



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 16 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.

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 RATING SUMMARY FORM**

**Special
Olympics
Colorado**



Region: _____ Day of Contact Phone Number: _____

Team/Program: _____

Unified _____

Head Coach Name(s): _____

Traditional _____

Head Coach E-mail(s): _____

Athlete/Partner Name	Partner/ Athlete	Gender	DOB	Overall Rating
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Alt. 1				
Alt. 2				
Bat Boy/Girl:				

Do you plan on attending the state competition?

Yes	No
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Modified Softball Team?

Yes	No
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Are you missing any key players?

Yes	No
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TEAM LEVEL + 1 - + 2 - + 3 - + 4 -
(circle or check one) (highest) (lowest)
 Level 1 being the highest

TEAM STRENGTH If you brought a team from this program to last year's competition, this year's team is:

STRONGER	EQUAL	WEAKER
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Anything unique we should know about your team?

Name of your team fitness captain if applicable: