# Special Olympics Iowa Area Athletics Entry Form

Delegation Name (local program)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area (North, East, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletics Head Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total # of Athletics Athletes \_\_\_\_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_\_\_\_

# Athletes may enter two events and a relay

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| **Athlete or Unified Partner’s Name**  | **Gender**  | **D.O.B.**  | **√ If** **Unified** **Partner**  | **Event Name**  | **Relay Team Name**  | **Time/Distance**  |
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**Notes:**

1. **Please complete the Area Aquatics and Athletics Relay Entry Form if you have athletes competing in the 4x100M Run or Walk relay**
2. Please return this form to your **AREA DIRECTOR** by the appropriate registration deadline
3. D.O.B. – Date of Birth (MM/DD/YY)

Revised 9/16/2015

**Special Olympics Iowa Coach/Volunteer Roster**

Delegation Name (local program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delegation Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Coach/Volunteer Name**  | **Birthdate**  | **Role\***  | **Sport\***  |  | **Coach/Volunteer Name**  | **Birthdate**  | **Role\***  | **Sport\***  |
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Please list anyone attending a Special Olympics Iowa competition in any of the roles listed down below. Please do not include family members unless they are serving in one of these roles. Each team is allowed to register one Class A credentialed volunteer for every three athletes on their active roster. It is the responsibility of the Delegation Manager to share information and updates with all other coaches, volunteers and the family members of the athletes on their roster.

Anyone listed on this roster must have a current Class A certification in order to attend any Special Olympics Iowa competition.

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| **Please indicate the role of the volunteer being registered using the following codes**  | **Please indicate the sport of the volunteer being registered using the following codes**  |  |
| HC = Head Coach (for this sport)  | AS = Alpine Skiing  | BOC = Bocce  | EQ = Equestrian  | PL = Powerlifting  | SBT = Softball Team  |
| AC = Assistant Coach (for this sport)  | AQ = Aquatics  | BW = Bowling  | FF = Flag Football  | SS = Snowshoe  | TN = Tennis  |
| CH = Chaperone (not assigned to a specific sport or athlete)  | AT = Athletics  | CHE = Cheerleading  | GF = Golf  | SOCT = Soccer Team  | VB = Volleyball  |
| 1:1 = One on One support for a specific athlete  | BBS = Basketball Skills  | CCS = Cross Country Skiing  | GYM = Gymnastics  |  SOCS= Soccer Skills  |   |
| SW = Side Walker (for equestrian only)  | BBT = Basketball Team  | CYC = Cycling  | ISK = Ice Skating  |  SBS = Softball Skills  |   |