Bowling Team 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 alphabetical order.

Training Club:_____ Head Coach:_____

Coaches Email:_____ Coaches Cell Phone:_____

ATHLETES' NAME		DATE OF BIRTH	GENDER	SINGLE GAME	WHEELCHAIR?	IF USING RAMP:
LAST	*FIRST*	*MM/DD/YR*	*M OR F*	*AVERAGE:*	*Y OR N*	*ASSISTED OR UNASSISTED*

****PLEASE FILL OUT THIS FORM COMPLETELY. IF THE INFORMATION IS NOT PROVIDED, THE ATHLETE(S) MAY BE SCRATCHED.**

ATHLETES' NAME		DATE OF BIRTH	GENDER	SINGLE GAME	WHEELCHAIR?	IF USING RAMP:
LAST	*FIRST*	*MM/DD/YR*	*M OR F*	*AVERAGE:*	*Y OR N*	*ASSISTED OR UNASSISTED*

****PLEASE FILL OUT THIS FORM COMPLETELY. IF THE INFORMATION IS NOT PROVIDED, THE ATHLETE(S) MAY BE SCRATCHED.**

Bowling 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 Athletes Registration

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

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