

Team Sports Entry Roster Form



TEAM TYPE	<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> UNIFIED			
AGE DIVISION	<input type="checkbox"/> 8 - 15	<input type="checkbox"/> 16 - 21	<input type="checkbox"/> 22+		
SPORT	<input type="checkbox"/> BOCCE	<input type="checkbox"/> GOLF	<input type="checkbox"/> PADDLEBOARDING	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> TENNIS
SOWA REGION/AREA			SEASON/YEAR : SUMMER / 2017		
TEAM NAME					
TEAM CITY					
TEAM COORDINATOR					
HEAD COACH					
ASSISTANT(S)					
MAILING ADDRESS					
CELL PHONE					
ALT PHONE					
EMAIL(S)					

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** go through our TRS system to complete a background check and be documented on this form.
<https://sowa-volunteerapplication.my-trs.com/>

Preseason 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 the start of the season.

Official Roster: For team sports, this form could be used as your official team roster. For individual sports you will need to fill out qualifying times/scores using the Individual Entry Form.

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



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** go through our TRS system to complete a background check and be documented on this form.

<https://sowa-volunteerapplication.my-trs.com/>

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