



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:

Sub/Region Transportation (required)-if sub/region applicable, provide info for both below. Unified Schools do not need to complete this section. Unapproved transportation will not be paid for. It is the responsibility of the program/team to reserve. No 15 passenger vans.

Event:	Date of Event:
Estimated # traveling:	Estimated total cost:
Type of transport (bus/enterprise/own/etc.):	

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 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 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, Chaperones and **Unified Partners(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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