

DEVELOPMENTAL SPORTS

Instructions:

1. Enter athletes' names, Last Name, First Name.
2. Enter Date of Birth.
3. Place a check mark in the appropriate gender box; if non-binary, leave blank.
4. Enter Shirt Size.

TEAM NAME

ATHLETES' NAMES (Last name, first) Please print legibly			Date of Birth	Gender		Shirt Size
#	Last Name	First Name		Male	Female	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

****ALL INFORMATION NEEDS TO BE FILLED OUT FOR EACH ATHLETE TO BE REGISTERED.
IF THE INFORMATION IS NOT PROVIDED, THE ATHLETE(S) MAY BE SCRATCHED.**

DEVELOPMENTAL SPORTS

COACH FORM



**Special
Olympics**
New York

INSTRUCTIONS

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

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							

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

AGENCY STAFF, 1:1, CHAPERONES, ETC.			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							