

# UNIFIED SOCCER ATHLETES

EVENT: **20** Long Island Fall Classic

<b>TEAM NAME:</b>	
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<b>Region:</b>	NYC
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Instructions:	Team Total
1) Each team should not consist of more Unified Partners than Athletes on a team or on the field.	
2) <b>ALL</b> members of the team must participate in the <b>Soccer Team Skills Assessment Test</b> (please refer to Rulebook)	
3) Information needs to be complete for each athlete to be registered.	<b>Team Avg.</b>
4) Team Total is the sum of ALL the players' scores. Team Average is the Team Total divided by roster size	

ACTIVE ATHLETES		DOB	SEX		Role
Last Name	First Name	(Month/Day/Year)	M	F	Athlete or Partner
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

**Athlete =**  
Person **WITH** Intellectual  
Disabilities

**Partner =**  
Person **WITHOUT**  
Intellectual Disabilities

ALTERNATES		DOB	SEX		Role
Last Name	First Name	(Month/Day/Year)	M	F	Athlete or Partner
1					
2					
3					
4					



# UNIFIED SOCCER COACHES

Event:

**20**

**LI Fall Classic**

<b>TEAM NAME:</b>	
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<b>Region:</b>	<b>NYC</b>
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**Instructions:**

1. All coaches must be certified.
2. All volunteers for team must 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.
4. Please type or print legibly

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

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

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

