

VOLLEYBALL TEAM

ATHLETE FORM

TEAM NAME	
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REGION	
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INSTRUCTIONS	TEAM TOTAL	
<ol style="list-style-type: none"> 1) Fill out last name, first name, date of birth, and gender of all athletes that are being registered. 2) The head coach must identify his/her six best players in terms of their on-court playing ability by selecting Top Player next to his/her name. 3) A "team score" shall then be determined by adding the top eight players' VSAT scores and then dividing that total by eight. (Please see official sport rules for Volleyball Skills Assessment Test) 4) Roster size (6 Minimum, 12 Maximum players) 	TEAM AVERAGE	

ACTIVE ATHLETES			Top Player	DATE OF BIRTH (Month/Day/Year)	GENDER	
#	Last Name	First Name			M	F
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
ALTERNATES			Top Player	DATE OF BIRTH (Month/Day/Year)	GENDER	
#	Last Name	First Name			M	F
1						
2						
3						
4						
5						
6						



**Special
Olympics**
New York



VOLLEYBALL TEAM

COACH FORM

INSTRUCTIONS

1. All coaches within your quota must be certified.
2. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, etc.
3. Alternate coaches are to replace coaches unable to attend games.



TEAM NAME		REGION	
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ACTIVE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

1:1 CHAPERONES (MUST BE CLASS A CERTIFIED)			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

ALTERNATE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							