



## 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 SOFTBALL 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.**

ATHLETE NAME	GENDER	DOB	INDIVIDUAL OR TEAM SKILLS?	TEAM SKILLS NAME, IF APPLICABLE	ENTRY SCORE	WHEELCHAIR YES OR NO
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Do you plan on attending the state competition?
<b>Yes</b> <span style="margin-left: 150px;"><b>No</b></span>