



Registered Training Program (RTP) Form

DIRECTIONS: Return the completed form within the 3 weeks of the sport activity to your Area Director or Senior Region Manger:

READ THIS NOTICE AND PLEASE TYPE OR PRINT ALL INFORMATION NEATLY.

All athletes participating in Registered Training Program **MUST** have a current Application for Participation and Official Special Olympics Release Form on file with Special Olympics Washington (SOWA). All unified partners **MUST** have a current Application for Participation (Unified Partner Form) on file and must update this form every three years with SOWA. If forms are not current or the athlete’s form is missing, attach updated forms to this RTP before sending it to the Senior Region Manager. Current Unified Partner Forms should be on file or attached to this form. Athletes or partners who do not have medical and release forms, are NOT permitted to participate.

PLEASE PRINT OR TYPE ALL INFORMATION

Head Coach Name:	Area:	Local:
Street Address:		
City/State/Zip:		
Home Phone: ()	Work Phone: ()	
E-mail address:		

SPORT COMPONENT (CIRCLE ONE SPORT ONLY)

- | | | |
|---------------------------|---------------------|----------------|
| ALPINE SKIING | FIGURE SKATING | POWERLIFTING |
| AQUATICS (SWIMMING) | FLAG FOOTBALL | ROLLER SKATING |
| ATHLETICS (TRACK & FIELD) | FLOORBALL | SAILING |
| BADMINTON | FLOOR HOCKET | SNOWSHOEING |
| BASKETBALL | GOLF | SOCCER |
| BOCCE | GYMNASTICS | SOFTBALL |
| BOWLING | HANDBALL | SPEED SKATING |
| CHEERLEADING | JUDO | TABLE TENNIS |
| CRICKET | MOTOR ACTIVITIES | TENNIS |
| CROSS COUNTY SKIING | NETBALL | TRIATHLON |
| CYCLING | OPEN WATER SWIMMING | VOLLEYBALL |
| EQUESTRIAN | NORDIC SKIING | YOUNG ATHLETES |

OTHER LOCALLY POPULAR SPORTS: _____

Special Olympics requires a **minimum eight week training period** prior to State Level Competition. Please indicate the following information:

Starting Date of Training:		Ending Date of Training:	
Typical Weekly Training/Practice Day(s):			
Facility:		City:	

RTPs are due 3 weeks prior to the start of the first training requested. Any athlete applications not current in the Washington office should be updated before the athlete or partner participates in the program. Questions regarding the status of an Application can be directed to the Washington office at 206-362-4949.

Age Groups		2 - 7	8-15	16-21	22-39	40+
Athlete	Male					
Athlete	Female					
Partner	Male					
Partner	Female					
Sub-Totals						
Total # Participating						

ASSISTANT COACH ROSTER

Name:		Name:	
Address:		Address:	
City/State:		City/State:	
Home: ()	Work: ()	Home: ()	Work: ()
E-mail address:		E-mail address:	
Name:		Name:	
Address:		Address:	
City/State:		City/State:	
Home: ()	Work: ()	Home: ()	Work: ()
E-mail address:		E-mail address:	

For office use only	
RTP#:	_____
Date Received:	_____
Season:	_____
Year:	_____
Revision	<input type="checkbox"/>