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
LAST	*FIRST*	*MM/DD/YYYY*	*M OR F*	SCORE	*A, B, C, ETC.*	*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	

Bocce Coaches Registration

- All coaches must be certified through Special Olympics New York
- Additional agency staff must be pre-registered and pre-approved
- Alternate coaches should be sports specific where applicable

COACHES NAME		GENDER	EMAIL	PHONE
LAST	*FIRST*	*M OR F*		*(XXX)XXX-XXXX*
ADDITIONAL SUPPORT STAFF NAME		GENDER	EMAIL	PHONE
LAST	*FIRST*	*M OR F*		*(XXX)XXX-XXXX*

Additional Athlete Registration

- Please list any athletes who will be training with you this season but are not competing

ATHLETES' NAME		DATE OF BIRTH	GENDER	UNIFIED PARTNER
LAST	*FIRST*	*MM/DD/YR*	*M OR F*	*Y OR N*