Basketball Team Registration

	Athletes must have a valid athlete registration, medi	history, and communicable disease waiver on file with the regional office and present at registration			
	Each team is required to provide a basketball skills a	essment test score on this form (the sum of the TOP 7 PLAYERS, divided by 7)			
	In addition, please classify your team using one of th	following: low beginner, beginner, high beginner, low intermediate, intermediate, high intermediate, adv	anced		
☐ Make sure the form is filled out completely. Please include all coaches, skills athletes, and team athletes					
Trai	ining Club:	Team Classification:			
BSA	AT Score:	Head Coach:			
Coa	iches Email:	Coaches Cell Phone:			

ATHLETES	DATE OF BIRTH	GENDER	
LAST	FIRST	MM/DD/YR	M OR F
**PLEASE FILL OUT THIS FORM COMPLETELY. IF THE II	NFORMATION IS <u>NOT</u> PROVIDED, THE ATHLETE(S) MA	Y BE SCRATCHED.	

Basketball Skills Registration

Each athlete is required to have a qualifying score listed on this form
Level 1: target pass, ten-meter dribble, and spot shot
Level 2: catch and pass, 12 meter dribble, and perimeter shooting
Athletes may enter team or skills, but not both

ATHLETES	' NAME	DATE OF BIRTH	GENDER		Level 1 or 2	QUALIFYING
LAST	FIRST	MM/DD/YR	M OR F	Y OR N		SCORE
***************************************					L	

**ALL INFORMATION NEEDS TO BE FILLED OUT FOR EACH ATHLETE TO BE REGISTERED. IF THE INFORMATION IS NOT PROVIDED, THE ATHLETE(S) MAY BE SCRATCHED.

Basketball Coaches Registration

All coaches must be certified through Special Olympics New York
Additional agency staff must be pre-registered and pre-approved

☐ Alternate coaches should be sports specific where applic				Alternate coaches	should be	sports speci	tic where	applicab	le
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COACHES N	IAME	GENDER	EMAIL	PHONE
LAST	FIRST	M OR F		(XXX)XXX-XXXX
ADDITIONAL GURDON		0511050		5110115
ADDITIONAL SUPPOR		GENDER	EMAIL	PHONE
LAST	FIRST	M OR F		(XXX)XXX-XXXX

Additional Athletes Registration

☐ Please list any athletes who will be training with you this season but are not competing

ATHLETES	' NAME	DATE OF BIRTH	GENDER	TEAM OR SKILLS
LAST	FIRST	MM/DD/YR	M OR F	

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