



SPECIAL OLYMPICS VIRGINIA REGISTERED TRAINING PROGRAM (RTP) FORM

DIRECTIONS: All information should be filled out completely by the Head Coach. Return the completed form within the first month of the season to your Region Director or email to [Laura Longmire](mailto:llongmire@specialolympicsva.org) (llongmire@specialolympicsva.org).

PLEASE PRINT OR TYPE ALL INFORMATION

Area #:	Local:	Team Name:
Head Coach Name:		
Street Address:		
City/State/Zip:		
Home Phone		Cell Phone:
Email Address:		

SPORT COMPONENT (SELECT ONLY ONE)

ALPINE SKIING	FITNESS	PICKLEBALL	SWIMMING
ATHLETICS (TRACK & FIELD)	FLAG FOOTBALL	POWERLIFTING	TENNIS SKILLS 1
BASKETBALL - SKILLS	FLAG FOOTBALL UNIFIED PD	ROLLER SKATING	TENNIS LEVEL 2 Red Ball
BASKETBALL - HALF-COURT	FLAG FOOTBALL UNIFIED COMP	SAILING	TENNIS LEVEL 4 Green Ball
BASKETBALL - FULL COURT	FLOOR HOCKEY	SOCCER – SKILLS	TENNIS SINGLES 5/6 Match Play
BASKETBALL - UNIFIED PD	GOLF SKILLS (Level 1)	SOCCER 5 V 5	VOLLEYBALL – SKILLS
BASKETBALL - UNIFIED COMP	GOLF – Level 2	SOFTBALL - SKILLS	VOLLEYBALL – MODIFIED TEAM
BOCCIE	GOLF – Level 3	SOFTBALL - TEAM	VOLLEYBALL - TEAM
BOWLING SINGLES	GOLF – Level 4	SOFTBALL - UNIFIED PD	VOLLEYBALL - UNIFIED PD
BOWLING 4-PERSON	GOLF – Level 5	SOFTBALL - UNIFIED COMP	VOLLEYBALL - UNIFIED COMP
CHEERLEADING	GYMNASTICS	SPEED SKATING (ICE)	WHEELCHAIR ATHLETICS
CORNHOLE	NORDIC SKIING	SWIMMING SKILLS	YOUNG ATHLETES
CYCLING			

Will your Area offer one or more competitions in this sport?	Yes	No
What are the dates and locations of the competition(s)?		

ASSISTANT COACH ROSTER

Name:	Name:
Address:	Address:
City/State:	City/State:
Home: Cell:	Home: Cell:
Email address:	Email address:
Name:	Name:
Address:	Address:
City/State:	City/State:
Home: Cell:	Home: Cell:
Email address:	Email address:

All athletes on roster **MUST** have current participation forms on file with Special Olympics Virginia. All Unified Partners **MUST** be eligible Class A Volunteers.

[illegible]

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