

Peter Aquilone Winter Classic

Skills Athletes Form

Team Name:	Region:
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Instructions:

- 1) Fill out last name, first name, date of birth, and gender of all athletes that are being registered.
- 2) Athletes in wheelchairs must be identified by placing a check in the box under the wheelchair column.
- 3) All athletes must bring their own equipment.
- 4) **REQUIRED SCORES:** Total of scores from all five skills tests.

ACTIVE ATHLETES		Date of Birth (Month/Day/Year)	GENDER		Total Score	Wheelchair
Last Name	First Name		M	F		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
ALTERNATES		Date of Birth (Month/Day/Year)	GENDER		Total Score	Wheelchair
Last Name	First Name		M	F		
1						
2						
3						
4						
5						
6						



**Special
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New York



If you identify as non-binary, please leave the gender column blank.

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Skills Coaches Form

Team Name:	
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Region:	
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Instructions:
<ol style="list-style-type: none"> All coaches must be certified. All volunteers for team must be registered. This includes coaches, agency support staff, one-on-ones, etc. Alternate coaches are to replace coaches who are unable to attend games. Please list ample alternates. If necessary, use additional sheets.

Active Coaches		Date of Birth (Month/Date/Year)	Gender		Certification Current?	
Last Name	First Name		M	F	Yes	No

Alternate Coaches		Date of Birth (Month/Date/Year)	Gender		Certification Current?	
Last Name	First Name		M	F	Yes	No

Agency Staff, One-On-Ones, Etc.		Date of Birth (Month/Date/Year)	Gender		Certification Current?	
Last Name	First Name		M	F	Yes	No

