



# 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				

# SOCCER ALL STAR PERFORMANCE CHALLENGE ENTRY FORM

Region \_\_\_\_\_

Team Name \_\_\_\_\_

Head Coach \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

## Summary of Individual Assessment

*Please list player's in alphabetical order*

	Athlete Name	Athlete/ Partner	Date of Birth	Gender	Level	Control	Dribble	Passing	Shooting	Goal keeping	Fitness	Juggling	Total
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
<div style="border: 1px solid black; padding: 5px;">                     Would you like your team entered in the overall team competition?  <input type="checkbox"/> YES      <input type="checkbox"/> NO                 </div>													