2016-2017 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)

WINTER SPORTS SEASON

ALPINE SKI	ING	SNOWSHOE	RACING
ASINSL	Alpine Intermediate Slalom	SN050M	50m Race
ASINGS	Alpine Intermediate Giant Slalom	SN100M	100m Race
ASINSG	Alpine Intermediate Super G	SN200M	200m Race
ASSUGL	Alpine Super Glide	SN400M	400m Race
		SN800M	800m Race
CROSS COL	JNTRY SKIING	SN4X100M	4X100m Rela
CC050M	50m Race Classical	SN4X200M	4X200m Rela

CC050M	50m Race Classical
CC100M	100m Race Classical
CC500MF	500m Race Freestyle
CC1KLMF	1km Race Freestyle
CC25KMF	2.5km 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
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

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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
SBINGS	Snowboard Intermediate Giant Slalom

GYMNASTICS – ARTISTIC

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

SUMMER SPORTS SEASON

ATHLETICS

AT50MDEV Assisted Run (Regional only, non-advancing)

AT050M 50m run AT100M 100m Run AT200M 200m Run AT400M 400m Run

AT800M 800m Run AT1500M 1500m Run AT3000M 3000m Run AT25MW 25m Walk AT100W 100m Walk

AT200W 200m Walk AT400W 400m Walk AT800W 800m Walk AT1500W 1500m Walk

ATLNJP Long Jump (must be able to jump at least 1m)

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 (cannot do with Mini Javelin)

ATJAVJR Mini Javelin 8-15 **ATJAVSR** Mini Javelin 16+ AT4X100W 4x100m Walking Relay AT4X100M 4 x 100m Relay 4 x 200m Relay AT4X200M 4 x 400m Relay AT4X400M Wheelchair-25m AT25WH Wheelchair-100m AT100WH AT200WH Wheelchair-200m Wheelchair-30m Slalom AT30WS

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

AQUATICS

SW25MDEV Assisted Swim (District only, non-advancing)
SW15WK 15m Walk (District only, if water depths permit)
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 50m Breaststroke SW50BS **SW100BS** 100m Breaststroke SW25BK 25m Backstroke SW50BK 50m Backstroke SW100BK 100m Backstroke SW25BF 25m Butterfly 50m Butterfly SW50BF

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

OUTDOOR SPORTS SEASON

BOCCE

BCTEAM Team Competition

GOLF

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

SOFTBALL

SBTEAM Team Softball Competition
SBTEEB Tee Ball Competition

TENNIS

TNSING Singles

2017 INDOOR SPORTS SEASON OVERVIEW EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

Event Code Event Description

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

2. GYMNASTICS

GYWALL3

Women's All Around – Level 3

A. GYMNAST	CS – ARTISTIC	B. GYMNASTICS – 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	GYRHOO1	Rhythmic Hoop – Level 1	
GYWUNB1	Women's Uneven Bars – Level 1	GYRHOO2	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	
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2017 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, 2017** to remain valid through
 - (1) March 25, 2017 for Basketball Skills
 - (2) April 9, 2017 for Team Basketball
 - (3) **TBD** for Gymnastics
- 2. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
- 3. Teams must play a minimum of two documented games against other Special Olympics teams prior to registration for district/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.
- 4. <u>Teams must place first in their assigned district/regional competition to automatically qualify for sectional competition.</u> Note: A limited number of second and third place teams will advance through lottery selections to fill spaces in the sectional tournament field.
- 5. 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.
- 6. Each Agency must fill out a Team Basketball Intent to Play form and have it on file with the Regional office by **December 1, 2016.**
- 7. 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

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.

Conta	ct 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 o Enter contact information for person who will be attending the games that we can contact regarding weather information, tournament changes, lost athletes, etc.
Athlet	e 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)
Athlet	e to Chaperone Ratio:
	Confirm that you are following the 3:1-4:1 ratio for your registration packet o 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.
Unifor	rms:
	Verify that all athletes have legal uniforms
	o Refer to the individual sport rules and the Uniform Requirements located in the appendices

of the Competition Guide

2017 DISTRICT/REGIONAL BASKETBALL REGISTRATION TEAM BASKETBALL

Please Prin	t Clea	<u>ırly:</u>							
Agency Nun	nber: _		Agency N	lame:					
Head Coach	n:				W: <u>(</u>)		H: <u>(</u>)
Address:						(0))		(0)	(7)
Fax: <u>(</u>)			E-mail:		(City)		(State)	(Zip
Cell phone	conta	ct num	ber while at the	Tournamer	nt: ()			
RETUR	RN TH	IS FORI	W TO THE HOST	Γ REGIONA	L OFFICE	BY THE PU	JBLISHE	D DEADLIN	E DATE!
		I	have verified that approved SOWI					re	
Team Na Each team r	ame: must h	<u> </u> ave a u	nique name, up t	0 15 charac	ters long		 will be u	sed at all co	mpetitions.
CHECK A	LL IT	EMS:							
☐ New Te	am		Existing Team						
	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			ATHLETE NA ETICAL: LAST		ST)		M/F	
	on info	rmation	for this event wil form I verify the document	at the athlet	es on this		npeted in		o of the

(OVER)

2017 DISTRICT/REGIONAL TEAM BASKETBALL

Please Print	: Clearly:					
Agency Num	Agency Number:Agency Name:					
Team Name:	:					
Total Agency	number of coaches and chaperones that will be	attending this district	t tournament:			
	Reminder: athlete to coaches/chaper	one ratio is minimum	of 4:1			
Will you be to	aking qualifying team(s) to the sectional tourname	ent? 🗌 Yes 🗀] No			
	LIST ALL BASKETBALL GAMES	PLAYED THIS SI	EASON.			
(A minimur	m of TWO GAMES must be documented here before played against a team from another S			me must be		
	Remember – 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:				_		
2						
Comments:						

2017 SECTIONAL TEAM BASKETBALL REGISTRATION ATHLETE ROSTER

<u>Pleas</u>	e Print Clearly:		
Agend	cy Number:Agency Name:		_
Head	Coach:		
Addre	ss:		
			Zip Code:
Fax: <u>(</u>)E-mail:		
Cell p	hone contact number while at the Tournament: ()		
RE	ETURN THIS FORM TO YOUR HOST REGIONAL OFFICE B	Y THE PUBLISHED	DEADLINE DATE!
	I have verified that all chaperones attending approved SOWI Class A certified voluntee		
Tear Each	m Name: _ _ _ _ _ _ _ _ team must have a unique name up to 15 characters long. Th	_ is name will be used	d at all competitions.
List in	Alphabetical Order		
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)	M/F	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

12.