### 2015-2016 EVENT CODES

### **FALL SPORTS SEASON**

#### **BOWLING**

**BOSING** Singles (one person) **BWLDEV** Developmental Singles & Ramp (one person)

BODBLE Doubles (two person) **BOSINR** 

Singles – Ramp (one person)

Team Bowling (four person) **BOTEAM** 

### WINTER SPORTS SEASON

Α	LP	INE	SKII	NG	

**ASINSL** Alpine Intermediate Slalom **ASINGS** Alpine Intermediate Giant Slalom **ASINSG** Alpine Intermediate Super G

**ASSUGL** Alpine Super Glide

#### **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

### INDOOR SPORTS SEASON

#### **BASKETBALL**

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

#### **GYMNASTICS - RHYTHMIC**

**GYRROPA** Rope - Level A **GYRHOOA** Hoop - Level A GYRRIBA Ribbon - Level A Ball - Level A **GYRBALLA** All Around - Level A GYRALLA Rope - Level B GYRROPB Hoop - Level B **GYRHOOB** Ribbon - Level B **GYRRIBB** Ball - Level B **GYRBALB GYRBALLB** All Around - Level B Rhythmic Rope - Level 1 GYRROP1 Rhythmic Club – Level 2 GYRCLB2 Rhythmic Rope - Level 3 GYRROP3 Rhythmic Hoop - Level 1 GYRHO01 Rhythmic Hoop—Level 2 GYRH002 Rhythmic Club - Level 3 GYRCLB3 Rhythmic Ball – Level 1 GYRBAL1 Rhythmic Ball – Level 2 GYRBAL2 GYRBAL3 Rhythmic Ball – Level 3 **GYRRIB1** Rhythmic Ribbon - Level 1 **GYRRIB2** Rhythmic Ribbon - Level 2 Rhythmic Ribbon - Level 3 **GYRRIB3** Rhythmic All Around - Level 1 GYRALL1 Rhythmic All Around - Level 2 GYRALL2 **GYRALL3** Rhythmic All Around - Level 3

### **VOLLEYBALL**

**VBTEAM Team Competition** 

#### 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

#### **SNOWBOARDING**

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

#### **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 Men's Vaulting - Level 2 GYMVAU2 Men's Vaulting - Level 3 GYMVAU3 Men's Horizontal Bar - Level 1 GYMHBR1 GYMHBR2 Men's Horizontal Bar – Level 2 GYWVAU1 Women's Vaulting - Level 1 Women's Vaulting - Level 2 GYWVAU2 Women's Vaulting - Level 3 GYWVAU3 Women's Uneven Bars - Level 1 GYWUNB1 Women's Uneven Bars - Level 2 GYWUNB2 Women's Uneven Bars - Level 3 GYWUNB3 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 Women's All Around - Level 1 GYWALL1 GYWALL2 Women's All Around - Level 2 GYWALL3 Women's All Around - Level 3

SUMMER SI	PORTS SEASON	<b>AQUATICS</b>	
ATHLETICS		AQ25MDEV	Assisted Swim (District only, non-advancing)
AT50MDEV	Assisted Run (Regional only, non-advancing)	AQ25MF	25m Freestyle
AT050M	50m run	AQ50MF	50m Freestyle
AT100M	100m Run	AQ100MF	100m Freestyle
AT200M	200m Run	AQ200MF	200m Freestyle
AT400M	400m Run	AQ400MF	400m Freestyle
AT800M	800m Run	AQ25BS	25m Breaststroke
AT1500M	1500m Run	AQ50BS	50m Breaststroke
AT3000M	3000m Run	AQ100BS	100m Breaststroke
AT25MW	25m Walk	AQ25BK	25m Backstroke
AT100W	100m Walk	AQ50BK	50m Backstroke
AT200W	200m Walk	AQ100BK	100m Backstroke
AT400W	400m Walk	AQ25BF	25m Butterfly
AT800W	800m Walk	AQ50BF	50m Butterfly
AT1500W	1500m Walk	AQ100BF	100m Butterfly
ATLNJP	Long Jump	AQ100IM	100m Individual Medley
ATSTLJ	Standing Long Jump	AQ4X25MF	4x25m Freestyle Relay
ATSP2M	Shot Put-Male: 8-11 years of age	AQ4X50MF	4x50m Freestyle Relay
ATSP4M	Shot Put-Male: 12 years and older	AQ4X1CMF	4x100m Freestyle Relay
ATSPIW	Shot Put-Female: 8-11 years of age	AQ4X25MR	4x25m Medley Relay
ATSP2W	Shot Put-Female: 12 years and older	AQ4X50MR	4x50m Medley Relay
ATSOBT	Softball Throw	AQ15WK	15m Walk (District only, if water depths permit)
ATJAVJR	Mini Javelin 8-15	AQ15US	15m Unassisted Swim (District only)
ATJAVSR	Mini Javelin 16+		( )
AT4X100W	4x100m Walking Relay		
AT4X100M	4 x 100m Relay		
AT4X200M	4 x 200m Relay	OUTDOOR	SPORTS SEASON
AT4X400M	4 x 400m Relay	BOCCE	<u> </u>
AT25WH	Wheelchair-25m	BCTEAM	Team Competition
AT100WH	Wheelchair-100m	DO I LI IIVI	roam composition
AT200WH	Wheelchair-200m	GOLF	
AT30WS	Wheelchair-30m Slalom	GFASTM	Alternate Shot Team Play – Level 2
ATWHOB	Motor Wheelchair-25m Obstacle	GFSING9	Individual Stroke Play (9 Hole) – Level 4
AT30MS	Motor Wheelchair-30m Slalom	0.000	marriadar etrene i lay (e mele) – zever i
AT50MS	Motor Wheelchair-50m Slalom	SOFTBALL	
AT4X25M	4 x 25 Wheelchair Shuttle Relay	SBTEAM	Team Softball Competition
ATWSP1M	Wheelchair Shot Put-Male	SBTEEB	Tee Ball Competition
ATWSP1W	Wheelchair Shot Put-Female	02.22	
7		TENNIS	
POWERLIFTIN	G	TNSING	Singles
PLBHPR	Bench Press		5g.05
PLDEAD	Deadlift		
PLSQAT	Squat		
PLCOMB2	Bench/Deadlift Combination Lift	FLAG FOO	TBALL SEASON
PLCOMB3	Bench/Deadlift/Squat Combo Lift	FLAG FOOTB	
	Z dading daylar doning Link	FFTEAM	FF Flag Football Team
SOCCER		I I I LAIVI	i i i iag i oowali i ealli
FBTEAM	Five-A-Side Team Soccer		

## 2015 FALL SPORTS SEASON OVERVIEW EVENT DESCRIPTION

### **OFFICIAL EVENTS OFFERED:**

#### 1. BOWLING

Event Code Event Description

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

Event Code Event Description

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**.
- 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 <u>: ()</u>	H: (	
Address:				
Fax: <u>(</u> )	E-mail:	(City)	(State)	(Zip)
Cell phone contact numb	er while at the Tournam	ent: ( )		
I have v				LISHED DEADLINE DATE! ass A certified volunteers ☐ (check √)
	Rem	ninder: athlete to coaches/		imum of 4·1

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHCH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
1					
2					
3					
4					
5					

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					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

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

Pleas	e Print Clearly:						
Agen	cy Number:Agency Name:						
*Head	Coach:W: (	l: <u>(</u> )					
Addr	PSS:(City)						
Fax:	(City)  E-mail:	(State)	(Zip)				
	phone contact number while at the Tournament: (						
	I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers $\Box$ (check $\sqrt{\ }$ ).						
	RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED	DEADLINE C	ATE!				
	m Name:   _ _ _ _ _ _  team must have a unique name up to 15 characters long.						
CHE	CK ALL ITEMS:						
	ew Team Existing Team						
	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST )	*VSAT SCORE	TOP 6 [X}				
1.							
2.							
3.							
4. 5.							
6.		<del>                                     </del>					
7.							
8.							
9.							
10.							
11.							
12.							
	COMPUTE THE AVERAGE OF TOP SIX VSAT SCORES =						

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying matches  $\Box$  (check  $\lor$ ). (OVER)

<sup>\*</sup>See volleyball rules for skills calculation.

<sup>\*\*</sup>Registration information will be sent to person listed as head coach.

### **2015 VOLLEYBALL SEASON**

Please Print	Clearly:			
Agency Num	ber: Agency Name:			
Team Name:				
Total Agency	number of coaches and chaperones tha	at will be attending this distric	t tournament:	
Reminder: a	athlete to coaches/chaperone ratio is min	nimum of 4:1		
	LIST ALL VOLLEYBALL MA	ATCHES PLAYED THIS	SEASON	
(A minimum	of <b>TWO MATCHES</b> must be documente must be played against a team from			<b>ONE</b> match
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
			1)	1)
			2)	2)
			3)	3)
Comments:				
			1)	1)
			2)	2)
			3)	3)
Comments:		•		
			1)	1)
			2)	2)
			3)	3)
Comments:				

## 2016 INDOOR SPORTS SEASON OVERVIEW EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT

### **OFFICIAL EVENTS OFFERED:**

### 1. BASKETBALL

GYWALL3

Women's All Around – Level 3

Event Code Event Description

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

### 2. GYMNASTICS - STATE LEVEL ONLY

E. CHIMAGOO CONT.						
A. GYMNAST	TICS - RHYTHMIC					
Event Code	Event Description	Event Code	Event Description			
GYAVAU	Vaulting – Level A	GYRROPA	Rope – Level A			
GYAWBM	Wide Beam – Level A	GYRHOOA	Hoop – Level A			
GYAFLX	Floor Exercise – Level A	GYRRIBA	Ribbon – Level A			
GYMFLX1	Men's Floor Exercise – Level 1	GYRBALLA	Ball – Level A			
GYMFLX2	Men's Floor Exercise – Level 2	GYRALLA	All Around – Level A			
GYMFLX3	Men's Floor Exercise – Level 3	GYRROPB	Rope – Level B			
GYMVAU1	Men's Vaulting – Level 1	GYRHOOB	Hoop – Level B			
GYMVAU2	Men's Vaulting – Level 2	GYRRIBB	Ribbon – Level B			
GYMVAU3	Men's Vaulting – Level 3	GYRBALB	Ball – Level B			
GYMHBR1	Men's Horizontal Bar – Level 1	GYRBALLB	All Around – Level B			
GYMHBR2	Men's Horizontal Bar – Level 2	GYRROP1	Rhythmic Rope – Level 1			
GYWVAU1	Women's Vaulting – Level 1	GYRCLB2	Rhythmic Club – Level 2			
GYWVAU2	Women's Vaulting – Level 2	GYRROP3	Rhythmic Rope – Level 3			
GYWVAU3	Women's Vaulting – Level 3	GYRHO01	Rhythmic Hoop – Level 1			
GYWUNB1	Women's Uneven Bars – Level 1	GYRHO02	Rhythmic Hoop—Level 2			
GYWUNB2	Women's Uneven Bars – Level 2	GYRCLB3	Rhythmic Club – Level 3			
GYWUNB3	Women's Uneven Bars – Level 3	GYRBAL1	Rhythmic Ball – Level 1			
GYWBBM1	Women's Balance Beam - Level 1	GYRBAL2	Rhythmic Ball – Level 2			
GYWBBM2	Women's Balance Beam - Level 2	GYRBAL3	Rhythmic Ball – Level 3			
GYWBBM3	Women's Balance Beam – Level 3	GYRRIB1	Rhythmic Ribbon – Level 1			
GYWFLX1	Women's Floor Exercise – Level 1	GYRRIB2	Rhythmic Ribbon – Level 2			
GYWFLX2	Women's Floor Exercise – Level 2	GYRRIB3	Rhythmic Ribbon – Level 3			
GYWFLX3	Women's Floor Exercise – Level 3	GYRALL1	Rhythmic All Around – Level 1			
GYWALL1	Women's All Around – Level 1	GYRALL2	Rhythmic All Around – Level 2			
GYWALL2	Women's All Around – Level 2	GYRALL3	Rhythmic All Around – Level 3			
01/11/11/0	147 1 411 4 1 1 1 0		•			

### 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!

# 2016 DISTRICT/REGIONAL BASKETBALL REGISTRATION TEAM BASKETBALL

Plea	se Print Clearly:				
Age	ncy Number:Agency Name:				
*Head	d Coach:	W: <u>(</u>	)	H: <u>(</u>	)
Add	ress:	(0)	4.3	(Ct-t-)	/7:-
Fax:	(E-mail	· ·	ty)	(State)	(Zip
Cell	phone contact number while at the Tourn	nament: ( )			
	RETURN THIS FORM TO THE HOST REG	IONAL OFFICE BY	THE PUBLISHE	D DEADLINE	DATE!
	I have verified that all ch approved SOWI Class	•		re	
<b>Tea</b>	am Name:   _ _ _ _ _  h team must have a unique name, up to 15 c	haracters long. T	nis name will be u	ised at all con	npetitions.
<u>CHI</u>	ECK ALL ITEMS:				
	New Team Existing Team				
	<b>ATHLETE NAMES</b> (ALPHABETICAL: LAST NAME, F	FIRST)	M/F	HEIGHT	
1.	( = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.			_		
10.					
11. 12.			+		
One	team per form egistration information for this event will be se	ent to the person list	ed as head coacl	<b>1</b> .	
	By submitting this form I verify that the documented qu	athletes on this ro alifying games		n at least two	of the

(OVER)

### 2016 DISTRICT/REGIONAL TEAM BASKETBALL

Please Print Clearly:								
Agency Num	Agency Number:Agency Name:							
Team Name:	Team Name:							
Total Agency	Total Agency number of coaches and chaperones that will be attending this district tournament:							
	Reminder: athlete to coaches/chaper	one ratio is minimum	of 4:1					
Will you be ta	aking qualifying team(s) to the sectional tourname	ent?  Yes	] No					
	LIST ALL BASKETBALL GAMES	PLAYED THIS SI	EASON.					
(A minimur	m of <b>TWO GAMES</b> must be documented here <b>before</b> played against a team from another S			me must be				
	emember – the more information you give us	the more accurate	your divisionir					
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: <u>(</u>	)	H: ()	
Address:					
Fax: <u>(</u>		(Cit		(State)	(Zip)
Cell phone contact number	er while at the Tournam	ent: ( )			
RETURN THIS FORM	TO THE HOST REGION	AL OFFICE BY	THE PUBL	ISHED DEADLINE D	ATE!
	ave verified that all chape approved SOWI Class A ce	•			
Number of coaches and cha	aperones that will attend t	this district tourn	ament:		
Ren	<b>ninder:</b> athlete to coache	s/chaperone rati	io is minimu	m of 4:1	
Will you be taking qualifying	athletes to the state tour	nament?	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					

<sup>\*</sup>Refer to basketball skills rules to calculate final score to use as qualifying score.

<sup>\*\*</sup>Refer to the rules for hoop height and ball size by age group.

<sup>\*\*\*</sup>Registered information for this district event will be sent to the person listed as head coach.

# 2016 SECTIONAL TEAM BASKETBALL REGISTRATION ATHLETE ROSTER

<u>Pleas</u>	<u>e Print Clearly:</u>				
Agend	cy Number:	Agency Name:			
Head	Coach:				
Addre	SS:				
				te:Z	(ip Code:
Fax: <u>(</u>	)	E-mail:			
Cell p	hone contact nui	mber while at the Tournament: (	)		
RE	ETURN THIS FOR	M TO YOUR HOST REGIONAL OFFI	CE BY THE PU	IBLISHED DE	ADLINE DATE!
		I have verified that all chaperones atter approved SOWI Class A certified vol	· —		
Tear Each	<b>n Name</b> :   <u>     </u> team must have a	unique name up to 15 characters long		 vill be used at	all competitions.
List in	Alphabetical Order				
		ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)		M/F	HEIGHT
1.		,			
2.					
3.					
4.					
5.					
6.					
7.					
8. 9.					
9. 10.					
11.					
10					

## 2016 SUMMER GAMES SEASON OVERVIEW EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT

### **OFFICIAL EVENTS OFFERED:**

1. AQU	ATICS Event Description	4. ATH	LETICS Event Description
AQ25MDEV	Assisted Swim (District only, non-advancing)	AT50MDEV	Assisted Run (Regional only, non-advancing)
AQ25MF	25m Freestyle	AT050M	50m run
AQ50MF	50m Freestyle	AT100M	100m Run
AQ100MF	100m Freestyle	AT200M	200m Run
AQ200MF	200m Freestyle	AT400M	400m Run
AQ400MF	400m Freestyle	AT800M	800m Run
AQ25BS	25m Breaststroke	AT1500M	1500m Run
AQ50BS	50m Breaststroke	AT3000M	3000m Run
AQ100BS	100m Breaststroke	AT25MW	25m Walk
AQ25BK	25m Backstroke	AT100W	100m Walk
AQ50BK	50m Backstroke	AT200W	200m Walk
AQ100BK	100m Backstroke	AT400W	400m Walk
AQ25BF	25m Butterfly	AT800W	800m Walk
AQ50BF	50m Butterfly	AT1500W	1500m Walk
AQ100BF	100m Butterfly	ATHIJP	High Jump – no longer offered
AQ100IM	100m Individual Medley	ATLNJP	Long Jump (Must be able to jump at least 1m)
AQ4X25MF	4x25m Freestyle Relay	ATSTLJ	Standing Long Jump
AQ4X50MF	4x50m Freestyle Relay	ATSP2M	Shot Put-Male: 8-11
AQ4X1CMF	4x100m Freestyle Relay	ATSP4M	Shot Put-Male: 12+
AQ4X25MR	4x25m Medley Relay	ATSPIW	Shot Put-Female: 8-11
AQ4X50MR	4x50m Medley Relay	ATSP2W	Shot Put-Female: 12+
AQ15WK	15m Walk (District only, if depths permit)	ATSOBT	Softball Throw
AQ15US	15m Unassisted Swim (District only)	ATJAVJR	Mini Javelin 8-15
		ATJAVSR	Mini Javelin 16+
_	/ERLIFTING	ATPENT	Pentathlon – no longer offered
Event Code	Event Description	AT4X100W	4x100m Walking Relay
PLBHPR	Bench Press	AT4X100M	4 x 100m Relay
PLDEAD	Deadlift	AT4X200M	4 x 200m Relay
PLSQAT	Squat	AT4X400M	4 x 400m Relay
PLCOMB2	Bench/Deadlift Combination Lift	AT25WH	Wheelchair-25m
PLCOMB3	Bench/Deadlift/Squat Combo Lift	AT100WH	Wheelchair-100m
2 200	OFP	AT200WH	Wheelchair-200m
3. SOC Event Code	CER Event Description	AT30WS	Wheelchair-30m Slalom
FBTEAM	Five-A-Side Team Soccer	AT50MS	Motor Wheelchair-50m Slalom
. 512/	Tivo / Cido Todin Coccor	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**

- 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 <u>NOT</u> count as part of the Agency's Summer Games quotas.

### PLEASE READ FORMS CAREFULLY!

# 2016 REGIONAL ATHLETICS REGISTRATION ATHLETE ROSTER

P	ease	Print	Clearly:

Agency Number:	Agency Name:							
*Head Coach:		W <u>: (</u>	)	H: <u>(</u>	)	Fax: <u>(</u>	)	
Address:								<u></u>
E-mail:		C	(City) Cell phone c	ontact numb	(State) <b>per while at</b>	the Tourname	nt: ( )	
RI	ETURN THIS FORM TO Y	OUR REGIC	NAL OFFIC	E BY THE P	UBLISHED	DEADLINE DA	TE!	
I have verified that all ch	naperones attending the t	ournament	are approve	ed SOWI Cla	ss A certifi	ed volunteers [	(check √	).
Number of coaches and cha	aperones that will attend the I	Regional touri	nament:	Reminder	: athlete to	coaches/chaperor	ne ratio is min	imum of 4:1
Will you be taking qualifying	ng athletes to the State tou	rnament?	☐ Yes	☐ No				
**Registration information *Use best performance for *Enter all distances in me	J		·		coach.			

	MAXIMUM: THREE EVENTS  • 3 INDIVIDUAL  • 2 INDIVIDUAL & 1 RELAY  • 1 INDIVIDUAL & 2 RELAY		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 NAI	ME (15 CHAR. MAX)	RELAY TEAM NAM	ME (15 CHAR. MAX)
	Evernle John		AT100M	1:09.3	ATLNJP	1.12	AT4X100M	2:45.2
	Example, John	D			R1.		R2. Road Runn	ers

(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		1ST EVENT	*QUALIFYING SCORE MIN: SEC. 1/10	2ND EVENT OR RELAY	*QUALIFYING SCORE MIN: SEC. 1/10	3RD EVENT OR RELAY	*QUALIFYING SCORE MIN: SEC. 1/10
	1 INDIVIDUAL & 2 RELAY	CATEGORY LETTER	EVENT CODE	M .CM Points	EVENT CODE	M .CM Points	EVENT CODE	M .CM Points
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)				RELAY TEAM NA	ME (15 CHAR. MAX)	RELAY TEAM NA	ME (15 CHAR. MAX)
1					R1.		R2.	
2					R1.		R2.	
3					R1.		R2.	
4					R1.		RZ.	
7				•	R1.	1	R2.	•
5					R1.		R2.	
6					D4		D0	
					R1.		R2.	
7					R1.		R2.	
8					R1.		R2.	
9					D4		D2	
					R1.		R2.	
10					R1.		R2.	

# 2016 DISTRICT AQUATICS REGISTRATION ATHLETE ROSTER

Please	Print	Clearly:
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Agency Number:Agency Name: _									
**Head Coach:	W <u>: (</u>	)	H: <u>(</u>	)	Fax: (	)			
Address:									
E-mail:		(City)  Cell phon		(State) I <b>mber whil</b> e	e at the Tourn	ament: (	)		
RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!									
I have verified that all chaperones attending th	e tournament	are approve	d SOWI Clas	s A certific	ed volunteers	(check \	<b>/).</b>		
Number of coaches and chaperones that will attend the	ne Regional tourr	nament:	_ Reminder:	athlete to d	oaches/chapero	one ratio is mir	nimum of 4:1		
Will you be taking qualifying athletes to the State t	ournament?	Yes	☐ No						
These times were taken in a pool with length mea	sured in (check	one) 🗌 Me	ters	☐ Yards	5				
NOTES:  *Use best performance for the qualifying time.  **Registration information for this district event will  Other events can be offered only at the district lev		•							

Place a check  $[\sqrt{\ }]$  next to the athletes who start in the water.

MAXII	MAXIMUM: FOUR EVENTS	IN- WATER	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1 <sup>ST</sup> RELAY	*QUALIFYING TIME	2 <sup>ND</sup> RELAY	*QUALIFYING TIME
	2 INDIVIDUAL & 2 RELAY		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)	V				•		EAM NAME NR. MAX)		EAM NAME IAR. MAX)
	Example, John	ما	AQ100MF	0:49.3	AQ200MF	1:25.1	AT4X1CMF	3:45.2	AQ4X25MR	2:20.3
		٧					R1. Wave Rui	nners	R2. Dolphins	

(OVER)

Place a check  $\left[\sqrt{}\right]$  next to the athletes who start in the water.

\*Use best performance for the qualifying time

	MAXIMUM: FOUR EVENTS	IN- WATER START	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1 <sup>ST</sup> RELAY	*QUALIFYING TIME	2 <sup>ND</sup> RELAY	*QUALIFYING TIME
	2 INDIVIDUAL & 2 RELAY	√ √	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.	
							IXII.		IVE.	
2						<u> </u>	R1.		R2.	
3										
3							R1.		R2.	
4										
							R1.		R2.	
5							R1.		R2.	
							IXI.		112.	
6						<u> </u>	R1.		R2.	
7										
,				:		:	R1.	:	R2.	:
8									 	
							R1.		R2.	
9							R1.		R2.	
								***************************************		
10				<u> </u>			R1.	.i	R2.	<u>I</u>

## 2016 DISTRICT TEAM FOOTBALL (SOCCER) REGISTRATION

Pleas	e Print Clearly:					
Agend	cy Number:	Agency Name:				
*Head	Coach:		W: <u>(</u>	)		
Addre	·ss:					
Fax: (	)	E-mail:		(City)	(State	e) (Zip
		er while at the Tourname				
Tear	т Name:   _	ave verified that all chaperd approved SOWI Cla	ones atten iss A certif (check √).	ding the tournamied volunteers	ent are	LINE DATE!
	New Team	Existing Team				
		ATHLETE NAMES (ALPHABETICAL: LAST NAME	E, FIRST)		M/F	AGE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
**Reg	istration information f	or this district event will be	sent to th	e person listed as	s the head coa	ch.

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games  $\Box$  (check  $\sqrt{}$ ).

# 2016 DISTRICT TEAM FOOTBALL (SOCCER) ATHLETE ROSTER

Please Print	Clearly:								
Agency Num	ber: Agency Name:								
Team Name:	:								
Total Agency	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 PL	AYED THIS SEA	SON.						
(A minimum	(A minimum of <b>TWO GAMES</b> must be documented <b>before</b> the registration deadline date. <b>ONE</b> 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

Event Code Event Description

BCTEAM Team Competition

GOLF

Event Code Event Description

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

Event Code Event Description

A. SBTEAM Team Softball Competition
B. SBTEEB Tee Ball Competition

**TENNIS** 

Event Code Event Description

TNSING Singles

### **ELIGIBILITY FOR OUTDOOR SPORTS SEASON PARTICIPATION**

- 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.
- 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!

# 2016 DISTRICT TEAM SOFTBALL REGISTRATION ATHLETE ROSTER

Please Print Clearly:				
Agency Number:	Agency Name:			
Head Coach:		W: <u>()</u>	H: <u>(</u>	)
Address:				
Fax: <u>(</u> )		(City)	(State	e) (Zip)
Cell phone contact number				
I have	I TO YOUR HOST REGIO verified that all chaperone SOWI Class A certifie	s attending the tourned volunteers (c	ament are approved heck $$ ).	DLINE DATE!
Team Name:    Each team must have a uni	que name, up to <b>15 chara</b> d Existing Tea	cters long. The nam		competitions.
(A	ATHLETE NAMES LPHABETICAL: LAST NAME, I	FIRST)	M/F	AGE
1.	,	- ,		
2.				
3.				
4.				
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10.				
12.				
13.				
14.				
15.				
	n for this district event will n I verify that the athletes o			

(OVER)

### 2016 DISTRICT TEAM SOFTBALL

Please Print	Clearly:			
Agency Num	ber: Agency Name:			
Team Name:				
Total Agency	number of coaches and chaperones that will be attend	ing this district tournam	nent:	
Reminder: a	athlete to coach/chaperone ratio is minimum of 4:1			
Will you be to	aking qualifying team(s) to the State tournament?	Yes [	No	
	LIST ALL SOFTBALL GAMES P	PLAYED THIS SE	ASON	
(A minimu	m of <b>TWO GAMES</b> must be documented <b>before</b> the read against a team from another Spec		e. <b>ONE</b> game mu	st be played
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				

## 2016 TEAM TEE BALL\* REGISTRATION ATHLETE ROSTER

### **ATHLETE ROSTER Please Print Clearly:** Agency Number: \_\_\_\_\_Agency Name: \_\_\_\_\_ \*\*Head Coach: \_\_\_\_\_\_\_W: (\_\_\_\_\_\_\_\_\_\_H: (\_\_\_\_\_\_\_\_ 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 $\Box$ (check $\sqrt{\ }$ ). Team Name: | | | | | | | | | | | | | | 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 M/F (ALPHABETICAL: LAST NAME, FIRST) AGE 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. \*Beginning in 2014, tee ball is only offered at the District level, in conjunction with the Region 8 District Tournament. \*\*Registration information for this district event will be sent to the person listed as head coach.

qualifying games  $\square$  (check  $\sqrt{}$ ). (OVER)

By submitting this form I verify that the athletes on this roster competed in at least two of the documented

### 2016 DISTRICT TEAM TEE BALL

<u>Please Print</u>	<u>Clearly:</u>				
Agency Numb	er:Agency Name:				
Team Name:					
Total Agency i	number of coaches and chaperones that will be atten	ding this district tournan	nent:		
Reminder: a	athlete to coach/chaperone ratio is minimum of 4.	:1			
	LIST ALL TEE BALL GAMES YOU H	AVE PLAYED THIS S	SEASON		
A minimun	n of <b>TWO GAMES</b> must be documented <b>before</b> to played against a team from another			<b>NE</b> game must	be
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE	
Comments:					
Comments:					
Comments:					

## 2016 DISTRICT GOLF REGISTRATION ATHLETE ROSTER

	r lease i filit Oleany.						
	Agency Number:	Agency Name:					
	**Head Coach:		W: <u>(</u>		)	H: <u>(</u>	)
	Address:						
	Fax: ()	E-mail:		(Ci	ty)	(Sta	
	Cell phone contact num	ber while at the Tournamen	nt: (	)			
	Number of coaches and o	chaperones that will attend this	s district	tourr	ame	ent:	
		ach/chaperone ratio is minimu					
		fying athletes to the State tour		`			,
	RETURN THIS FOR	RM TO YOUR HOST REGION	IALOFF	ICE B	Y T	HE PUBLISHED DEA	DLINE DATE!
		I have verified that all chaper	ones atte	endin	g the	tournament are	
		approved SOWI Class A ce	rtified vo	olunte	ers	$\square$ (check $$ ).	
				UNIFI	-D		
		LETE NAMES AL: LAST NAME, FIRST)		ATHLE		EVENT CODE	*AVERAGE SCORE
1.	·	. ,		[x]			
2.							
3.							
4.							
5.							
6.							
7. 8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.				17			

Please Print Clearly

<sup>\*</sup>Average of six scores recorded on following pages

<sup>\*\*</sup>Registration information for this event will be sent to the person listed as head coach.

<u>Unified Sports Medical Form:</u> 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:
** Team Name:   _ _ _ _ _ _
*Athlete Names (Alphabetical: Last Name, First)  Team Average  1
2
Six most recent nine-hole scores: Course Par:

<sup>\*\*</sup>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: A	Agency Name:	
*THESE NAMES MUST ALSO AP	PPEAR ON YOUR GOLF ATHLETE ROSTER.	
•	st be completed on courses of 2,400 yards or lo or Sports Tournament for the athlete below.	nger. Also list the six most
*Athlete Name (Last Name, First) 1.		Average
Six most recent nine-hole scores: Course Par:		
*Athlete Name (Last Name, First) 2		Average
Six most recent nine-hole scores:  Course Par:		
*Athlete Name (Last Name, First) 3.		Average
Six most recent nine-hole scores: Course Par:		
*Athlete Name (Last Name, First) 4.		Average
Course Par:		
*Athlete Name (Last Name, First) 5		Average
Course Par:		

# 2016 DISTRICT/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

<u>Please</u>	Print (	Clearly:						
Agency	/ Numb	er:	Agency Name:					
Head C	coach: _			W: (	)	H: <u>(</u> _	)	
Addres	s:				(City)	(Ste	ate)	(Zip)
Fax: <u>(</u>	)		E-mail:					(ΖΙΡ)
Cell ph	one co	ontact numbe	er while at the Tourname	ent: (				
	RETU	RN THIS FOR	RM TO THE HOST REGIO	ON OFFICE I	BY THE PU	BLISHED DEAD	LINE DATE!	
		11	have verified that all chape approved SOWI Class A c					
			nsist of rosters of four, five ate the use of the 5 <sup>th</sup> or 6 <sup>th</sup>		tes; howeve	r only four may	compete at o	ne time.
* Each compet	team m tition.	nust have a u	nique name up to <b>15 chara</b> Existing Team				ne at all levels	s of
			ATHLETE NAMES (ALPHABETICAL: LAST NAI			WHEELCHAIR (X)	INDIVIDUAL **BOSAT SCORE	
	1.							
	2.							
	3.							1
	4.							1
	5.							1
	6.							
BOSAT	T Team	Average: _	(only top four scor	res†) *** Ran	k:	_ (your teams fr	om your Ager	ncy)
†Better s	scores h	nave a lower ni	AT calculations. umerical value. ms, please rank them utiliz	zing one to ir	ndicate the t	op team, two for	second best	, etc.
Ву	/ submi	tting this forn	n I verify that the athletes o qualifying g	on this roster ames  (ch		n at least two of	the documen	ted

(OVER)

### 2016 DISTRICT/REGIONAL TEAM BOCCE

Please Print	t Clearly:				
Agency Numb	per:Agency Name:				
Team Name:	:   <u>  </u>	_ _ _	_ _ _		
Total Agency	number of coaches and chaperones that will be	attending this	district tournamer	nt:	
Reminder:	athlete to coach/chaperone ratio is minimum	of 4:1			
Will you be b	oringing qualifying athletes to the State tourna	ament? 🗌 `	Yes $\square$	No	
	LIST ALL BOCCE GAMES YOU	J HAVE PLA	YED THIS SEAS	SON	
A minimur	n of <b>TWO GAMES</b> must be documented <b>bef</b> played against a team from and				ne must be
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE	
Comments:					
Comments:					
Comments:					