

Pre-Season Registration



TEAM TYPE	<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> UNIFIED	
AGE DIVISION	<input type="checkbox"/> 8 - 15	<input type="checkbox"/> 16 - 21
SPORT	<input type="checkbox"/> SOCCER <input type="checkbox"/> ATHLETICS <input type="checkbox"/> SWIMMING <input type="checkbox"/> CYCLING <input type="checkbox"/> POWERLIFTING	
SOWA REGION/AREA		SEASON/YEAR : SPRING 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.

<https://sowa-volunteerapp-site.my-trs.com/>

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 Unified Pair Captain is great for team morale and input. It's also a valuable leadership opportunity for athletes and partners to learn lead and work together as friend, peers, and teammates.

Team Captain Name(s): _____



Delegation Roster

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.

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

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



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.

<https://sowa-volunteerapp-site.my-trs.com/>

	Last Name	First Name	DOB	Gender	Email Address	Office Use Only
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