

# 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)

### VOLLEYBALL

VBTEAM	Team Competition
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### FLAG FOOTBALL

FFTEAM	Flag Football Team
FFTEAMU	Unified Flag Football Team

## WINTER SPORTS SEASON

### ALPINE SKIING

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
CC25KMF	2.5km Race Freestyle
CC5KLMF	5km Race Freestyle
CC75KMF	7.5km Race Freestyle
CC4X5M	4X500m Relay

### 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
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
GYRHO01	Rhythmic Hoop – Level 1
GYRHO02	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
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
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

SW25MDEV	Assisted Swim (District only, non-advancing)
SW15WK	15m Walk (District only, if water depths permit)
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

## OUTDOOR SPORTS SEASON

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### BOCCE

BCTEAM	Team Competition
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### GOLF

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

### SOFTBALL

SBTEAM	Team Softball Competition
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### TENNIS

TNSING	Singles
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# **2016 FALL STATE COMPETITIONS**

## **EVENT DESCRIPTION**

### **OFFICIAL EVENTS OFFERED:**

#### **1. VOLLEYBALL**

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

#### **2. FLAG FOOTBALL**

<i>Event Code</i>	<i>Event Description</i>
FFTEAM	Flag Football Team
FFTEAMU	Unified Flag Football Team

### **ELIGIBILITY FOR FALL STATE INVITATIONAL PARTICIPATION**

1. Athletes must participate in eight weeks of training prior to competition.
2. Each team must have at least one certified Head Coach registered and in attendance with the team for the State Tournament.
3. **VOLLEYBALL:** Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office postmarked by **October 1, 2016** and remain valid through **November 5, 2016**.
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, 2016**.
5. **FLAG FOOTBALL:** Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office postmarked by **September 15, 2016** and remain valid through **October 1, 2016**.
6. Each Agency has filled out the Flag Football Intent to Play form and it is on file with their Regional office as of **August 15, 2016**.
7. Volleyball and Flag Football 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.

### **REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:**

#### **VOLLEYBALL**

Watertown, WI

Host: Region 7

Troy Anderson

tanderson@specialolympicswisconsin.org

262-598-9507

262-598-9509 fax

#### **FLAG FOOTBALL**

Neenah, WI

Host: Region 4

Jody LaPlante

jlaplante@specialolympicswisconsin.org

920-731-1614

920-731-3691 fax

# **State 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
- ☐ Head of Delegation name and contact
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Checklist of Enclosures and Delegate Numbers:**

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

## **Registration Fees:**

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
  - Make sure you fill out two separate registration packets!
  - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

## **Housing and Meals:**

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

## **Agency Manager Signature:**

- ☐ Please sign or type (if filling out electronically) name and date.

## **Coach/Chaperone Roster:**

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ 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)

**(continue next page)**

**Athlete Rosters:**

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ 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.*

**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

# **2016 FALL STATE COMPETITIONS 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 THE HOST 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)		<b>SUBTOTAL</b>
<input type="checkbox"/>	Registration Fees	Male Athletes w wheelchairs		
<input type="checkbox"/>	Volleyball Athlete Roster	Male Coaches / Chaperones		
<input type="checkbox"/>	Flag Football Athlete Roster	Female Athletes (w/o wheelchairs)		<b>SUBTOTAL</b>
		Female Athletes w wheelchairs		
		Female Coaches / Chaperones		
		<b>TOTAL M + F DELEGATES</b>		

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

Agency Manager 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.

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 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."**

Agency Manager Signature \_\_\_\_\_

Date \_\_\_\_\_





# 2016 STATE FALL COMPETITIONS

## VOLLEYBALL TEAM REGISTRATION FORM

**Please Print Clearly:**

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

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

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

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

### LIST ALL VOLLEYBALL MATCHES PLAYED THIS SEASON

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

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

## 2016 STATE FALL COMPETITIONS

### FLAG FOOTBALL TEAM REGISTRATION FORM

**PLEASE PRINT CLEARLY:**

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

**\*\*Head Coach:** \_\_\_\_\_ **Cell phone #** (\_\_\_\_) \_\_\_\_\_

☐ 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      ☐ Traditional Team      ☐ Unified Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	UNIFIED PARTNER [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"/>

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

**UNIFIED PARTNER:** UNIFIED PARTNERS MUST HAVE A CURRENT CLASS A VOLUNTEER APPLICATION FORM ON FILE WITH THE STATE OFFICE BY THE **REGISTRATION DEADLINE DATE.**

# 2016 STATE FALL COMPETITIONS FLAG FOOTBALL TEAM REGISTRATION FORM

**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:				

# **2016 STATE BOWLING TOURNAMENTS**

## **EVENT DESCRIPTION**

### **OFFICIAL EVENTS OFFERED:**

#### **1. BOWLING**

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

### **ELIGIBILITY FOR STATE BOWLING TOURNAMENT PARTICIPATION**

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the Headquarters office postmarked by to **October 1, 2016** to remain valid through **date of the State Bowling Tournament you are attending**.
2. 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 completion of last year's State bowling tournament.)
3. Athletes must place first, second or third at a regional tournament to be eligible to advance to the State bowling tournaments. Teams missing a player may not advance.

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

Plan C: Day Of: \$8.00 per delegate

## REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

### NORTHWESTERN TOURNAMENT

November 12, 2016  
Weston Lanes – Weston  
Regions 2 & 3  
Host: Region 2  
Ellen Daniels  
edaniels@specialolympicswisconsin.org  
715-848-0550  
715-848-0880 *fax*

### NORTHEASTERN TOURNAMENT

November 13, 2016  
Ashwaubenon Lanes- Green Bay  
Willow Creek Lanes – Green Bay  
Regions 4 & 5  
Host: Region 5  
Carla Lieb  
clieb@specialolympicswisconsin.org  
920-497-2422  
920-497-0126 *fax*

### SOUTHWESTERN TOURNAMENT

November 13, 2016  
Bowl-A-Vard Lanes – Madison  
Prairie Lanes – Sun Prairie  
Regions 6 & 7(western)  
Host: Region 6  
Kate Bergmann  
kbergmann@specialolympicswisconsin.org  
608-442-5679  
608-222-3578 *fax*

### SOUTHEASTERN TOURNAMENT

November 13, 2016  
Bowlero Lanes - Wauwatosa  
Region 7(eastern) & 8  
Host: Region 8  
Jason Blank  
jblank@specialolympicswisconsin.org  
262-241-7786  
262-241-5334 *fax*

# **State Games Registration Checklist**

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*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
- ☐ Head of Delegation name and contact
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Checklist of Enclosures and Delegate Numbers:**

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

## **Registration Fees:**

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
  - Make sure you fill out two separate registration packets!
  - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

## **Housing and Meals:**

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

## **Agency Manager Signature:**

- ☐ Please sign or type (if filling out electronically) name and date.

## **Coach/Chaperone Roster:**

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ 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)

**(continue next page)**

**Athlete Rosters:**

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ 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.*

**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

# 2016 STATE BOWLING 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 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 THE 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"/>	Bowling Athlete Roster	Male Coaches / Chaperones		
		Female Athletes (w/o wheelchairs)		
		Female Athletes w wheelchairs		<b>SUBTOTAL</b>
		Female Coaches / Chaperones		
		<b>TOTAL M + F DELEGATES</b>		

**REGISTRATION FEES**

Plan C: Day Of: competition \$ 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: \_\_\_\_\_

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

\_\_\_\_\_  
Agency Manager 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.

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 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."**

Agency Manager Signature

Date

# **2016 STATE BOWLING TOURNAMENTS**

## **BOWLING ATHLETE ROSTER**

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

**Please Note:**

1. Athletes must be listed in alphabetical order by last name.
2. Athletes can only participate in one event.

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WHEELCHAIR [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"/>	
16.			<input type="checkbox"/>	
17.			<input type="checkbox"/>	
18.			<input type="checkbox"/>	
19.			<input type="checkbox"/>	
20.			<input type="checkbox"/>	

# **2017 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
CC25KMF	2.5km 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

### **ELIGIBILITY FOR WINTER 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 **December 1, 2016** to remain valid through **January 22, 2017**.
2. Athlete must have participated in at least eight weeks of official Special Olympics training prior to State competition.
3. 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:  
Nine Mile Forest:

Downhill Skiing and Snowboarding  
Cross Country Skiing and Snowshoe Racing

**MEALS:**

Saturday, January 21

Sunday, January 22

Lunch and Dinner

Breakfast

Lunch – Separate fee

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

Plan B	Competition & Meals	\$44.00 per delegate	all meals except Sun. Lunch
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Plan C	Competition & Saturday Lunch	\$ 8.00 per delegate	
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	Lunch: Sunday	\$ 8.00 per delegate	
--	---------------	----------------------	--

	Housing	\$99.00 per room requested by Agency	
--	---------	--------------------------------------	--

\*\*\* AGENCIES MAY CHOOSE TO SPLIT THEIR DELEGATION INTO TWO PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATIO THAT IS BETWEEN 3:1 AND 4:1 WITHIN EACH PLAN TO ENSURE LEGAL RATIOS FOR HOUSING AND TRAVEL. EACH PLAN MUST BE REGISTERED ON SEPARATE FORMS WITH A SEPARATE HEAD OF DELEGATION LISTED.

**SPECIAL EVENTS:**

- Saturday Ceremony and Dance

# **State 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
- ☐ Head of Delegation name and contact
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Checklist of Enclosures and Delegate Numbers:**

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

## **Registration Fees:**

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
  - Make sure you fill out two separate registration packets!
  - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

## **Housing and Meals:**

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

## **Agency Manager Signature:**

- ☐ Please sign or type (if filling out electronically) name and date.

## **Coach/Chaperone Roster:**

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ 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)

**(continue next page)**

**Athlete Rosters:**

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ 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.*

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

**REGISTRATION FEES** – Agency may register for more than one plan provided the 3:1 or 4:1 ratio is met within each plan. Each plan must be registered on separate forms with a separate HOD listed.

Plan B: competition & meals (does not include rooms)	\$ 44.00 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 = \$ _____
		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

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."**

Agency Manager 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.

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.”

Agency Manager Signature

Date



# **2017 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

	<b>ATHLETE NAME</b> (LAST NAME, FIRST NAME)	<b>M/F</b>	<b>EVENT CODES</b>		
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.

# **2017 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.

# 2017 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.

## **2017 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 athlete rosters for cross country or snowshoe racing.

# **2017 STATE INDOOR SPORTS TOURNAMENT**

## **EVENT DESCRIPTION**

### **OFFICIAL EVENTS OFFERED:**

#### **1. BASKETBALL**

<i>Event Code</i>	<i>Event Description</i>
BBTEAM	Team Basketball

*\*\*For State Gymnastics information, see the registration form found in Section E of the Competition Guide.*

### **ELIGIBILITY FOR INDOOR SPORTS TOURNAMENT PARTICIPATION**

1. Valid Official 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 **April 9, 2017**.
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.
3. Teams must place first in their assigned sectional competitions 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.

### **HOUSING:**

Housing	Gruenhagen Conference Center, UW – Oshkosh
Housing Available	Saturday, April 8, 2017

### **COMPETITION:**

UW – Oshkosh Kolf Fieldhouse	Team Basketball
------------------------------	-----------------

### **MEALS:**

Saturday, April 8	Lunch and Dinner
Sunday, April 9	Breakfast

### **COST:**

#### **Delegates are the athletes, coaches and chaperones**

Plan A:	Housing	\$56.00 per delegate-Housing, All Meals, Competition
Plan B:	No Housing	\$30.00 per delegate-All Meals and Competition
Plan C:	Day Of - Saturday	\$8.00 per delegate- Sat. Lunch and Competition

\* Agencies within 30 miles of Oshkosh must choose Plan B or C

**\*\*\*AGENCIES MAY CHOOSE TO SPLIT THEIR DELEGATION INTO TWO PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATIO THAT IS BETWEEN 3:1 AND 4:1 WITHIN EACH PLAN TO ENSURE LEGAL RATIOS FOR HOUSING AND TRAVEL. EACH PLAN MUST BE REGISTERED ON SEPARATE FORMS WITH A SEPARATE HEAD OF DELEGATION LISTED.**

### **SPECIAL EVENTS:**

- |                    |                     |
|--------------------|---------------------|
| ▪ Opening Ceremony | ▪ Healthy Athletes® |
| ▪ Dance            |                     |

# **State 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
- ☐ Head of Delegation name and contact
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Checklist of Enclosures and Delegate Numbers:**

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

## **Registration Fees:**

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
  - Make sure you fill out two separate registration packets!
  - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

## **Housing and Meals:**

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

## **Agency Manager Signature:**

- ☐ Please sign or type (if filling out electronically) name and date.

## **Coach/Chaperone Roster:**

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ 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)

**(continue next page)**

**Athlete Rosters:**

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ 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.*

**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 STATE INDOOR 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 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)		<b>SUBTOTAL</b>
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	Team Entry Form(s)	Male Coaches / Chaperones		
		Female Athletes (w/o wheelchairs)		<b>SUBTOTAL</b>
		Female Athletes w/ wheelchairs		
		Female Coaches / Chaperones		
		<b>TOTAL M + F DELEGATES</b>		

**REGISTRATION FEES** – Agency may register for more than one plan provided the 3:1 or 4:1 ratio is met within each plan. Each plan must be registered on separate forms with a separate HOD listed.

Plan A: Housing: competition & all meals	\$56.00 x _____	Total Delegates = \$ _____
Plan B: No housing: competition & all meals	\$30.00 x _____	Total Delegates = \$ _____
Plan C: Day Of: competition & Saturday lunch	\$ 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 Oshkosh 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
Saturday Night	Males:		Saturday Lunch	
	Females:		Saturday Dinner	
			Sunday Breakfast	

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

Agency Manager 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.

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"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAPERONES		M / F	W/C [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"/>	

**"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."**

Agency Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

## **2017 STATE INDOOR SPORTS TOURNAMENT**

### **TEAM BASKETBALL REGISTRATION FORM**

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell #: \_\_\_\_\_

**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.

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F
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.

[illegible]

# **2017 STATE BASKETBALL SKILLS TOURNAMENT**

## **EVENT DESCRIPTION**

### **OFFICIAL EVENTS OFFERED:**

#### **1. BASKETBALL**

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

### **ELIGIBILITY FOR INDOOR SPORTS TOURNAMENT PARTICIPATION**

1. Valid Official 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 **March 25, 2017**.
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.

### **LOCATION:**

Neenah High School

## **State 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
- ☐ Head of Delegation name and contact
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

### **Checklist of Enclosures and Delegate Numbers:**

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

### **Registration Fees:**

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
  - Make sure you fill out two separate registration packets!
  - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

### **Housing and Meals:**

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

### **Agency Manager Signature:**

- ☐ Please sign or type (if filling out electronically) name and date.

### **Coach/Chaperone Roster:**

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ 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)

**(continue next page)**

**Athlete Rosters:**

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ 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.*

**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 STATE BASKETBALL SKILLS 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 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)		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	Skills Entry Form	Male Coaches / Chaperones		
		Female Athletes (w/o wheelchairs)		SUBTOTAL
		Female Athletes w/ wheelchairs		
		Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

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

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

Agency Manager 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.

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"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAPERONES		M / F	W/C [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"/>	

**“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.”**

Agency Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

# **2017 STATE BASKETBALL SKILLS TOURNAMENT**

## **BASKETBALL SKILLS ATHLETE ROSTER**

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

	<b>ATHLETE NAMES</b> (ALPHABETICAL: LAST NAME, FIRST)	<b>M/F</b>	<b>W/C [X]</b>	<b>EVENT CODE</b>	<b><u>LEVEL 1</u></b> <b>AGE: 15 OR</b> <b>UNDER</b>	<b><u>LEVEL 1</u></b> <b>HOOP</b> <b>HEIGHT**</b>	<b><u>LEVEL 1</u></b> <b>BALL SIZE</b> <b>MEN/WOME</b> <b>N**</b>	<b><u>LEVEL 2</u></b> <b>BOUNCE</b> <b>OR CHEST</b> <b>PASS</b>
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"/>			
16.			<input type="checkbox"/>		<input type="checkbox"/>			



17.			<input type="checkbox"/>		<input type="checkbox"/>			
18.			<input type="checkbox"/>		<input type="checkbox"/>			
19.			<input type="checkbox"/>		<input type="checkbox"/>			
20.			<input type="checkbox"/>		<input type="checkbox"/>			
21.			<input type="checkbox"/>		<input type="checkbox"/>			
22.			<input type="checkbox"/>		<input type="checkbox"/>			
23.			<input type="checkbox"/>		<input type="checkbox"/>			
24.			<input type="checkbox"/>		<input type="checkbox"/>			
25.			<input type="checkbox"/>		<input type="checkbox"/>			

List athletes in alphabetical order by last name.

**\*See information on Event Description Page**

**\*\*Must designate bounce or chest pass for Level II Catch and Pass skill**

# **2017 STATE GYMNASTICS COMPETITION**

## **EVENT DESCRIPTION**

### **OFFICIAL EVENTS OFFERED:**

#### **1. GYMNASTICS –**

##### **a. GYMNASTICS – ARTISTIC**

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

##### **B. GYMNASTICS – RHYTHMIC**

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

### **ELIGIBILITY FOR INDOOR SPORTS TOURNAMENT PARTICIPATION**

3. Valid Official 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 **last date of competition**.
4. Athletes must participate in eight weeks of official Special Olympics training prior to competition.

### **DATE AND LOCATION:**

**TBD**

## **State 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
- ☐ Head of Delegation name and contact
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

### **Checklist of Enclosures and Delegate Numbers:**

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

### **Registration Fees:**

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
  - Make sure you fill out two separate registration packets!
  - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

### **Housing and Meals:**

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

### **Agency Manager Signature:**

- ☐ Please sign or type (if filling out electronically) name and date.

### **Coach/Chaperone Roster:**

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ 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)

**(continue next page)**

**Athlete Rosters:**

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ 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.*

**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 STATE GYMNASTICS COMPETITION 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)		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	Gymnastics Entry Form	Male Coaches / Chaperones		
		Female Athletes (w/o wheelchairs)		SUBTOTAL
		Female Athletes w/ wheelchairs		
		Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

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

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

Agency Manager 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.

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"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAPERONES		M / F	W/C [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"/>	

**"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."**

Agency Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

# 2017 STATE GYMNASTICS COMPETITION

## GYMNASTICS 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	W/C [X]	EVENT CODE			*HOUSING
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"/>

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

(OVER)

## 2017 STATE GYMNASTICS ATHLETE ROSTER

**Please Print Clearly:**

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

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

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

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

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in one of the three event categories



# 2017 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>
SW25MDEV	Assisted Swim (District only)
SW15WK	15m Walk (District only, if depths permit)
SW15KB	15m Kickboarding (District only)
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

\*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 (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

## **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, 2017** to remain valid through **June 10, 2017**.
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 8 and Friday, June 9, 2017

### **LOCATION:**

UW-Stevens Point Campus

### **MEALS:**

Thursday, June 8:

Dinner

Friday, June 9:

Breakfast, Lunch and Dinner

Saturday, June 10:

Breakfast

Lunch – Separate fee

### **COST:**

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

Plan A	Housing:	\$56.00 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.

**\*\*\*AGENCIES MAY CHOOSE TO SPLIT THEIR DELEGATION INTO TWO PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATIO THAT IS BETWEEN 3:1 AND 4:1 WITHIN EACH PLAN TO ENSURE LEGAL RATIOS FOR HOUSING AND TRAVEL. EACH PLAN MUST BE REGISTERED ON SEPARATE FORMS WITH A SEPARATE HEAD OF DELEGATION LISTED.**

### **SPECIAL EVENTS:**

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

# **State 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
- ☐ Head of Delegation name and contact
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Checklist of Enclosures and Delegate Numbers:**

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

## **Registration Fees:**

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
  - Make sure you fill out two separate registration packets!
  - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

## **Housing and Meals:**

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

## **Agency Manager Signature:**

- ☐ Please sign or type (if filling out electronically) name and date.

## **Coach/Chaperone Roster:**

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ 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)

**(continue next page)**

**Athlete Rosters:**

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ 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.*

**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 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)		<b>SUBTOTAL</b>
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	Soccer Team Entry Forms	Male Coaches / Chaperones		
<input type="checkbox"/>	Aquatics Roster	Female Athletes (w/o wheelchairs)		<b>SUBTOTAL</b>
<input type="checkbox"/>	Athletics Roster	Female Athletes w/ wheelchairs		
<input type="checkbox"/>	Powerlifting Roster	Female Coaches / Chaperones		
		<b>TOTAL M + F DELEGATES</b>		

**REGISTRATION FEES** – Agency may register for more than one plan provided the 3:1 or 4:1 ratio is met within each plan.

**Each plan must be registered on separate forms with a separate HOD listed.**

Plan A: Housing: Competition & all meals (except Sat. lunch) \$ 56.00 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

\*\*\*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."**

Agency Manager 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.

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

CHAPERONES		M / F	HOUSING [X]	W/C [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"/>

**“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.”**

Agency Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

# 2017 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!**

<b>MAXIMUM: FOUR EVENTS</b> • 2 INDIVIDUAL & 2 RELAY		<b>IN- WATER START</b> ✓	<b>HOUSING</b> [X]	<b>1ST EVENT</b> EVENT CODE	<b>*QUALIFYIN G TIME</b> MIN: SEC. 1/10	<b>2ND EVENT</b> EVENT CODE	<b>*QUALIFYIN G TIME</b> MIN: SEC. 1/10	<b>1ST RELAY</b> EVENT CODE	<b>*QUALIFYIN G TIME</b> MIN: SEC. 1/10	<b>2ND RELAY</b> EVENT CODE	<b>*QUALIFYING TIME</b> MIN: SEC. 1/10
	<b>ATHLETE NAME</b> (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.	

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

Athletes must be listed in alphabetical order by last name.  
 Athletes can only participate in a maximum of two individual events and two relays.



## **2017 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!**

<b><u>MAXIMUM: THREE EVENTS</u></b> • 3 INDIVIDUAL • 2 INDIVIDUAL & 1 RELAY • 1 INDIVIDUAL & 2 RELAY		<b>CATEGORY LETTER</b>	<b>HOUSING [X]</b>	1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE
<b>ATHLETE NAME</b> (ALPHABETICAL: LAST NAME, FIRST)				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
1									
						R1.		R2.	
2									
						R1.		R2.	
3									
						R1.		R2.	
4									
						R1.		R2.	
5									
						R1.		R2.	

<b><u>MAXIMUM: THREE EVENTS</u></b> • 3 INDIVIDUAL • 2 INDIVIDUAL & 1 RELAY • 1 INDIVIDUAL & 2 RELAY		CATEGORY LETTER	HOUSING [X]	1ST EVENT		2ND EVENT OR RELAY		3RD EVENT OR RELAY	
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)				EVENT CODE	*QUALIFYING SCORE  MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	*QUALIFYING SCORE  MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	*QUALIFYING SCORE  MIN: SEC. 1/10 M .CM POINTS
6						R1.		R2.	
7						R1.		R2.	
8						R1.		R2.	
9						R1.		R2.	
10						R1.		R2.	

Categories are listed in the Athletics Rules.  
 Athletes in relays must also be entered on the relay team forms.

# **2017 STATE SUMMER GAMES** **POWERLIFTING ATHLETE ROSTER**

**Please Print Clearly:**

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

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

ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)		M/F	HOUSING [X]	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.\*\*\***

# 2017 STATE SUMMER GAMES FOOTBALL (SOCCER) 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**. This name will be used at all competitions.

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	HOUSING [X]
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 extend across the width of the page. There are no margins, text, or other markings on the paper.

# **2017 STATE GOLF COMPETITIONS**

## **EVENT DESCRIPTION**

### **OFFICIAL EVENTS OFFERED:**

#### **1. GOLF**

<i>Event Code</i>	<i>Event Description</i>
GFASTM	Alternate Shot Team Play – Level 2
GFSING9	Individual Stroke Play (9 Hole) – Level 4

### **ELIGIBILITY FOR STATE GOLF INVITATIONALS**

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2017** to remain valid through **the date of the golf invitational you are attending**.
2. Golf alternate shot partners must have a valid Class A Volunteer Application on file with the Headquarters office, postmarked by **the registration deadline for the invitational you are attending**.

### **PARTICIPATION**

Athletes and Unified Partners may compete in **one or both** State Golf Competitions. Send registration form to correct invitational host office. If attending both, separate registration forms will need to be sent to both hosts. **Medals will be provided for athletes and partners placing in 1<sup>st</sup>-3<sup>rd</sup> places and ribbons for 4<sup>th</sup>-8<sup>th</sup>.**

### **REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:**

#### **NORTHEASTERN INVITATIONAL:**

July 9, 2017  
Highland Ridge Golf Club, De Pere  
Host: Region 5  
Carla Lieb  
clieb@specialolympicswisconsin.org  
920-497-2422  
920-497-0126 fax

#### **SOUTHWESTERN INVITATIONAL:**

July 16, 2017  
Kestrel Ridge Golf Club, Columbus  
Host: Region 6  
Kate Bergmann  
kbergmann@specialolympicswisconsin.org  
608-442-5679  
608-222-3578 fax

**\*\*Agencies wishing to compete at both invitationals will need to fill out separate registration forms and send to correct host regional office.**

# **State 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
- ☐ Head of Delegation name and contact
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Checklist of Enclosures and Delegate Numbers:**

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

## **Registration Fees:**

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
  - Make sure you fill out two separate registration packets!
  - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

## **Housing and Meals:**

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

## **Agency Manager Signature:**

- ☐ Please sign or type (if filling out electronically) name and date.

## **Coach/Chaperone Roster:**

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ 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)

**(continue next page)**

**Athlete Rosters:**

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ 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.*

**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 STATE GOLF COMPETITIONS 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		SUBTOTAL
<input type="checkbox"/>	Golf Entry Form(s)	Male Coaches / Chaperones		
		Female Athletes (w/o wheelchairs)		
		Female Athletes w/ wheelchairs		SUBTOTAL
		Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

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

\_\_\_\_\_  
Agency Manager 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.

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."**

\_\_\_\_\_  
Agency Manager Signature

\_\_\_\_\_  
Date

# **2017 STATE GOLF COMPETITIONS REGISTRATION** **ATHLETE ROSTER**

**Please Print Clearly:**

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

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

Invitational Attending (Green Bay or Columbus): \_\_\_\_\_

**REMINDER:** ATHLETE TO COACH/CHAPERONE RATIO IS MINIMUM OF 4:1 (**DO NOT INCLUDE ALTERNATE SHOT PARTNERS IN TOTAL**)

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

*I HAVE VERIFIED THAT ALL CHAPERONES ATTENDING THE TOURNAMENT ARE  
APPROVED SOWI CLASS A CERTIFIED VOLUNTEERS ☐ (CHECK ✓).*

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

\*AVERAGE OF SIX SCORES RECORDED ON FOLLOWING PAGES

\*\*REGISTRATION INFORMATION FOR THIS EVENT WILL BE SENT TO THE PERSON LISTED AS HEAD COACH.

UNIFIED PARTNER: UNIFIED PARTNERS MUST HAVE A CURRENT CLASS A VOLUNTEER APPLICATION FORM ON FILE WITH THE STATE OFFICE POSTMARKED BY THE **REGISTRATION DEADLINE DATE**.

## **2017 STATE GOLF COMPETITIONS 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.

<b>** Team Name:</b>														
<b>*ATHLETE NAMES</b> (ALPHABETICAL: LAST NAME, FIRST)										<b>TEAM AVERAGE</b>				
1.														
2.														
SIX MOST RECENT NINE-HOLE SCORES:														
COURSE PAR:														
COURSE LENGTH (YARDS):														
<b>** Team Name:</b>														
<b>*ATHLETE NAMES</b> (ALPHABETICAL: LAST NAME, FIRST)										<b>TEAM AVERAGE</b>				
1.														
2.														
SIX MOST RECENT NINE-HOLE SCORES:														
COURSE PAR:														
COURSE LENGTH (YARDS):														
<b>** Team Name:</b>														
<b>*ATHLETE NAMES</b> (ALPHABETICAL: LAST NAME, FIRST)										<b>TEAM AVERAGE</b>				
1.														
2.														
SIX MOST RECENT NINE-HOLE SCORES:														
COURSE PAR:														
COURSE LENGTH (YARDS):														

**\*\*TEAMS MUST HAVE A UNIQUE NAME UP TO 15 CHARACTERS LONG. THE NAME WILL REMAIN THE SAME FOR ALL COMPETITION.**

# **2017 STATE GOLF COMPETITIONS REGISTRATION**

## **LEVEL 4 – 9 HOLE**

**PLEASE PRINT CLEARLY:**

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

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

TWO OF THE SIX REQUIRED SCORES MUST BE COMPLETED ON COURSES OF 2,400 YARDS OR LONGER. ALSO LIST THE SIX MOST RECENT SCORES SINCE THE LAST OUTDOOR SPORTS TOURNAMENT FOR THE ATHLETE BELOW.

\*ATHLETE NAME (LAST NAME, FIRST)

1. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_

\*ATHLETE NAME (LAST NAME, FIRST)

2. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_

\*ATHLETE NAME (LAST NAME, FIRST)

3. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_

\*ATHLETE NAME (LAST NAME, FIRST)

4. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_

\*ATHLETE NAME (LAST NAME, FIRST)

5. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_

# **2017 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

**2. SOFTBALL**

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

**3. 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 on file in the Headquarters office postmarked by **June 1, 2017** to remain valid through **August 5, 2017**.
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 2017 participation statewide.
4. All athletes who have met the training requirements for Tennis are eligible to register for State Competition.

#### **LOCATION:**

Housing:	Carroll University
Housing Available:	Friday, August 4

#### **COMPETITION:**

Carroll University	Bocce, Tennis, and Softball
Saratoga Softball Complex	Softball

#### **COST:**

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

Plan A	Housing:	\$56.00 per delegate	Friday housing, competition, all meals
Plan C	Day Of:	\$ 8.00 per delegate	Competition & Saturday lunch

**\*\*Any Agencies looking for Saturday night housing, please contact the State Office**

**\*\*\*AGENCIES MAY CHOOSE TO SPLIT THEIR DELEGATION INTO TWO PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATION THAT IS BETWEEN 3:1 AND 4:1 WITHIN EACH PLAN TO ENSURE LEGAL RATIOS FOR HOUSING AND TRAVEL. EACH PLAN MUST BE REGISTERED ON SEPARATE FORMS WITH A SEPARATE HEAD OF DELEGATION LISTED.**

#### **SPECIAL EVENTS:**

- Healthy Athletes
- Health Forum
- Opening Ceremony
- Dance

# **State 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
- ☐ Head of Delegation name and contact
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Checklist of Enclosures and Delegate Numbers:**

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

## **Registration Fees:**

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
  - Make sure you fill out two separate registration packets!
  - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

## **Housing and Meals:**

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

## **Agency Manager Signature:**

- ☐ Please sign or type (if filling out electronically) name and date.

## **Coach/Chaperone Roster:**

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ 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)

**(continue next page)**

**Athlete Rosters:**

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ 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.*

**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 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>
		Female Coaches / Chaperones	
		<b>TOTAL M + F DELEGATES</b>	

**REGISTRATION FEES** – Agency may register for more than one plan provided the 3:1 or 4:1 ratio is met within each plan. Each plan must be registered on separate forms with a separate HOD listed.

**Plan A:** Housing: Competition & all meals \$56.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

**Plan C:** No Housing: Competition & Sat. lunch \$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

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

### HOUSING & MEALS

HOUSING:		TOTAL NUMBER	MEALS:	TOTAL NUMBER
			Friday Dinner	
Friday Night	Males:		Saturday Breakfast	
	Females:		Saturday Lunch	

Shuttle service will be provided throughout the State Outdoor Sports Tournament.

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

\_\_\_\_\_  
Agency Manager 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.

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.

**\*PLEASE INDICATE CERTIFIED COACHES AND SELECT ONE SPORT THEY ARE CERTIFIED IN AND COACHING FOR THE STATE GAMES.**

The roster must be typed or printed clearly.

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

CHAPERONES		M / F	HOUSING [X]	W/C [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"/>

**“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.”**

Agency Manager Signature

Date

## **2017 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	HOUSING [X]	TOP 12 (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"/>
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"/>

**TEAM EVALUATION COMMENTS:**

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

[illegible]

# **2017 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.

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	HOUSING [X]	EVENT CODE	*PLAYER SKILL RATING
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 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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**Please Print Clearly:**

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

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	WHEELCHAIR (X)	INDIVIDUAL BOSAT SCORE*
1.			<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	
6.			<input type="checkbox"/>	

The team shall consist of rosters of four, five or six athletes; however, only four can compete at one time. Substitution rules will regulate the use of the fifth or sixth players. **If your Agency is bringing multiple teams, rank your teams with one indicating the highest ability, two for the next highest ability and so forth.**

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

[illegible]