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.