NYC REGION BASKETBALL SKILLS

ATHLETE FORM

INSTRUCTIONS

1 Fill out last name, first name, date of birth, and gender of all athletes that are being registered.

2 Place a check mark in the appropriate box indicating which event he/she will be competing in. (Level 1 or Level 2)

3 For wheelchair athletes-place a check mark in the column labeled Wheel Chair.

4 Enter the Individual Skills Score for each registered athlete. (Add the score from all of the Individual Basketball Skills Events)

TEAM NAME

REGION NYC

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

EVENTS OFFERED
Level 1
TARGET PASS
10 METER DRIBBLE
SPOT SHOT
Level 2
12 METER DRIBBLE
PERIMETER SHOOTING
CATCH & PASS



NYC REGION BASKETBALL SKILLS

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	NYC

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

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



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