

Special Olympics Hawaii Aukake Classic~~~Soccer Athlete Registration Form

DELEGATION NAME: _____ CONTACT NAME: _____

DAY PHONE: _____ E-MAIL: _____ HEAD COACH: _____

KEY: Veg: Vegetarian SAS: Skills Assessment Score UP: Unified Partner

	Name		✓ IF UP	Wheel Chair	Veg	✓ IF Individual Skills	Individual Skills Training Score	SAS Score *	Soccer Team Name
	Last	First							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

*Check in your **Soccer** Information Guide to determine how to get an athlete's Skills Assessment Score (Soccer Skills Score).

Please put a check in the boxes if that answer is YES for that individual.

All Teams **MUST** have a Team name assigned to them. This name must be the same for all team members. You may have up to 11 on a team for Soccer. Delegations that have 12 Soccer athletes **must** be listed as 2 teams.

Individual Skills Athletes **must have an ISC training** score.

Check if Unified Partner in UP Column. For Unified Soccer; **3 athletes and 2 partners per team.**