Special Olympics New York

Special Olympics New York
Training Club Roster - YEARLY

Region:

20 _____ **(year)**

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Date: _____

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: _____

Contact Address:

_____

_____

Zip: _____

Training Location: _____

_____

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: _____

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Please include all 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.
- If you need additional pages, please photocopy the last page of this form. Each additional page will hold 32 entries.

Residency Status Key

1 = Lives Independently **2 = Lives at Home** **3 = Lives with Agency**

AS = Alping Skiing	BC = Bocce	FBS = Football Skills	NS = Nordic Skiing	VBT = Volleyball Team
AQ = Aquatics	XCR = Cross Country Running	FBT = Football Team	PWL = Powerlifting	YA = Young Athlete
ATH = Athletics	CY = Cycling	GF = Golf	SS = Snowshoeing	
BBS = Basketball Skills	EQ = Equestrian	GYM = Gymnastics	TN = Tennis	
BBT = Basketball Team	FHS = Floor Hockey Skils	ISF = Ice Skating (Figure)	VBS = Volleyball Skills	
BWL = Bowling	FHT = Floor Hockey Team	ISS = Ice Skating (Speed)	MATP = Motor Activity Training Program	

MC	Last Name	First Name	DOB	Sex	Res	Sports

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ATHLETE ROSTER

Training Club: _____

Head Coach: _____

Page: ____

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