



Pre-Season Registration Form

Coach Information:

Sport:		
Team Name:		Team City:
Certified Head Coach:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Fax #:	
Email:		

Team Information:

Approx. # of Athletes on the team:	Approx. # of Unified Partners on the team:
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Team Sports – Check Team Level:

- | | | | | |
|--------------------------------------|---|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Masters (22 & over) | <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 4 | <input type="checkbox"/> Level 7 |
| <input type="checkbox"/> Unified | <input type="checkbox"/> Seniors (16 to 21) | <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 5 | |
| | <input type="checkbox"/> Juniors (15 & under) | <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 6 | |

Please Note:

The Certified Head Coach must be at all practices and games.