

BASKETBALL TEAM

ATHLETE FORM

TEAM NAME		REGION	
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INSTRUCTIONS	TEAM TOTAL	
1) Fill out last name, first name, date of birth, and sex of all athletes that are being registered	TEAM AVERAGE	
2) The Head Coach must identify his/her five best players in terms of their on-court playing ability by selecting Top Player next to his/her name		
3) The "team score" shall be determined by adding the top seven players' scores and then dividing that total by seven.		
4) Please refer to the official sports rules for the Basketball Skills Assessment Tests		
5) Roster size (7 minimum, 10 maximum players)		

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						
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



BASKETBALL 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							