

SOFTBALL TEAM

ATHLETE FORM

| | |
|------------------|--|
| TEAM NAME | |
|------------------|--|

| | |
|---------------|--|
| REGION | |
|---------------|--|

| INSTRUCTIONS | | TEAM TOTAL | |
|--|--|--------------|--|
| 1) Fill out last name, first name, date of birth, and gender of all athletes that are being registered. 2) The "team average" shall be determined by adding together each athletes individual score and then dividing by total roster size. 3) Please refer to the official sports rules for the <u>Softball Skills Assessment Test</u> . 4) Roster Size: Must register a minimum of 10 players, no more than 15 players. | | | |
| | | TEAM AVERAGE | |

| ACTIVE ATHLETES | | | DATE OF BIRTH | GENDER | |
|-----------------|-----------|------------|------------------|--------|---|
| # | Last Name | First Name | (Month/Day/Year) | M | F |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |

| ALTERNATES | | | DATE OF BIRTH | GENDER | |
|------------|-----------|------------|------------------|--------|---|
| # | Last Name | First Name | (Month/Day/Year) | M | F |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |



SOFTBALL TEAM

COACH FORM

INSTRUCTIONS

1. All coaches within your quota must be certified.
2. Alternate coaches are activated in the event active coaches are unable to attend games.
3. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, chaperones, etc.

| TEAM NAME | | REGION | |
|-----------|--|--------|--|
|-----------|--|--------|--|

| ACTIVE COACHES | | | DATE OF BIRTH (Month/Date/Year) | GENDER | | Certification Current? | |
|----------------|-----------|------------|------------------------------------|--------|---|------------------------|----|
| # | Last Name | First Name | | M | F | Yes | No |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

| ALTERNATE COACHES | | | DATE OF BIRTH (Month/Date/Year) | GENDER | | Certification Current? | |
|-------------------|-----------|------------|------------------------------------|--------|---|------------------------|----|
| # | Last Name | First Name | | M | F | Yes | No |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

| AGENCY STAFF, 1:1, CHAPERONES, ETC. | | | DATE OF BIRTH (Month/Date/Year) | GENDER | | Certification Current? | |
|-------------------------------------|-----------|------------|------------------------------------|--------|---|------------------------|----|
| # | Last Name | First Name | | M | F | Yes | No |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |



**Special
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