

# SOCCER INDIVIDUAL SKILLS

## ATHLETE FORM

### INSTRUCTIONS

- 1 Fill out last name, first name, date of birth, and gender of all athletes that are being registered.
- 2 For wheelchair athletes-place a check mark in the column labeled Wheel Chair.
- 3 Enter the Individual Skills Score of each athlete using the **Individual Skills Competition Rules**.
- 4 Individual Skills Score (ISC) consists of three events: **Dribbling, Shooting, and Run & Kick**.

**TEAM NAME**

**REGION**

ACTIVE ATHLETES			DATE OF BIRTH	GENDER		Wheel Chair	INDIVIDUAL SKILLS SCORE
#	Last Name	First Name	(Month/Day/Year)	M	F		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
ALTERNATE ATHLETES			DATE OF BIRTH	GENDER		Wheel Chair	INDIVIDUAL SKILLS SCORE
#	Last Name	First Name	(Month/Day/Year)	M	F		
1							
2							
3							
4							
5							

# SOCER INDIVIDUAL SKILLS

## COACH FORM

### 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.



**Special  
Olympics**  
New York

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							