

2015-2016 EVENT CODES

FALL SPORTS SEASON

BOWLING

BOSING	Singles (one person)
BODBLE	Doubles (two person)
BOSINR	Singles – Ramp (one person)
BOTEAM	Team Bowling (four person)

BWLDEV	Developmental Singles & Ramp (one person)
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VOLLEYBALL

VBTEAM	Team Competition
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WINTER SPORTS SEASON

ALPINE SKIING

ASINSL	Alpine Intermediate Slalom
ASINGS	Alpine Intermediate Giant Slalom
ASINSG	Alpine Intermediate Super G
ASSUGL	Alpine Super Glide

SNOWSHOE RACING

SN050M	50m Race
SN100M	100m Race
SN200M	200m Race
SN400M	400m Race
SN800M	800m Race
SN4X100M	4X100m Relay
SN4X200M	4X200m Relay
SN4X400M	4X400m Relay

CROSS COUNTRY SKIING

CC050M	50m Race Classical
CC100M	100m Race Classical
CC500MF	500m Race Freestyle
CC1KLMF	1km Race Freestyle
CC3KLMF	3km Race Freestyle
CC5KLMF	5km Race Freestyle
CC75KMF	7.5km Race Freestyle
CC4X5M	4X500m Relay

SNOWBOARDING

SBSUGL	Snowboard Super Glide
SBINSG	Snowboard Intermediate Super G
SBINSL	Snowboard Intermediate Slalom
SBINGS	Snowboard Intermediate Giant Slalom

INDOOR SPORTS SEASON

BASKETBALL

BBINSC1	Individual Skills level 1
BBINSC2	Individual Skills level 2
BBTEAM	Team Basketball

GYMNASTICS – RHYTHMIC

GYRROPA	Rope – Level A
GYRHOOA	Hoop – Level A
GYRRIBA	Ribbon – Level A
GYRBALLA	Ball – Level A
GYRALLA	All Around – Level A
GYRROPB	Rope – Level B
GYRHOOB	Hoop – Level B
GYRRIBB	Ribbon – Level B
GYRBALB	Ball – Level B
GYRBALLB	All Around – Level B
GYRROP1	Rhythmic Rope – Level 1
GYRCLB2	Rhythmic Club – Level 2
GYRROP3	Rhythmic Rope – Level 3
GYRHOO1	Rhythmic Hoop – Level 1
GYRHOO2	Rhythmic Hoop – Level 2
GYRCLB3	Rhythmic Club – Level 3
GYRBAL1	Rhythmic Ball – Level 1
GYRBAL2	Rhythmic Ball – Level 2
GYRBAL3	Rhythmic Ball – Level 3
GYRRIB1	Rhythmic Ribbon – Level 1
GYRRIB2	Rhythmic Ribbon – Level 2
GYRRIB3	Rhythmic Ribbon – Level 3
GYRALL1	Rhythmic All Around – Level 1
GYRALL2	Rhythmic All Around – Level 2
GYRALL3	Rhythmic All Around – Level 3

GYMNASTICS – ARTISTIC

GYAVAU	Vaulting – Level A
GYAWBM	Wide Beam – Level A
GYAFLX	Floor Exercise – Level A
GYMFLX1	Men's Floor Exercise – Level 1
GYMFLX2	Men's Floor Exercise – Level 2
GYMFLX3	Men's Floor Exercise – Level 3
GYMVAU1	Men's Vaulting – Level 1
GYMVAU2	Men's Vaulting – Level 2
GYMVAU3	Men's Vaulting – Level 3
GYMHBR1	Men's Horizontal Bar – Level 1
GYMHBR2	Men's Horizontal Bar – Level 2
GYWVAU1	Women's Vaulting – Level 1
GYWVAU2	Women's Vaulting – Level 2
GYWVAU3	Women's Vaulting – Level 3
GYWUNB1	Women's Uneven Bars – Level 1
GYWUNB2	Women's Uneven Bars – Level 2
GYWUNB3	Women's Uneven Bars – Level 3
GYWBBM1	Women's Balance Beam – Level 1
GYWBBM2	Women's Balance Beam – Level 2
GYWBBM3	Women's Balance Beam – Level 3
GYWFLX1	Women's Floor Exercise – Level 1
GYWFLX2	Women's Floor Exercise – Level 2
GYWFLX3	Women's Floor Exercise – Level 3
GYWALL1	Women's All Around – Level 1
GYWALL2	Women's All Around – Level 2
GYWALL3	Women's All Around – Level 3

SUMMER SPORTS SEASON**ATHLETICS**

AT50MDEV	Assisted Run (Regional only, non-advancing)
AT050M	50m run
AT100M	100m Run
AT200M	200m Run
AT400M	400m Run
AT800M	800m Run
AT1500M	1500m Run
AT3000M	3000m Run
AT25MW	25m Walk
AT100W	100m Walk
AT200W	200m Walk
AT400W	400m Walk
AT800W	800m Walk
AT1500W	1500m Walk
ATLNJP	Long Jump
ATSTLJ	Standing Long Jump
ATSP2M	Shot Put-Male: 8-11 years of age
ATSP4M	Shot Put-Male: 12 years and older
ATSPIW	Shot Put-Female: 8-11 years of age
ATSP2W	Shot Put-Female: 12 years and older
ATSOBT	Softball Throw
ATJAVJR	Mini Javelin 8-15
ATJAVSR	Mini Javelin 16+
AT4X100W	4x100m Walking Relay
AT4X100M	4 x 100m Relay
AT4X200M	4 x 200m Relay
AT4X400M	4 x 400m Relay
AT25WH	Wheelchair-25m
AT100WH	Wheelchair-100m
AT200WH	Wheelchair-200m
AT30WS	Wheelchair-30m Slalom
ATWHOB	Motor Wheelchair-25m Obstacle
AT30MS	Motor Wheelchair-30m Slalom
AT50MS	Motor Wheelchair-50m Slalom
AT4X25M	4 x 25 Wheelchair Shuttle Relay
ATWSP1M	Wheelchair Shot Put-Male
ATWSP1W	Wheelchair Shot Put-Female

POWERLIFTING

PLBHPR	Bench Press
PLDEAD	Deadlift
PLSQAT	Squat
PLCOMB2	Bench/Deadlift Combination Lift
PLCOMB3	Bench/Deadlift/Squat Combo Lift

SOCCER

FBTEAM	Five-A-Side Team Soccer
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AQUATICS

AQ25MDEV	Assisted Swim (District only, non-advancing)
AQ25MF	25m Freestyle
AQ50MF	50m Freestyle
AQ100MF	100m Freestyle
AQ200MF	200m Freestyle
AQ400MF	400m Freestyle
AQ25BS	25m Breaststroke
AQ50BS	50m Breaststroke
AQ100BS	100m Breaststroke
AQ25BK	25m Backstroke
AQ50BK	50m Backstroke
AQ100BK	100m Backstroke
AQ25BF	25m Butterfly
AQ50BF	50m Butterfly
AQ100BF	100m Butterfly
AQ100IM	100m Individual Medley
AQ4X25MF	4x25m Freestyle Relay
AQ4X50MF	4x50m Freestyle Relay
AQ4X1CMF	4x100m Freestyle Relay
AQ4X25MR	4x25m Medley Relay
AQ4X50MR	4x50m Medley Relay
AQ15WK	15m Walk (District only, if water depths permit)
AQ15US	15m Unassisted Swim (District only)

OUTDOOR SPORTS SEASON**BOCCE**

BCTEAM	Team Competition
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GOLF

GFASTM	Alternate Shot Team Play – Level 2
GFSING9	Individual Stroke Play (9 Hole) – Level 4

SOFTBALL

SBTEAM	Team Softball Competition
SBTEEB	Tee Ball Competition

TENNIS

TNSING	Singles
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FLAG FOOTBALL SEASON**FLAG FOOTBALL**

FFTEAM	FF Flag Football Team
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2015 FALL SPORTS SEASON OVERVIEW

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BOWLING

<i>Event Code</i>	<i>Event Description</i>
BOSING	Singles (one person)
BODBLE	Doubles (two person)
BOSINR	Singles – Ramp (one person)
BOTEAM	Team Bowling (four person)
BWLDEV	Developmental Singles & Ramp (one person)

2. VOLLEYBALL

<i>Event Code</i>	<i>Event Description</i>
VBTEAM	Team Competition

ELIGIBILITY FOR FALL SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office postmarked by **October 1, 2015** and remain valid through **the date of competition**.
2. Athletes must participate in eight weeks of training prior to competition.
3. A bowling scratch score is based on a 15-game average submitted to the Regional office along with any other registration information prior to the deadline date for a Regional tournament. (The 15-game average can be based on any documented games which have taken place since the competition of last year's state bowling tournament.)
4. Each Agency has filled out the volleyball Intent to Play form and it is on file with their Regional office as of **September 1, 2015**.
5. Volleyball teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, and competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.

PLEASE READ FORMS CAREFULLY!

2015 REGIONAL BOWLING REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: () H: ()

Address: _____

(City) (State) (Zip)

Fax: () E-mail: _____

Cell phone contact number while at the Tournament: () _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check ☒).

***Reminder:** athlete to coaches/chaperone ratio is minimum of 4:1*

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHCH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
1				<input type="checkbox"/>	
2				<input type="checkbox"/>	
3				<input type="checkbox"/>	
4				<input type="checkbox"/>	
5				<input type="checkbox"/>	

Athletes can be entered in only one event.

**Registration information for this Regional event will be sent to the person listed as head coach.

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHCH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
6				<input type="checkbox"/>	
7				<input type="checkbox"/>	
8				<input type="checkbox"/>	
9				<input type="checkbox"/>	
10				<input type="checkbox"/>	
11				<input type="checkbox"/>	
12				<input type="checkbox"/>	
13				<input type="checkbox"/>	
14				<input type="checkbox"/>	
15				<input type="checkbox"/>	
16				<input type="checkbox"/>	
17				<input type="checkbox"/>	
18				<input type="checkbox"/>	
19				<input type="checkbox"/>	
20				<input type="checkbox"/>	
21				<input type="checkbox"/>	
22				<input type="checkbox"/>	
23				<input type="checkbox"/>	
24				<input type="checkbox"/>	
25				<input type="checkbox"/>	

Athletes can be entered in only one event.

**Registration information for this Regional event will be sent to the person listed as head coach.

2015 DISTRICT VOLLEYBALL REGISTRATION

TEAM VOLLEYBALL

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: W: () H: ()

Address: _____

Fax: () E-mail:

Cell phone contact number while at the Tournament: ()

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check ☒).

RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

Team Name: | | | | | | | | | | | | | | | |

Each team must have a unique name up to **15 characters** long.

CHECK ALL ITEMS:

☐ New Team ☐ Existing Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	*VSAT SCORE	TOP 6 [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>
9.			<input type="checkbox"/>
10.			<input type="checkbox"/>
11.			<input type="checkbox"/>
12.			<input type="checkbox"/>
COMPUTE THE AVERAGE OF TOP SIX VSAT SCORES =			

*See volleyball rules for skills calculation.

****Registration information will be sent to person listed as head coach.**

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying matches ☐ (check ☒).

(OVER)

2015 VOLLEYBALL SEASON

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: _____

Total Agency number of coaches and chaperones that will be attending this district tournament: _____

Reminder: athlete to coaches/chaperone ratio is minimum of 4:1

LIST ALL VOLLEYBALL MATCHES PLAYED THIS SEASON

(A minimum of **TWO MATCHES** must be documented here **before** the registration deadline date. **ONE** match must be played against a team from another Special Olympics Agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				

2016 INDOOR SPORTS SEASON OVERVIEW

EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

<i>Event Code</i>	<i>Event Description</i>
BBINSC1	Individual Skills level 1
BBINSC2	Individual Skills level 2
BBTEAM	Team Basketball

2. GYMNASTICS – STATE LEVEL ONLY

A. GYMNASTICS – ARTISTIC

<i>Event Code</i>	<i>Event Description</i>
GYAVAU	Vaulting – Level A
GYAWBM	Wide Beam – Level A
GYAFLX	Floor Exercise – Level A
GYMFLX1	Men's Floor Exercise – Level 1
GYMFLX2	Men's Floor Exercise – Level 2
GYMFLX3	Men's Floor Exercise – Level 3
GYMVAU1	Men's Vaulting – Level 1
GYMVAU2	Men's Vaulting – Level 2
GYMVAU3	Men's Vaulting – Level 3
GYMHBR1	Men's Horizontal Bar – Level 1
GYMHBR2	Men's Horizontal Bar – Level 2
GYWVAU1	Women's Vaulting – Level 1
GYWVAU2	Women's Vaulting – Level 2
GYWVAU3	Women's Vaulting – Level 3
GYWUNB1	Women's Uneven Bars – Level 1
GYWUNB2	Women's Uneven Bars – Level 2
GYWUNB3	Women's Uneven Bars – Level 3
GYWBBM1	Women's Balance Beam – Level 1
GYWBBM2	Women's Balance Beam – Level 2
GYWBBM3	Women's Balance Beam – Level 3
GYWFLX1	Women's Floor Exercise – Level 1
GYWFLX2	Women's Floor Exercise – Level 2
GYWFLX3	Women's Floor Exercise – Level 3
GYWALL1	Women's All Around – Level 1
GYWALL2	Women's All Around – Level 2
GYWALL3	Women's All Around – Level 3

B. GYMNASTICS – RHYTHMIC

<i>Event Code</i>	<i>Event Description</i>
GYRROPA	Rope – Level A
GYRHOOA	Hoop – Level A
GYRRIBA	Ribbon – Level A
GYRBALLA	Ball – Level A
GYRALLA	All Around – Level A
GYRROPB	Rope – Level B
GYRHOOB	Hoop – Level B
GYRRIBB	Ribbon – Level B
GYRBALB	Ball – Level B
GYRBALLB	All Around – Level B
GYRROP1	Rhythmic Rope – Level 1
GYRCLB2	Rhythmic Club – Level 2
GYRROP3	Rhythmic Rope – Level 3
GYRHOO1	Rhythmic Hoop – Level 1
GYRHOO2	Rhythmic Hoop – Level 2
GYRCLB3	Rhythmic Club – Level 3
GYRBAL1	Rhythmic Ball – Level 1
GYRBAL2	Rhythmic Ball – Level 2
GYRBAL3	Rhythmic Ball – Level 3
GYRRIB1	Rhythmic Ribbon – Level 1
GYRRIB2	Rhythmic Ribbon – Level 2
GYRRIB3	Rhythmic Ribbon – Level 3
GYRALL1	Rhythmic All Around – Level 1
GYRALL2	Rhythmic All Around – Level 2
GYRALL3	Rhythmic All Around – Level 3

2016 INDOOR SPORTS SEASON

ELIGIBILITY FOR INDOOR SPORTS SEASON PARTICIPATION

1. Valid Special Olympics Release Form, Application For Participation in Special Olympics on file in the Headquarters office postmarked by **February 1, 2016** to remain valid through **April 10, 2016**
2. Teams must play a minimum of two documented games against other Special Olympics teams prior to registration for district/regional competition. The team roster must remain the same for the two qualifying games, district/regional competition, sectional competition and State competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.
3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
4. Individual basketball skills state participation will be based on a quota.
5. Teams must place first in their assigned district/regional competition to automatically qualify for sectional competition. Note: A limited number of second and third place teams will advance through lottery selections to fill spaces in the sectional tournament field.
6. Teams must place first in their assigned sectional competition to automatically qualify for State tournament play. Note: A limited number of second and third place teams will advance through lottery selections to fill any spaces in the State tournament field.
7. Each Agency must fill out an Intent to Play form and have it on file with the Regional office by **December 1, 2015**.
8. SOWI will issue a quota to each Agency for state basketball skills participation based on the current year's Regional involvement. Every Agency must follow the advancement criteria as described in the General Information section of the Competition Guide for determination of which athletes to advance.

PLEASE READ FORMS CAREFULLY!

10D
REGIONAL, DISTRICT & SECTIONAL EVENT INFORMATION

2016 DISTRICT/REGIONAL TEAM BASKETBALL

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: _____

Total Agency number of coaches and chaperones that will be attending this district tournament: _____

Reminder: athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying team(s) to the sectional tournament? ☐ Yes ☐ No

LIST ALL BASKETBALL GAMES PLAYED THIS SEASON.

(A minimum of **TWO GAMES** must be documented here **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

****Remember – the more information you give us, the more accurate your divisioning****

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				
Comments:				

2016 DISTRICT BASKETBALL SKILLS REGISTRATION **ATHLETE ROSTER**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

***Head Coach: _____ W: (_____) H: (_____) _____

Address: _____
(City) (State) (Zip)

Fax: (_____) E-mail: _____

Cell phone contact number while at the Tournament: (_____) _____

RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are
approved SOWI Class A certified volunteers ☐ (check ☒).

Number of coaches and chaperones that will attend this district tournament: _____

Reminder: athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the state tournament? ☐ Yes ☐ No

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	*QUALIFYING SCORE	BASKETBALL HOOP HEIGHT*	BASKETBALL SIZE MEN/WOMEN**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

*Refer to basketball skills rules to calculate final score to use as qualifying score.

**Refer to the rules for hoop height and ball size by age group.

***Registered information for this district event will be sent to the person listed as head coach.

2016 SUMMER GAMES SEASON OVERVIEW

EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT

OFFICIAL EVENTS OFFERED:

1. AQUATICS

<i>Event Code</i>	<i>Event Description</i>
AQ25MDEV	Assisted Swim (District only, non-advancing)
AQ25MF	25m Freestyle
AQ50MF	50m Freestyle
AQ100MF	100m Freestyle
AQ200MF	200m Freestyle
AQ400MF	400m Freestyle
AQ25BS	25m Breaststroke
AQ50BS	50m Breaststroke
AQ100BS	100m Breaststroke
AQ25BK	25m Backstroke
AQ50BK	50m Backstroke
AQ100BK	100m Backstroke
AQ25BF	25m Butterfly
AQ50BF	50m Butterfly
AQ100BF	100m Butterfly
AQ100IM	100m Individual Medley
AQ4X25MF	4x25m Freestyle Relay
AQ4X50MF	4x50m Freestyle Relay
AQ4X1CMF	4x100m Freestyle Relay
AQ4X25MR	4x25m Medley Relay
AQ4X50MR	4x50m Medley Relay
AQ15WK	15m Walk (District only, if depths permit)
AQ15US	15m Unassisted Swim (District only)

2. POWERLIFTING

<i>Event Code</i>	<i>Event Description</i>
PLBHR	Bench Press
PLDEAD	Deadlift
PLSQAT	Squat
PLCOMB2	Bench/Deadlift Combination Lift
PLCOMB3	Bench/Deadlift/Squat Combo Lift

3. SOCCER

<i>Event Code</i>	<i>Event Description</i>
FBTEAM	Five-A-Side Team Soccer

4. ATHLETICS

<i>Event Code</i>	<i>Event Description</i>
AT50MDEV	Assisted Run (Regional only, non-advancing)
AT050M	50m run
AT100M	100m Run
AT200M	200m Run
AT400M	400m Run
AT800M	800m Run
AT1500M	1500m Run
AT3000M	3000m Run
AT25MW	25m Walk
AT100W	100m Walk
AT200W	200m Walk
AT400W	400m Walk
AT800W	800m Walk
AT1500W	1500m Walk
ATHIJP	High Jump – no longer offered
ATLNJP	Long Jump (Must be able to jump at least 1m)
ATSTLJ	Standing Long Jump
ATSP2M	Shot Put-Male: 8-11
ATSP4M	Shot Put-Male: 12+
ATSPIW	Shot Put-Female: 8-11
ATSP2W	Shot Put-Female: 12+
ATSOBT	Softball Throw
ATJAVJR	Mini Javelin 8-15
ATJAVSR	Mini Javelin 16+
ATPENT	Pentathlon – no longer offered
AT4X100W	4x100m Walking Relay
AT4X100M	4 x 100m Relay
AT4X200M	4 x 200m Relay
AT4X400M	4 x 400m Relay
AT25WH	Wheelchair-25m
AT100WH	Wheelchair-100m
AT200WH	Wheelchair-200m
AT30WS	Wheelchair-30m Slalom
AT50MS	Motor Wheelchair-50m Slalom
AT30MS	Motor Wheelchair-30m Slalom
ATWHOB	Motor Wheelchair-25m Obstacle
AT4X25M	4 x 25 Wheelchair Shuttle Relay
ATWSP1M	Wheelchair Shot Put-Male
ATWSP1W	Wheelchair Shot Put-Female

2016 SUMMER SPORTS SEASON

ELIGIBILITY FOR SUMMER GAMES SEASON COMPETITION

1. Valid Special Olympics Release Form and the Application For Participation in Special Olympics in the Headquarters office postmarked by **April 1, 2016** to remain valid through **Saturday, June 11, 2016**
2. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
3. At Regional tournaments and State Summer Games, athletes are eligible to compete in only one of the four sports offered. Agency quota will be based on the number of participating athletes, and advancement will be conducted according to Article I of the General Rules (see General Competition Policies). Soccer teams will be eligible by winning first place at district play; however, additional quota slots may be offered depending on space availability.
4. An athlete in athletics may participate in a maximum of three events (three individual, two individual and one relay, or one individual and two relays). An athlete in aquatics may compete in a maximum of two individual events and two relay events as long as he or she has successfully qualified for each event. Athletes registered for two relays may only be entered once in each relay event.
5. Wheelchair athletes can enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events (and vice versa). Note: Bicycles or tricycles [i.e., gear/pedal powered vehicles] are not legal in wheelchair competitions.
6. Soccer teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, district competition and State competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.
7. Soccer teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: A limited number of second and third place teams may advance to fill any spaces in the tournament field.
8. Each Agency must fill out the Intent to Play form for soccer and have it mailed to their Regional office postmarked by **March 1, 2016** to be eligible.
9. SOWI will issue to each Agency a quota for State Summer Games athletics and aquatics participation separately, based on the current year's Regional involvement. Every Agency must follow the advancement policies described in the General Information section of the Competition Guide to determine which athletes advance. Soccer teams (eligible by district finishes) and powerlifting (eligible by training) will **NOT** count as part of the Agency's Summer Games quotas.

PLEASE READ FORMS CAREFULLY!

2016 REGIONAL ATHLETICS REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: () H: () Fax: ()

Address: _____

E-mail: _____ (City) (State) (Zip)
Cell phone contact number while at the Tournament: ()

RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check ✓).

Number of coaches and chaperones that will attend the Regional tournament: _____ **Reminder:** athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament? ☐ Yes ☐ No

**Registration information for this Regional event will be sent to the person listed as head coach.

*Use best performance for qualifying score.

*Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

<u>MAXIMUM: THREE EVENTS</u>		CATEGORY LETTER	1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE
<ul style="list-style-type: none"> 3 INDIVIDUAL 2 INDIVIDUAL & 1 RELAY 1 INDIVIDUAL & 2 RELAY 			EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS
			RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)			
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)								
<i>Example, John</i>		<i>D</i>	<i>AT100M</i>	<i>1:09.3</i>	<i>ATLNJP</i>	<i>1.12</i>	<i>AT4X100M</i>	<i>2:45.2</i>
					<i>R1.</i>		<i>R2. Road Runners</i>	

(OVER)

*Use best performance for qualifying score.

*Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

MAXIMUM: THREE EVENTS • 3 INDIVIDUAL • 2 INDIVIDUAL & 1 RELAY • 1 INDIVIDUAL & 2 RELAY		CATEGORY LETTER	1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE
			EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)					RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
1								
					R1.		R2.	
2								
					R1.		R2.	
3								
					R1.		R2.	
4								
					R1.		R2.	
5								
					R1.		R2.	
6								
					R1.		R2.	
7								
					R1.		R2.	
8								
					R1.		R2.	
9								
					R1.		R2.	
10								
					R1.		R2.	

2016 DISTRICT AQUATICS REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: (_____) _____ H: (_____) _____ Fax: (_____) _____

Address: _____

(City) (State) (Zip)

E-mail: _____ Cell phone contact number while at the Tournament: (_____) _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check ☒).

Number of coaches and chaperones that will attend the Regional tournament: _____ **Reminder:** athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament? ☐ Yes ☐ No

These times were taken in a pool with length measured in (check one) ☐ Meters ☐ Yards

NOTES:

*Use best performance for the qualifying time.

**Registration information for this district event will be sent to the person listed as head coach.

Other events can be offered only at the district level; check with the host Regional office for details.

Place a check [☒] next to the athletes who start in the water.

<div>MAXIMUM: FOUR EVENTS</div> <div>• 2 INDIVIDUAL & 2 RELAY</div>		IN- WATER START ✓	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1ST RELAY	*QUALIFYING TIME	2ND RELAY	*QUALIFYING TIME
			EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)							RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
	Example, John	✓	AQ100MF	0:49.3	AQ200MF	1:25.1	AT4X1CMF	3:45.2	AQ4X25MR	2:20.3
							R1. Wave Runners		R2. Dolphins	

(OVER)

Place a check [✓] next to the athletes who start in the water.

*Use best performance for the qualifying time

MAXIMUM: FOUR EVENTS • 2 INDIVIDUAL & 2 RELAY		IN- WATER START ✓	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1ST RELAY	*QUALIFYING TIME	2ND RELAY	*QUALIFYING TIME
			EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)						RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
1										
							R1.		R2.	
2										
							R1.		R2.	
3										
							R1.		R2.	
4										
							R1.		R2.	
5										
							R1.		R2.	
6										
							R1.		R2.	
7										
							R1.		R2.	
8										
							R1.		R2.	
9										
							R1.		R2.	
10										
							R1.		R2.	

2016 DISTRICT TEAM FOOTBALL (SOCCER) ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: _____

Total Agency number of coaches and chaperones that will be attending this district tournament: _____

Reminder: athlete to coach/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament? ☐ Yes ☐ No

LIST ALL SOCCER GAMES PLAYED THIS SEASON.

(A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				

2016 OUTDOOR SPORTS TOURNAMENT SEASON OVERVIEW

EVENT DESCRIPTIONS

OFFICIAL EVENTS OFFERED: Athletes shall compete in only one of the sports offered.

BOCCE

<i>Event Code</i>	<i>Event Description</i>
BCTEAM	Team Competition

GOLF

<i>Event Code</i>	<i>Event Description</i>
GFASTM	Alternate Shot Team Play – Level 2
GOUNIF	Unified® Sports Team Play (9 Hole) Level 3 – no longer offered as an SOWI event
GFSING9	Individual Stroke Play (9 Hole) – Level 4
GFSING18	Individual Stroke Play (18 Hole) – Level 5 – no longer offered as an SOWI event

SOFTBALL

<i>Event Code</i>	<i>Event Description</i>
A. SBTEAM	Team Softball Competition
B. SBTEEB	Tee Ball Competition

TENNIS

<i>Event Code</i>	<i>Event Description</i>
TNSING	Singles

ELIGIBILITY FOR OUTDOOR SPORTS SEASON PARTICIPATION

1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2016** and remains valid through the last day of the tournament.
2. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition.
3. Teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, district competition and State competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.
4. Teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: A limited number of second and third place teams may advance to fill any spaces in the tournament field.
5. Golf district competition will have quota based on the current year's registration.
6. All Agencies must submit an Intent to Play form for team events to their Regional office by **May 1, 2016**.
7. Advancement of athletes in individual sports must comply with the policies listed in the General Information section of the Competition Guide.

PLEASE READ FORMS CAREFULLY!

Please Print Clearly:

Cell phone contact number while at the Tournament: ()

SOWI Class A certified volunteers ☐ (check \checkmark).

☐ Existing Team

23D
REGIONAL, DISTRICT & SECTIONAL EVENT INFORMATION

2016 DISTRICT TEAM SOFTBALL

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: _____

Total Agency number of coaches and chaperones that will be attending this district tournament: _____

Reminder: athlete to coach/chaperone ratio is minimum of 4:1

Will you be taking qualifying team(s) to the State tournament? ☐ Yes ☐ No

LIST ALL SOFTBALL GAMES PLAYED THIS SEASON

(A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				

Please Print Clearly:

Cell phone contact number while at the Tournament: ()

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check ☒).

Each team must have a unique name up to **15 characters long**. This name must be used at all competitions.

☐ New Team ☐ Existing Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

****Registration information for this district event will be sent to the person listed as head coach.**

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games ☐ (check ☒).

(OVER)

2016 DISTRICT TEAM TEE BALL

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: _____

Total Agency number of coaches and chaperones that will be attending this district tournament: _____

Reminder: athlete to coach/chaperone ratio is minimum of 4:1

LIST ALL TEE BALL GAMES YOU HAVE PLAYED THIS SEASON

A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				

2016 DISTRICT GOLF REGISTRATION **ATHLETE ROSTER**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: (_____) _____ H: (_____) _____

Address: _____
(City) (State) (Zip)

Fax: (_____) _____ E-mail: _____

Cell phone contact number while at the Tournament: (_____) _____

Number of coaches and chaperones that will attend this district tournament: _____

Reminder: athlete to coach/chaperone ratio is minimum of 4:1 (do not include alternate shot partners in total)

Will you be bringing qualifying athletes to the State tournament? ☐ Yes ☐ No

RETURN THIS FORM TO YOUR HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are
approved SOWI Class A certified volunteers ☐ (check ☒).

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	UNIFIED ATHLETE [x]	EVENT CODE	*AVERAGE SCORE
1.		<input type="checkbox"/>		
2.		<input type="checkbox"/>		
3.		<input type="checkbox"/>		
4.		<input type="checkbox"/>		
5.		<input type="checkbox"/>		
6.		<input type="checkbox"/>		
7.		<input type="checkbox"/>		
8.		<input type="checkbox"/>		
9.		<input type="checkbox"/>		
10.		<input type="checkbox"/>		
11.		<input type="checkbox"/>		
12.		<input type="checkbox"/>		
13.		<input type="checkbox"/>		
14.		<input type="checkbox"/>		
15.		<input type="checkbox"/>		

*Average of six scores recorded on following pages

**Registration information for this event will be sent to the person listed as head coach.

Unified Sports Medical Form: Partner athletes must correctly complete the Unified Sports Partner Application Form and mail to the Headquarters office postmarked by the June 1st medical deadline date.

2016 DISTRICT GOLF ATHLETE REGISTRATION

LEVEL 2 – ALTERNATE SHOT

Please Print Clearly:

Agency Number: Agency Name:

***THESE NAMES MUST ALSO APPEAR ON YOUR GOLF ATHLETE ROSTER**

Two of the six required scores must be completed on courses of 2,400 yards or longer. Also list the six most recent scores since the last Outdoor Sports Tournament for the athlete and partner below.

** Team Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
*Athlete Names (Alphabetical: Last Name, First)	Team Average _____
1. _____	
2. _____	
Six most recent nine-hole scores: _____ Course Par: _____ Course Length (yards): _____	
** Team Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
*Athlete Names (Alphabetical: Last Name, First)	Team Average _____
1. _____	
2. _____	
Six most recent nine-hole scores: _____ Course Par: _____ Course Length (yards): _____	
** Team Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
*Athlete Names (Alphabetical: Last Name, First)	Team Average _____
1. _____	
2. _____	
Six most recent nine-hole scores: _____ Course Par: _____ Course Length (yards): _____	

****Teams must have a unique name up to 15 characters long. The name will remain the same for all competition.**

2016 DISTRICT GOLF ATHLETE REGISTRATION

LEVEL 4 – 9 HOLE

Please Print Clearly:

Agency Number: _____ Agency Name: _____

***THESE NAMES MUST ALSO APPEAR ON YOUR GOLF ATHLETE ROSTER.**

Two of the six required scores must be completed on courses of 2,400 yards or longer. Also list the six most recent scores since the last Outdoor Sports Tournament for the athlete below.

*Athlete Name (Last Name, First)

1. _____ Average _____

Six most recent nine-hole scores: _____

Course Par: _____

Course Length (yards): _____

*Athlete Name (Last Name, First)

2. _____ Average _____

Six most recent nine-hole scores: _____

Course Par: _____

Course Length (yards): _____

*Athlete Name (Last Name, First)

3. _____ Average _____

Six most recent nine-hole scores: _____

Course Par: _____

Course Length (yards): _____

*Athlete Name (Last Name, First)

4. _____ Average _____

Six most recent nine-hole scores: _____

Course Par: _____

Course Length (yards): _____

*Athlete Name (Last Name, First)

5. _____ Average _____

Six most recent nine-hole scores: _____

Course Par: _____

Course Length (yards): _____

2016 DISTRICT/REGIONAL TEAM BOCCE

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Total Agency number of coaches and chaperones that will be attending this district tournament: _____

Reminder: athlete to coach/chaperone ratio is minimum of 4:1

Will you be bringing qualifying athletes to the State tournament? ☐ Yes ☐ No

LIST ALL BOCCE GAMES YOU HAVE PLAYED THIS SEASON

A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				