ATHLETICS

ATHLETE FORM

INSTRUCTIONS
1 Enter the last name, first name, date of birth, and gender of all athletes that are being registered
2 Enter the appropiate event code(s) for each athlete, followed by their time for the event in minutes, seconds, and tenths.
3 If you are registering athletes in throwing or jumping events, please list their distances in meters
4 Athletes may enter two individual events, plus one relay (RELAYS ARE ENTERED ON SEPARATE TEAM RELAY FORM)
5 If you are registering more than 16 athletes, please number each page.

TEAM NAME

REGION

#	LAST NAME	FIRST NAME	DATE OF BIRTH (MONTH/DAY/YEAR)	GENDER M	GENDER F	EVENT CODE #1	TIME/DISTANCE MINUTE(S)/METER(S)	TIME/DISTANCE SECOND(S)/CENT.	EVENT CODE #2	TIME/DISTANCE MINUTE(S)/METER(S)	TIME/DISTANCE SECOND(S)/CENT.
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

PAGE #_____

Special Olympics
New York

ATHLETICS

COACH FORM

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

TEAM NAME		REGION	

ACTIVE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

1:1 CHAPERONES (MUST BE CLASS A CERTIFIED)			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

ALTERNATE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Currrent?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							