



Special Olympics Colorado Coach Roster

Region: _____ Sport: _____ Competition: _____

Team Name: _____

Head Coach Name: _____

Head Coach Day of Event Phone: _____ Additional Email: _____

Head Coach Email: _____

Please note that requirements to be a coach include:

- Individual must be at least 14 years of age.
- Individual must have a valid Volunteer Registration form (“Class A”) on file with Special Olympics Colorado at least two weeks prior to the competition.
- All coaches ages 18 + must complete the Concussion Awareness training, which can be found here: <http://www.cdc.gov/concussion/HeadsUp/Training/> .

Please note that all athletes must have a valid medical (including physical) and consent form on file with Special Olympics Colorado at least two weeks prior to the competition. If you have any questions on the above requirements, please contact your Regional Manager.

(Please only list coaches on this roster. Partners should be listed on the team entry form, not the coach roster)

	Last Name	First Name	Date of Birth	Gender
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Special Olympics Colorado BASKETBALL SKILLS ENTRY FORM

Region: _____

Day of Contact: _____

Coach Name(s): _____

Coach E-mail(s): _____

Team Name: _____

DO NOT FILL OUT IF ATHLETES ARE COMPETING IN TEAM COMPETITION.

PARTICIPANTS NAME	GENDER	DOB	ATHLETE OR UNIFIED PARTNER?	ENTRY SCORE	WHEELCHAIR YES OR NO	BALL CHOICE* M OR F	8 FT BASKET HGHT YES OR NO (JR or WHEELCHAIR ONLY)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

***Ball Choice for Competition -- Mark type of ball used for competition in ball choice column.**

Senior Males will use male regulation ball
Females and Junior Males - Choice of either male or female regulation ball

Do you plan on attending the state competition?

Yes **No**