Pre-Season Registration

Special Olympics Washington

TEAM TYPE	☐ TRADITIONAL ☐ UNIFIED
AGE DIVISION	☐ 8 - 15 ☐ 16 - 21 ☐ 22+
SPORT	☐ GOLF ☐ SOFTBALL ☐ BOCCE ☐ TENNIS ☐ T-BALL ☐ PADDLE BOARDING

SOWA REGION/AREA		**SEASON/YEAR :** SUMMER 2018
TEAM NAME		
TEAM CITY		
TEAM COORDINATOR		
HEAD COACH		
ASSISTANT(S)		
MAILING ADDRESS		
PHONE		
EMAIL		

IMPORTANT INFORMATION:

Coaching: The Certified Head Coach **must** be present at all practices and games.
Coaches cannot play on the team.

Chaperones and Background Checks: All Head Coaches, Assistant Coaches, and Chaperones **must** complete a background check and be registered with SOWA as a Class A volunteer.

http://specialolympicswashington.org/become-a-coach/

Pre-Season Check: Based on the attached roster form, SOWA will do a preseason check for AFP's and credentials to ensure that all paperwork is complete and up to date prior to an individual participating.

Team Captain: Having a Team Captain is great for team morale and input. It's also a valuable leadership opportunity for athletes and is a great first step for those interested in coaching.

Team Captain Name(s): _____

Family Support Liaison: The Family Support Liaison maintains contact information for family members of athletes & partners and is the liaison between them and their Area's Family Support Coordinator. They share information about family activities at SOWA events and connect families to outside resources to help with issues such as DDA, trusts, sibling supports, and more.

Family Liaison: _____

Delegation Roster

Special Olympics Washington

Please submit a roster of all athletes and unified partners to confirm that the SOWA office has the updated forms that are required for participation.

						Office Use Only	
	Last Name	First Name	DOB	Gender	Athlete/Partner	Medical	Consent
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Delegation Roster

Special Olympics Washington

	Please submit a roster of all athletes and unified partners to confirm that the SOWA office has the updated forms that are required for participation.					Office Use Only	
	Last Name	First Name	DOB	Gender	Athlete/Partner	Medical	Consent
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Chaperone Roster

Special Olympics Washington

Please submit a roster of all chaperones to verify their background status. All Head Coaches, Assistant Coaches, and Chaperones must complete a background check and be registered with SOWA as a Class A volunteer.

http://specialolympicswashington.org/become-a-coach/

	Last Name	First Name	DOB	Gender	Email Address	Office Use Only
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