

# 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

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### 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
ATHIJP	High Jump
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+
ATPENT	Pentathlon
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

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### BOCCE

BCTEAM	Team Competition
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### GOLF

GFASTM	Alternate Shot Team Play – Level 2
GOUNIF	Unified® Sports Team Play (9 Hole) Level 3
GFSING9	Individual Stroke Play (9 Hole) – Level 4
GFSING18	Individual Stroke Play (18 Hole) – Level 5

### SOFTBALL

SBTEAM	Team Softball Competition
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### TENNIS

TNSING	Singles
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## FLAG FOOTBALL SEASON

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### FLAG FOOTBALL

FFTEAM	FF Flag Football Team
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# **2016 STATE WINTER GAMES**

## **EVENT DESCRIPTION**

*Athletes can be entered in only one of the four sports offered at the State Winter Games.*

### **OFFICIAL EVENTS OFFERED**

#### **1. ALPINE SKIING (three-event limit)**

<i>Event Code</i>	<i>Event Description</i>
ASSUGL	Alpine Super Glide**
ASINSG	Alpine Intermediate Super G
ASINSL	Alpine Intermediate Slalom
ASINGS	Alpine Intermediate Giant Slalom

#### **2. CROSS COUNTRY SKIING (three-event limit)**

<i>Event Code</i>	<i>Event Description</i>
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

#### **3. SNOWBOARDING (three-event limit)**

<i>Event Code</i>	<i>Event Description</i>
SBSUGL	Snowboard Super Glide**
SBINSG	Snowboard Intermediate Super G
SBINSL	Snowboard Intermediate Slalom
SBINGS	Snowboard Intermediate Giant Slalom

#### **4. SNOWSHOE RACING (three-event limit)**

<i>Event Code</i>	<i>Event Description</i>
SN050M	50m Race
SN100M	100m Race
SN200M	200m Race
SN400M	400m Race
SN800M	800m Race
SN4X100M	4X100m Relay
SN4X200M	4X200m Relay
SN4X400M	4X400m Relay

\*\*May not compete in super Giant Slalom, Slalom or Super G

**ADDITIONAL "DAY PASS" COACHES** – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and MUST have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a "Day Pass" which must be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

### **ELIGIBILITY FOR WINTER SPORTS SEASON PARTICIPATION**

- Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **December 1, 2015** to remain valid through **January 24, 2016**.
- Athlete must have participated in at least eight weeks of official Special Olympics training prior to State competition.
- If a cross country skiing athlete competes in the 50m and/or 100m race, s/he may not be in any other races.

### **HOUSING:**

A room block has been set up at the Plaza Hotel in Wausau. Agencies wishing to reserve housing for their delegation should indicate the number of rooms needed on the registration form. SOWI will be responsible for booking those rooms, and they will be added to the SOWI direct bill at a rate of \$99 per room, not including taxes or incidentals. Agencies have the option to book their own rooms, however, the discounted rate will not apply and these rooms cannot be direct billed to SOWI. A cancellation fee of \$40.00 will apply to all rooms.

### **COMPETITION SITES:**

Granite Peak at Rib Mountain State Park:	Downhill Skiing and Snowboarding
Nine Mile Forest:	Cross Country Skiing and Snowshoe Racing

**MEALS:**

Saturday &amp; Sunday, January 23 &amp; 24

Saturday Lunch and Dinner; Sunday Breakfast

**COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES**

Plan B	Competition & Meals	\$42.00 per delegate
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Plan C	Competition & Saturday Lunch	\$ 8.00 per delegate
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	Sunday Lunch	\$ 8.00 per delegate
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**SPECIAL EVENTS:**

- Saturday Ceremony and Dance

# 2016 STATE WINTER GAMES REGISTRATION

## FORMS AND FEES CHECKLIST

### Please Print Clearly:

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**Important:** Material will only be sent to individual listed below. Be sure the address is correct (no P.O. box Numbers) and the form complete.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone H: (\_\_\_\_\_) \_\_\_\_\_ Phone W: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Head of Delegation (HOD) at the Games:** \_\_\_\_\_

**HOD Cell phone contact number while at the Games:** (\_\_\_\_\_) \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY THE DEADLINE DATE!**

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Chaperone Roster	Male Athletes w/o wheelchairs		
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		<b>SUBTOTAL</b>
<input type="checkbox"/>	Cross Country Athlete Roster	Male Coaches / Chaperones		
<input type="checkbox"/>	Cross Country Relay Form	Female Athletes w/o wheelchairs		
<input type="checkbox"/>	Alpine Skiing Athlete Roster	Female Athletes w/ wheelchairs		<b>SUBTOTAL</b>
<input type="checkbox"/>	Snowshoe Athlete Roster	Female Coaches / Chaperones		
<input type="checkbox"/>	Snowshoe Relay Form	<b>TOTAL M + F DELEGATES</b>		

### REGISTRATION FEES – Entire Agency MUST register for one plan. No exceptions!

Plan B: competition & meals (does not include rooms) \$ 42.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Plan C: Day Of: competition & Saturday lunch \$ 8.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Sunday lunch (not included w/registration) \$ 8.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Hotel Rooms \$ 99.00 x \_\_\_\_\_ Total Rooms = \$ \_\_\_\_\_

(Price approximate – taxes and incidentals will be added) Total \$ \_\_\_\_\_

Date: \_\_\_\_\_

☐ In-House Account (Funds will be automatically transferred, including any incidental charges incurred by the Agency)

☐ Non In-House Accounts: Check # \_\_\_\_\_

☐ Included in Packet ☐ Will Send to SOWI

### MEALS

MEALS:		TOTAL NUMBER
	Saturday Lunch	
	Saturday Dinner	
	Sunday Breakfast	
	Sunday Lunch (separate fee)	

**"I have checked this information and found it to be complete and accurate."**

Head Delegate Signature \_\_\_\_\_

Date \_\_\_\_\_

Regional Office Signature \_\_\_\_\_

Date \_\_\_\_\_

## COACH – CHAPERONE ROSTER

AGENCY # \_\_\_\_\_

Please list the coaches and chaperones who will be accompanying your group. You must adhere to an athlete/chaperone ratio that is between 3:1 and 4:1. Prior approval must be received from your Regional office for other athlete/coach ratios.

### IMPORTANT

Chaperones must be 16 years of age or older. No un-named chaperones are allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

Please indicate any coaches in wheelchairs by checking the box in the W/C column.

Athletes-As-Coaches (AAC) are to be listed under CERTIFIED COACHES. The AAC athletes-to-athlete ratio is one per team sport (excluding bocce, relay teams and bowling teams) and one per every 12 athletes in the individual sports (including bocce, relay teams and bowling teams). Please indicate any Athletes-As-Coaches by checking the box in the AAC column.

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	W/C [X]	AAC [X]
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

CHAPERONES		M / F	W/C [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"/>

"DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small>		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>

"I verify that all of coaches and chaperones in attendance are 16 years of age or older and are Class A approved. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program."

Head Delegate Signature

Date

# 2016 STATE WINTER GAMES

## ALPINE SKIING AND SNOWBOARDING ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell # at the Games: \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS  
BY PUBLISHED DEADLINE DATE!**

List in Alphabetical Order

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

Athletes can be entered in a maximum of three events.

Athletes competing in the alpine and snowboarding downhill must wear a crash helmet for official training and racing as per International Ski Federation Rules.

Athletes competing in the alpine skiing super glide event cannot register to compete in any other event.

# **2016 STATE WINTER GAMES** **CROSS COUNTRY ATHLETE ROSTER**

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell # at the Games: \_\_\_\_\_

**RETURN THIS FORM TO YOUR AREA REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS  
BY PUBLISHED DEADLINE DATE!**

List in Alphabetical Order

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

Athletes can be entered in a maximum of three events – two individual events and one relay.

Athletes in the 50m and 100m are participating in developmental cross country ski racing; they cannot be entered in the other races.

Athletes in relays must also be listed on the cross country relay team form.



# 2016 STATE WINTER GAMES

## SNOWSHOE RACING ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell # at the Games: \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS  
BY PUBLISHED DEADLINE DATE!**

List in Alphabetical Order

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

Athletes can be entered in a maximum of three events – two individual events and one relay or one individual event and two relays.

Athletes in relays must also be listed on the snowshoe relay team form.

## **2016 STATE WINTER GAMES**

### **RELAY TEAM ROSTER**

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:** \_\_\_\_\_

List in Alphabetical Order

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:** \_\_\_\_\_

### List in Alphabetical Order

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

Each relay can have up to six athletes entered per relay team. Only these (maximum) six names may appear on the entry form for the State Winter Games.

This information must also appear as one of the athlete's three events listed on the 2016 State Winter Games athlete rosters for cross country or snowshoe racing.



***Special  
Olympics  
Wisconsin***

**Planning is not complete for the State Indoor Sports Tournament. Information and forms will be distributed as soon as plans are confirmed.**

# 2016 STATE SUMMER GAMES

## EVENT DESCRIPTION

**OFFICIAL EVENTS OFFERED:** Athletes can only be entered in one sport at the Summer Games.

### 1. AQUATICS

<i>Event Code</i>	<i>Event Description</i>
AQ25MDEV	Assisted Swim
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>
PLBHPR	Bench Press
PLDEAD	Deadlift
PLSQAT	Squat
PLCOMB2	Bench/Deadlift Combination Lift
PLCOMB3	Bench/Deadlift/Squat Combo Lift

\*Athletes can enter only one combination lift category in addition to a maximum of three individual lifts.

### 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
ATLNJP	Long Jump
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+
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

**ADDITIONAL "DAY PASS" COACHES** – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and MUST have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a "Day Pass" which must

be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

## **ELIGIBILITY FOR SUMMER SPORTS SEASON PARTICIPATION**

1. Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **April 1, 2016** to remain valid through **June 11, 2016**.
2. 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 event. Athletes registered for two relays may only be entered once in each relay event.
3. Wheelchair athletes may enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events and vice versa. Bicycles, scooters, tricycles or any gear/pedal-powered vehicles are not legal in any wheelchair competition.
4. 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.
6. SOWI will issue to each Agency a quota for State Summer Games athletics, aquatics participation separately, based on the current year of Regional involvement. Refer to the General Information section of the Competition Guide for more information on advancement. Soccer teams (eligible by district finish) and powerlifters will not count as part of agencies' Summer Games quotas.

### **HOUSING:**

Housing Available:

UW – Stevens Point Residence Halls

Thursday, June 9 and Friday, June 10, 2016

### **LOCATION:**

UW-Stevens Point Campus

### **MEALS:**

Thursday, June 9:

Dinner

Friday, June 10:

Breakfast, Lunch and Dinner

Saturday, June 11:

Breakfast

Lunch – Separate fee

### **COST:**

**Delegates are all athletes, coaches and chaperones.**

Plan A

Housing:

\$54.00 per delegate

Housing, competition, all meals except Sat. lunch

Plan B

No housing:

\$30.00 per delegate

Competition & all meals except Sat. lunch

Plan C

Day Of:

\$ 8.00 per delegate

Competition & Friday lunch

Lunch: Saturday

\$ 8.00 per delegate

\*

Agencies located within 30 miles of Stevens Point must choose Plan B or C.

### **SPECIAL EVENTS:**

- Opening Ceremony, Closing Ceremony/Dance
- Victory Village
- Healthy Athletes
- Young Athletes™

# 2016 STATE SUMMER GAMES REGISTRATION

## FORMS AND FEES CHECKLIST

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**Important:** Material will only be sent to individual listed below. Be sure the address is correct (**no P.O. box Numbers**) and the form complete.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone H: (\_\_\_\_) \_\_\_\_\_ Phone W: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Head of Delegation (HOD) at the Games:** \_\_\_\_\_

**HOD Cell phone contact number while at the Games:** (\_\_\_\_) \_\_\_\_\_

**RETURN THIS FORM TO YOUR AREA OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!**

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Chaperone Roster	Male Athletes (w/o wheelchairs)		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	Soccer Team Entry Forms	Male Coaches / Chaperones		
<input type="checkbox"/>	Relay Entry Forms	Female Athletes (w/o wheelchairs)		SUBTOTAL
<input type="checkbox"/>	Aquatics Roster	Female Athletes w/ wheelchairs		
<input type="checkbox"/>	Athletics Roster	Female Coaches / Chaperones		
<input type="checkbox"/>	Powerlifting Roster	TOTAL M + F DELEGATES		

**REGISTRATION FEES** – Entire Agency MUST register for one plan. No exceptions!

Plan A: Housing: Competition & all meals (except Sat. lunch) \$ 54.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Plan B: No Housing: Competition & all meals (except Sat. lunch) \$ 30.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Plan C: Day Of: Competition & Friday lunch \$ 8.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Saturday lunch (not included w/registration) \$ 8.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

☐ In-House Account (Funds will be automatically transferred, including any incidental charges incurred by the Agency)

☐ Non In-House Accounts: Check # \_\_\_\_\_ ☐ Included in Packet ☐ Will Send to SOWI

\* Agencies within 30 miles of Stevens Point must choose Plan B or C Date \_\_\_\_\_

\*\*\*If your delegation is providing its own housing at a hotel, please name: \_\_\_\_\_

### HOUSING AND MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Thursday Night	Males:		Thursday Dinner	
	Females:		Friday Breakfast	
Friday Night	Males:		Friday Lunch	
	Females:		Friday Dinner	
			Saturday Breakfast	
			Saturday Lunch – Separate Fee	

**"I have checked this information and found it to be complete and accurate."**

Head Delegate Signature \_\_\_\_\_ Date \_\_\_\_\_

Regional Office Signature \_\_\_\_\_ Date \_\_\_\_\_

# COACH – CHAPERONE ROSTER

AGENCY # \_\_\_\_\_

Please list the coaches and chaperones who will be accompanying your group. You must adhere to an athlete/chaperone ration that is between 3:1 and 4:1. Prior approval must be received from you Regional office for other athlete/coach ratios.

## IMPORTANT

Chaperones must be 16 years of age or older. No un-named chaperones are allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

Please indicate any coaches in wheelchairs by checking the box in the W/C column.

Athletes-As-Coaches (AAC) are to be listed under CERTIFIED COACHES. The AAC athletes-to-athlete ratio is one per team sport (excluding bocce, relay teams and bowling teams) and one per every 12 athletes in the individual sports (including bocce, relay teams and bowling teams). Please indicate any Athletes-As-Coaches by checking the box in the AAC column.

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION	W/C [X]	AAC [X]
1.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
2.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
3.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
4.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
5.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
6.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
7.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
8.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>

CHAPERONES		M / F	W/C [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"/>

"DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small>		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>

"I verify that all of coaches and chaperones in attendance are 16 years of age or older and are Class A approved. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program."

Head Delegate Signature

Date

## **2016 STATE SUMMER GAMES** **AQUATICS ATHLETE ROSTER**

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!**

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WCH [X]	IN WATER START √	EVENT CODE			
1.			<input type="checkbox"/>	<input type="checkbox"/>				
2.			<input type="checkbox"/>	<input type="checkbox"/>				
3.			<input type="checkbox"/>	<input type="checkbox"/>				
4.			<input type="checkbox"/>	<input type="checkbox"/>				
5.			<input type="checkbox"/>	<input type="checkbox"/>				
6.			<input type="checkbox"/>	<input type="checkbox"/>				
7.			<input type="checkbox"/>	<input type="checkbox"/>				
8.			<input type="checkbox"/>	<input type="checkbox"/>				
9.			<input type="checkbox"/>	<input type="checkbox"/>				
10.			<input type="checkbox"/>	<input type="checkbox"/>				
11.			<input type="checkbox"/>	<input type="checkbox"/>				
12.			<input type="checkbox"/>	<input type="checkbox"/>				
13.			<input type="checkbox"/>	<input type="checkbox"/>				
14.			<input type="checkbox"/>	<input type="checkbox"/>				
15.			<input type="checkbox"/>	<input type="checkbox"/>				

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in a maximum of two individual events and two relays.



## **2016 STATE SUMMER GAMES**

### **AQUATICS RELAY TEAM ROSTER**

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:** \_\_\_\_\_

List in Alphabetical Order

ATHLETE NAME (Last Name, First Name)	
1.	
2.	
3.	
4.	
5.	
6.	

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:** \_\_\_\_\_

List in Alphabetical Order

ATHLETE NAME (Last Name, First Name)	
1.	
2.	
3.	
4.	
5.	
6.	

Each relay can have up to six athletes entered per relay team. Any four of the six can swim at Summer Games. Only those (maximum) six names may appear on the entry form for the district aquatics meet. An athlete can be entered in a maximum of two different relays and cannot switch teams or relay events for any reason at district or State.

## 2016 STATE SUMMER GAMES ATHLETICS ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!**

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WCH [X]	EVENT CODE		
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"/>			

Athletes in relays must also be entered on the relay team forms.

## 2016 STATE SUMMER GAMES ATHLETICS RELAY TEAM ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**Team Name:** |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:** \_\_\_\_\_

### List Alphabetically

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

**Team Name:** |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:** \_\_\_\_\_

List Alphabetically

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

Each relay can have up to six athletes entered per relay team. Any four of the six can run at the summer games. An athlete may not switch teams or relay events for any reason at district or State.

# **2016 STATE SUMMER GAMES** **POWERLIFTING ATHLETE ROSTER**

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Email: \_\_\_\_\_

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	EVENT 1	EVENT 2	EVENT 3	COMBO
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!**

**\*\*\*You must list every event code for each athlete.\*\*\***

## 2016 STATE SUMMER GAMES

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS  
BY DEADLINE DATE!**

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

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

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

**TEAM EVALUATION COMMENTS:**

Briefly provide input on the ability of your team; i.e. loss or addition of key players from last year, etc.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# **2016 STATE OUTDOOR SPORTS TOURNAMENT**

## **EVENT DESCRIPTION**

**OFFICIAL EVENTS OFFERED:** Athletes can only be entered in one sport.

**1. BOCCE**

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

**3. SOFTBALL**

<i>Event Code</i>	<i>Event Description</i>
SBTEAM	Team Softball Competition

**2. 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
GFSING9	Individual Stroke Play (9 Hole) – Level 4
GFSING18	Individual Stroke Play (18 Hole) – Level 5

**4. TENNIS**

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

### **ELIGIBILITY FOR OUTDOOR SPORTS TOURNAMENT PARTICIPATION**

1. Valid Official Special Olympics Release Form, Application For Participation in Special Olympics and Unified Sports® Partner Application on file in the Headquarters office postmarked by **June 1, 2016** to remain valid through **August 6, 2016**. Note: Even though golf alternate shot partners do not function in the same role as Unified Sports® partners, golf alternate shot partners must have a valid Unified Sports® Partner Application for Participation Form on file with the Headquarters office, postmarked by the OST medical deadline.
2. 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.
3. SOWI will issue a team State quota for each district tournament based on total 2016 participation statewide.
4. Golf district competition will receive quota by registration numbers for the State Outdoor Sports Tournament.
5. All athletes who have met the training requirements for Tennis are eligible to register for State Competition.

**COMPETITION:**

Carroll University	Bocce, Tennis, and Softball
Moor Downs Golf Course	Golf
Saratoga Softball Complex	Softball

**COST:**

**Delegates are all athletes, coaches and chaperones.**

Plan C	Day Of:	\$ 8.00 per delegate	Competition & Saturday lunch
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**SPECIAL EVENTS:**

- Healthy Athletes

# 2016 STATE OUTDOOR SPORTS TOURNAMENT REGISTRATION

## FORMS AND FEES CHECKLIST

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Important: Material will only be sent to individual listed below. Be sure the address (no P.O. Box Numbers) is correct and the form complete.  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone H: (\_\_\_\_\_) \_\_\_\_\_ Phone W: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Head of Delegation (HOD) at the Games:** \_\_\_\_\_

**HOD Cell phone contact number while at the Games:** (\_\_\_\_\_) \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY THE DEADLINE DATE!**

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Chaperone Roster	Male Athletes (w/o wheelchairs)		
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		<b>SUBTOTAL</b>
<input type="checkbox"/>	Softball Entry Form(s)	Male Coaches / Chaperones		
<input type="checkbox"/>	Bocce Form(s)	Female Athletes (w/o wheelchairs)		
<input type="checkbox"/>	Tennis Entry Form(s)	Female Athletes w/ wheelchairs		<b>SUBTOTAL</b>
<input type="checkbox"/>	Golf Entry Form(s)	Female Coaches / Chaperones		
		<b>TOTAL M + F DELEGATES</b>		

### **REGISTRATION FEES**

Plan C: Day Of: competition & Saturday lunch \$ 8.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

☐ In-House Account (Funds will be automatically transferred)

☐ Non In-House Accounts: Check # \_\_\_\_\_ ☐ Included in Packet ☐ Will Send to SOWI

Date: \_\_\_\_\_

\*\*\*If your delegation is staying at a hotel during the Games, please name the hotel:

### **MEALS**

MEALS:	TOTAL NUMBER
Saturday Lunch	

**"I have checked this information and found it to be complete and accurate."**

Head Delegate Signature \_\_\_\_\_ Date \_\_\_\_\_

Regional Office Signature \_\_\_\_\_ Date \_\_\_\_\_

# COACH – CHAPERONE ROSTER

AGENCY # \_\_\_\_\_

Please list the coaches and chaperones who will be accompanying your group. You must adhere to an athlete/chaperone ration that is between 3:1 and 4:1. Prior approval must be received from you Regional office for other athlete/coach ratios.

## IMPORTANT

Chaperones must be 16 years of age or older. No un-named chaperones are allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

Please indicate any coaches in wheelchairs by checking the box in the W/C column.

Athletes-As-Coaches (AAC) are to be listed under CERTIFIED COACHES. The AAC athletes-to-athlete ratio is one per team sport (excluding bocce, relay teams and bowling teams) and one per every 12 athletes in the individual sports (including bocce, relay teams and bowling teams). Please indicate any Athletes-As-Coaches by checking the box in the AAC column.

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	W/C [X]	AAC [X]
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

CHAPERONES		M / F	W/C [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"/>

“I verify that all of coaches and chaperones in attendance are 16 years of age or older and are Class A approved. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program.”

Head Delegate Signature

Date



## **2016 STATE OUTDOOR SPORTS TOURNAMENT**

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### **SOFTBALL TEAM REGISTRATION FORM**

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell Phone: (       ) \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!**

**Team Name:** |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	TOP 12 (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"/>
13.			<input type="checkbox"/>
14.			<input type="checkbox"/>
15.			<input type="checkbox"/>

**TEAM EVALUATION COMMENTS:**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.

[illegible]

# **2016 STATE OUTDOOR SPORTS TOURNAMENT**

## **TENNIS SINGLES ATHLETE ROSTER**

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS  
BY DEADLINE DATE!**

Player Skill Ranking: Take from Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide.

	<b>ATHLETE NAME</b> (LAST NAME, FIRST NAME)	<b>M/F</b>	<b>EVENT CODE</b>	<b>*PLAYER SKILL RATING</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Athletes must be listed in alphabetical order by last name.

### **ATHLETE EVALUATION COMMENTS**

Briefly provide input on the ability of your athletes to help with divisioning:

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# **2016 STATE OUTDOOR SPORTS TOURNAMENT** **GOLF ATHLETE ROSTER**

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS  
BY DEADLINE DATE!**

	ATHLETE NAME (LAST NAME, FIRST NAME)	UNIFIED PARTNER [X]	M/F	EVENT CODE
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"/>		
16.		<input type="checkbox"/>		
17.		<input type="checkbox"/>		
18.		<input type="checkbox"/>		
19.		<input type="checkbox"/>		
20.		<input type="checkbox"/>		

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in one level of competition.



# **2016 STATE FLAG FOOTBALL TOURNAMENT**

## **EVENT DESCRIPTION**

**OFFICIAL EVENTS OFFERED:** Participation does not conflict with eligibility for Bowling or Volleyball

**1. FLAG FOOTBALL**

<i>Event Code</i>	<i>Event Description</i>
FFTEAM	FF Flag Football Team

### **ELIGIBILITY FOR FLAG FOOTBALL TOURNAMENT PARTICIPATION**

1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by **September 15, 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. Each team must have at least one Head Coach who is certified in Flag Football, registered and in attendance with the team for the State Tournament.
4. Teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for state competition. The team roster must remain the same for the two qualifying games 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.

### **STATE TOURNAMENT HOST:**

Region 4

### **HOUSING:**

None provided

### **COST TO PARTICIPATE:**

None – no meals provided, but may be available for purchase.

### **SPECIAL EVENTS:**

- Inclusive Dance & Cheer Clinic

# 2016 STATE TEAM FLAG FOOTBALL 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:** (\_\_\_\_)

TOTAL NUMBER OF COACHES AND CHAPERONES THAT WILL BE ATTENDING THIS STATE TOURNAMENT: \_\_\_\_\_

**REMINDER:** ATHLETE TO COACH/CHAPERONE RATIO IS MINIMUM OF 4:1

(CHECK ✓)

- ☐ I HAVE VERIFIED THAT ALL CHAPERONES ATTENDING THE TOURNAMENT ARE APPROVED SOWI CLASS A CERTIFIED VOLUNTEERS
- ☐ BY SUBMITTING THIS FORM I VERIFY THAT THE ATHLETES ON THIS ROSTER COMPETED IN AT LEAST TWO OF THE DOCUMENTED QUALIFYING GAMES.

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

EACH TEAM MUST HAVE A UNIQUE NAME, UP TO **15 CHARACTERS LONG**. THE NAME MUST BE USED AT ALL COMPETITIONS.

☐ New Team ☐ Existing Team

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

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

**(OVER)**

# 2016 STATE TEAM FOOTBALL

**PLEASE PRINT CLEARLY:**

AGENCY NUMBER: \_\_\_\_\_ AGENCY NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

## LIST ALL FOOTBALL 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:				
Comments:				