



Pre-Season Registration Form

This form is required and must be completed in its entirety. Please complete one form per sports. If you are a program, you may fill out one form for multiple teams, but please complete the contact info for all coaches. All fields on Page 1 are required. Page 2 is to be used if you have more than one team competing, you may disregard if you only have 1 team or are participating individual sports.

TEAM TYPE	<input type="checkbox"/> Traditional (non-unified) <input type="checkbox"/> Unified Schools <input type="checkbox"/> Community Unified
AGE GROUP	<input type="checkbox"/> 8 – 15 <input type="checkbox"/> 16 – 21 <input type="checkbox"/> 22+
SPORT (write in)	

Single Team Registration-If registering more than one team, please use Page 2!

Program Coordinator:	Program:	Area:
Email:	Phone:	
Mailing Address:		
Head Coach Name:	Team Name:	
Email:	Phone:	
Mailing Address:		

Facility Information (required)-Unified Schools do not need to complete this section. If practicing at multiple facilities note in the comments below and we will follow up.

Starting Date of Training:	Ending Date of Training:
Typical Weekly Training/Practice Day(s):	
Estimated Facility Cost:	Facility Name:

Estimated number of meals requested for Sub/Region event (including coaches/chaperones): _____ / _____
Sub *Region*

Comments: _____

Additional Teams (All fields required):

Team Type:	<input type="checkbox"/> Traditional (non-unified) <input type="checkbox"/> Unified Schools <input type="checkbox"/> Community Unified		
Age:	<input type="checkbox"/> 8 – 15	<input type="checkbox"/> 16 – 21	<input type="checkbox"/> 22+
Head Coach:		Team Name:	
Email:		Phone:	
Mailing Address:			
Team Type:	<input type="checkbox"/> Traditional (non-unified) <input type="checkbox"/> Unified Schools <input type="checkbox"/> Community Unified		
Age:	<input type="checkbox"/> 8 – 15	<input type="checkbox"/> 16 – 21	<input type="checkbox"/> 22+
Head Coach:		Team Name:	
Email:		Phone:	
Mailing Address:			
Team Type:	<input type="checkbox"/> Traditional (non-unified) <input type="checkbox"/> Unified Schools <input type="checkbox"/> Community Unified		
Age:	<input type="checkbox"/> 8 – 15	<input type="checkbox"/> 16 – 21	<input type="checkbox"/> 22+
Head Coach:		Team Name:	
Email:		Phone:	
Mailing Address:			
Team Type:	<input type="checkbox"/> Traditional (non-unified) <input type="checkbox"/> Unified Schools <input type="checkbox"/> Community Unified		
Age:	<input type="checkbox"/> 8 – 15	<input type="checkbox"/> 16 – 21	<input type="checkbox"/> 22+
Head Coach:		Team Name:	
Email:		Phone:	
Mailing Address:			
Team Type:	<input type="checkbox"/> Traditional (non-unified) <input type="checkbox"/> Unified Schools <input type="checkbox"/> Community Unified		
Age:	<input type="checkbox"/> 8 – 15	<input type="checkbox"/> 16 – 21	<input type="checkbox"/> 22+
Head Coach:		Team Name:	
Email:		Phone:	
Mailing Address:			

Delegation Roster

Please submit a roster of all athletes and **unified partners (18 years or older MUST also submit a WSP background check)** 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

Please submit a roster of all athletes and **unified partners (18 years or older MUST also submit a [WSP background check](#))** 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

All Head Coaches, Assistant Coaches, and Chaperones (18 and older) **must** complete a background check and be documented on this form.

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

	Last Name	First Name	DOB	Gender	Email Address	Office Use Only
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