Bocce/Unified Bocce Registration

- Please make sure the form is filled out completely.
- All athletes must have a valid medical and consent form in order to compete. Coaches should have copies with them.
- Please list athletes in teams of four. Unified teams should have two athletes and two partners.

Training Club:_____

Head Coach:_____ Email & Phone:_____

ATHLETES NAMES:		DATE OF BIRTH	GENDER:	ASSESSMENT	TEAM:	UNIFIED PARTNER	COVID-19 VACCINE
LAST	*FIRST*	*MM/DD/YYYY*	*M OR F*	SCORE	*A, B, C, ETC.*	*Y OR N*	*Y OR N*
					A		
					A		
					A		
					A		
					B		
					B		
					B		
					B		
					C		
					C		
					C		
					C		
					D		
					D		
					D		
					D		
					E		
					E		
					E		
					E		
					F		
					F		
					F		
					F		

COACH & SUPPORT STAFF INFORMATION:		DATE OF BIRTH:	GENDER:	COVID-19 VACCINE
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	*Y OR N*
THIS FORM MUST BE FILLED OUT COMPLETELY. INCOMPLETE FORMS WILL NOT BE ACCEPTED.				

ON NEXT PAGE, PLEASE LIST ANY ATHLETES YOU HAVE TRAINING IN THIS SPORT BUT NOT COMPETING TODAY. THIS WILL ALLOW US TO HAVE YOUR FULL ROSTER FOR THE SEASON. THANK YOU!

ATHLETES TRAINING THIS SEASON BUT NOT COMPETING

ATHLETES TRAINING BUT NOT COMPETING IN EVENT		DATE OF BIRTH	GENDER:	COVID-19 VACCINE Y OR N
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	