

Special Olympics Maryland - Training Program & Athlete Roster Form

**Please print legibly. Fill out a separate form for each sport.
Please complete all information or your program and athletes will not be registered.**

Area/County:

Sport:

Check appropriate box: Unified®Team

Traditional Team Skills Individual Sport

Days: M T W TH F S SU

School/Organization:

Training Site:

Address:

City: State: Zip:

Phone:

Time: From: To:

Dates: From: To:

All athletes listed on this roster are currently training in this sport in my training program. Only athletes who are actually training are listed. All athletes have a valid and up to date medical on file with the SOMD chapter office or have their medical/application for participation included with this form.

I hereby attest and confirm that all information contained on this form is correct to the best of my knowledge.

Signatures:

Head Coach:

Date:

Area Director

Please list all coaches, their HOME address, telephone numbers and date of birth. Additional coaches may be submitted on an additional list.

Page: of

Head Coach:

Date of Birth:

Home Address:

City State: Zip:

Home Phone: Work: Cell/Pager:

Email:

Coach:

Date of Birth:

Home Address:

City: Zip:

Home Phone: WorkPhone: Cell/Pager

Phone: Email:

Coach:

Date of Birth:

Home Address:

City: State: Zip: HomePhone:

WorkPhone: Cell/PagerPhone:

Email:

Athlete Name*	Medical Expiration Date*	Email	

*Required Information