head Coach: ____

Page: _____

MC	Last Name	First Name	Date of Birth	Sex	Res	BC	XCR	CY	EQ	FBT	FBS	GF	MATP	SBT	SBS	YA