

# YOUNG ATHLETES



**Instructions:**

1. Enter athletes' names, Last Name, First Name.
2. Enter Date of Birth.
3. Place a check mark in the appropriate gender box; if non-binary, leave blank.
4. Enter Shirt Size.

**TEAM NAME**

ATHLETES' NAMES (Last name, first) Please print legibly		Date of Birth	Gender		Shirt Size
#	Last Name		First Name	Male	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

**\*\*ALL INFORMATION NEEDS TO BE FILLED OUT FOR EACH ATHLETE TO BE REGISTERED.  
IF THE INFORMATION IS NOT PROVIDED, THE ATHLETE(S) MAY BE SCRATCHED.**

# YOUNG ATHLETES

## 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.

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							

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							



**Special  
Olympics**  
New York