

# Peter Aquilone Winter Classic

Unified Team Athletes Form

<b>TEAM NAME:</b>	
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<b>Region:</b>	
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Instructions:
1) Fill out last name, first name, date of birth, and gender of all athletes that are being registered. 2) Fill out date of birth. 3) Fill out gender, however if you identify as non-binary, please leave blank. Please identify Unified Partners by placing a check in the box under Unified Partner. 4) The maximum player roster size is 12, minimum 8.

ACTIVE ATHLETES		Unified Partner	Date of Birth (Month/Day/Year)	GENDER	
Last Name	First Name			M	F
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
ALTERNATES		Unified Partner	Date of Birth (Month/Day/Year)	GENDER	
Last Name	First Name			M	F
1					
2					
3					
4					
5					
6					
7					
8					



**Special  
Olympics**  
New York



# Peter Aquilone Winter Classic

## Unified Team Coaches Form

<b>Team Name:</b>	
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<b>Region:</b>	
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**Instructions:**

1. All coaches must be certified.
2. All volunteers for team must be registered. This includes coaches, agency support staff, one-on-ones, etc.
3. Alternate coaches are to replace coaches who are unable to attend games. Please list ample alternates. If necessary, use additional sheets.

Active Coaches		Date of Birth (Month/Date/Year)	Gender		Certification Current?	
Last Name	First Name		M	F	Yes	No

Alternate Coaches		Date of Birth (Month/Date/Year)	Gender		Certification Current?	
Last Name	First Name		M	F	Yes	No



Agency Staff, One-On-Ones, Etc.		Date of Birth (Month/Date/Year)	Gender		Certification Current?	
Last Name	First Name		M	F	Yes	No