Special Olympics New York

Special Olympics New York
Training Club Roster - SUMMER SEASON

Region:

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

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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: _____

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ATHLETE ROSTER

Training Club: _____

Head Coach: _____

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Please include all summer 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	AQ = Aquatics	BWL = Bowling	TN = Tennis
1 = Lives independently	ATH = Athletics (Track & Field)	GYM = Gymnastics	VBT = Volleyball Team
2 = Lives at home	BBT = Basketball Team	MATP = Motor Training Activity	VBS = Volleyball Skills
3 = Lives with agency	BBS = Basketball Skills	PWL = Powerlifting	YA = Young Athlete

MC	Last Name	First Name	DOB	Sex	Res	AQ	ATH	BBT	BBS	BWL	GYM	MATP	PWL	TN	VBT	VBS	YA

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ATHLETE ROSTER

Training Club: _____

Head Coach: _____

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MC	Last Name	First Name	DOB	Sex	Res	AQ	ATH	BBT	BBS	BWL	GYM	MATP	PWL	TN	VBT	VBS	YA