

# ATHLETICS

## RELAY FORM INSTRUCTIONS

1. Enter the last name, first name, date of birth, gender, and role for each athlete on team.
2. Enter the appropriate event code for each relay.
3. Enter the time for each team in minutes & seconds.
4. Enter the position of each athlete on each relay team by indicating 1,2,3,or 4.
5. If you are registering more than one relay team, please indicate team name with the designation of A,B,C, or D.

| EVENT CODE          |        |
|---------------------|--------|
| 4x100 RELAY         | 4X100M |
| 4x100 UNIFIED RELAY | 4X100U |

|                  |  |
|------------------|--|
| <b>TEAM NAME</b> |  |
|------------------|--|

|               |  |
|---------------|--|
| <b>REGION</b> |  |
|---------------|--|

| #  | ACTIVE ATHLETES |            | DATE OF BIRTH<br>(Month/Day/Year) | GENDER |   | ROLE    |         | EVENT CODE | TIME      |           | POSITION<br>1, 2, 3, 4 | TEAM<br>(A,B,C,D) |
|----|-----------------|------------|-----------------------------------|--------|---|---------|---------|------------|-----------|-----------|------------------------|-------------------|
|    | LAST NAME       | FIRST NAME |                                   | M      | F | ATHLETE | PARTNER |            | MINUTE(S) | SECOND(S) |                        |                   |
| 1  |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 2  |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 3  |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 4  |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 5  |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 6  |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 7  |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 8  |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 9  |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 10 |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 11 |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 12 |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 13 |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 14 |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 15 |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |
| 16 |                 |            |                                   |        |   |         |         |            |           |           |                        |                   |



# ATHLETICS

## 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.



**Special  
Olympics**  
New York



| TEAM NAME |  | REGION |  |
|-----------|--|--------|--|
|-----------|--|--------|--|

| ACTIVE COACHES |           |            | DATE OF BIRTH<br>(Month/Date/Year) | GENDER |   | Certification<br>Current? |    |
|----------------|-----------|------------|------------------------------------|--------|---|---------------------------|----|
| #              | Last Name | First Name |                                    | M      | F | Yes                       | No |
| 1              |           |            |                                    |        |   |                           |    |
| 2              |           |            |                                    |        |   |                           |    |
| 3              |           |            |                                    |        |   |                           |    |
| 4              |           |            |                                    |        |   |                           |    |
| 5              |           |            |                                    |        |   |                           |    |

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

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