

# **2017 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>
SW25MDEV	Assisted Swim (District only, non-advancing)
SW15WK	15m Walk (District only, if depths permit, non-advan.)
SW15KB	15m Kickboarding (District only, non-advancing)
SW15US	15m Unassisted Swim
SW25MF	25m Freestyle
SW50MF	50m Freestyle
SW100MF	100m Freestyle
SW200MF	200m Freestyle
SW400MF	400m Freestyle
SW25BS	25m Breaststroke
SW50BS	50m Breaststroke
SW100BS	100m Breaststroke
SW25BK	25m Backstroke
SW50BK	50m Backstroke
SW100BK	100m Backstroke
SW25BF	25m Butterfly
SW50BF	50m Butterfly
SW100BF	100m Butterfly
SW100IM	100m Individual Medley
SW4X25MF	4x25m Freestyle Relay
SW4X50MF	4x50m Freestyle Relay
SW4X1CMF	4x100m Freestyle Relay
SW4X25MR	4x25m Medley Relay
SW4X50MR	4x50m Medley Relay

#### **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

#### **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 (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 (cannot do with Mini Javelin)
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

# 2017 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, 2017** to remain valid through **Saturday, June 10, 2017**
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).
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, 2017** 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!**

# **Regional/District/Sectional Games Registration Checklist**

Please take the time to go through this checklist when filling out your registrations. This will help prevent mistakes and help process your registration faster.

*This checklist is meant to be a useful tool to help you with games registrations and may not be an all-encompassing list. Please make sure to review rules and policies for each sport and game.*

## **Contact Information:**

- ☐ Enter contact information for person who will be receiving all email and mailings regarding tournament information
- ☐ Name and phone number for main contact at tournament
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Athlete Rosters:**

- ☐ Fill out rosters for the sport you will be competing in.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - All times/scores/distances are correctly entered
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
  - Scores for qualifying games entered for team sports.
    - If played more than the minimum number of games, please list all games played. This will help provide information when divisioning.
  - Team names and Relay names are correct
- ☐ Medicals
  - Confirm all athlete medicals are current for the Games.
  - Any questions regarding medical status of athletes, please contact your Regional Athletic Director or our Athlete Records Manager (608-442-5677)
- ☐ Special Needs Forms
  - Submit Special Needs Forms for any athlete needing this (ex: non-verbal, behavior issues, etc). *Special Needs Forms must be submitted separate for each level of competition.*

## **Coach/Chaperone Roster:**

- ☐ CONFIRM:
  - All coaches are current class A Volunteers and have completed the General Coach's Orientation
  - All chaperones are current class A Volunteers
- ☐ If questions regarding class A or coach certification status, please contact your Regional Athletic Director or Volunteer Records Manager (608-442-5675)

## **Athlete to Chaperone Ratio:**

- ☐ Confirm that you are following the 3:1-4:1 ratio for your registration packet
  - If dividing between two registration plans, this ratio must be followed for each packet
- ☐ Special Needs forms for athletes requesting 1:1 chaperones filled out and sent in with registration packet.
- ☐ If requesting 1:1 Chaperones for any of your athletes, take those athletes and chaperones out of your numbers and confirm your ratio still fits for the remaining athletes and coaches/chaperones.

## **Uniforms:**

- ☐ Verify that all athletes have legal uniforms
  - Refer to the individual sport rules and the Uniform Requirements located in the appendices of the Competition Guide

# 2017 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.

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

(OVER)

\*Use best performance for qualifying score.

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

<b>MAXIMUM: THREE EVENTS</b> • 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.	