

# Floor Hockey Registration Form

**Special  
Olympics  
Ontario**



Club Name:	SOO Club ID #:	Contact Person:	Contact Number:
Mailing Address (For Results):	Postal Code:	Contact Email:	

Special Olympics Athlete Registration						Coach Self-Assessment					
	First Name	Surname	Sex (Circle)	DOB (MM/DD/YYYY)	SOO ID #	Levels					
1			M / F			The level that I believe my team performs at is... (Circle One)  Other teams with comparable skill that my team has played this year include...	A	B	C	D	Adapt
2			M / F								
3			M / F								
4			M / F								
5			M / F								
6			M / F								
7			M / F								
8			M / F								
9			M / F								
10			M / F								
11			M / F								
12			M / F								
13			M / F								
14			M / F								
15			M / F								
16			M / F								
<b>Minimum of 11 Athletes; Maximum of 16</b>											

Special Olympics Coaches Registration					
	First Name	Surname	Sex (Circle)	DOB (MM/DD/YYYY)	SOO ID #
Head Coach			M / F		
Coach/Manager			M / F		
Coach/Manager			M / F		

Coach/Manager			M / F			
Coach/Manager			M / F			
Coach/Manager			M / F			