Basketball Team Registration

- Athletes must have a valid medical and consent form on file with the regional office and present at registration
- Each team is required to provide a basketball skills assessment test score on this form (the sum of the TOP 7 PLAYERS, divided by 7)
- In addition, please classify your team using one of the following: low beginner, beginner, high beginner, low intermediate, intermediate, high intermediate, advanced
- Make sure the form is filled out completely. Please include all coaches, skills athletes, and team athletes

Training Club:_____ Team Classification:_____

BSAT Score:_____ Head Coach:_____

Coaches Email:_____ Coaches Cell Phone:_____

ATHLETES' NAME		DATE OF BIRTH	GENDER	WHEELCHAIR?
LAST	*FIRST*	*MM/DD/YR*	*M OR F*	*Y OR N*

****PLEASE FILL OUT THIS FORM COMPLETELY. IF THE INFORMATION IS NOT PROVIDED, THE ATHLETE(S) MAY BE SCRATCHED.**

Basketball Skills Registration

- Each athlete is required to have a qualifying score listed on this form
- Level 1: target pass, ten-meter dribble, and spot shot
- Level 2: catch and pass, 12 meter dribble, and perimeter shooting
- Athletes may enter team or skills, but not both

ATHLETES' NAME		DATE OF BIRTH	GENDER	WHEELCHAIR?	Level 1 or 2	QUALIFYING SCORE
LAST	*FIRST*	*MM/DD/YR*	*M OR F*	*Y OR N*		

****ALL INFORMATION NEEDS TO BE FILLED OUT FOR EACH ATHLETE TO BE REGISTERED. IF THE INFORMATION IS *NOT* PROVIDED, THE ATHLETE(S) MAY BE SCRATCHED.**

Basketball Coaches Registration

- All coaches must be certified through Special Olympics New York
- Additional agency staff must be pre-registered and pre-approved
- Alternate coaches should be sports specific where applicable

COACHES NAME		GENDER	EMAIL	PHONE
LAST	*FIRST*	*M OR F*		*(XXX)XXX-XXXX*
ADDITIONAL SUPPORT STAFF NAME		GENDER	EMAIL	PHONE
LAST	*FIRST*	*M OR F*		*(XXX)XXX-XXXX*