

ATHLETICS

ATHLETE FORM

INSTRUCTIONS

- 1 Enter the last name, first name, date of birth, and gender of all athletes that are being registered
- 2 Enter the appropriate event code(s) for each athlete, followed by their time for the event in minutes, seconds, and tenths.
- 3 If you are registering athletes in throwing or jumping events, please list their distances in meters
- 4 Athletes may enter two individual events, plus one relay (RELAYS ARE ENTERED ON SEPARATE TEAM RELAY FORM)
- 5 If you are registering more than 16 athletes, please number each page.

TEAM NAME

REGION

ACTIVE ATHLETES			DATE OF BIRTH	GENDER		EVENT CODE #1	TIME/DISTANCE		EVENT CODE #2	TIME/DISTANCE	
#	LAST NAME	FIRST NAME	(MONTH/DAY/YEAR)	M	F		MINUTE(S)/METER(S)	SECOND(S)/CENT.		MINUTE(S)/METER(S)	SECOND(S)/CENT.
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											



ATHLETICS

COACH FORM



**Special
Olympics**
New York



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							