



PHASE 1 – BACK TO TRAINING FORM

Coach Name _____ Area _____

Email Address _____

Phone # _____

Sports in which you will be Training? _____

How many participants will be in attendance? _____

REMINDER: "Participants" are defined as all athletes, Unified Partners, coaches, volunteers, family members, caregivers, staff or others in attendance of an activity.

Where Will Your Training Take Place? _____

What Is Your Training Schedule? _____

Has the Pre-Event Awareness document been sent to your athletes? Yes___ No___

Things to remember as you get back to training!

- ✓ Make sure to visit the SO Ready page on our website www.specialolympicsarkansas.org
- ✓ Read the most updated checklists and educational materials for athletes and coaches
- ✓ Email the Special Olympics Arkansas Health Team and your Area Field Representative with names of attendees. (See Staff Contacts on website or SO Ready Toolkit)
- ✓ Make sure to follow the Phase 1 Training/Practice Checklist
- ✓ Make sure any spectators, caregivers, drivers, etc are not gathering near the athlete training area.