

# 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

### 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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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

### 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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## AQUATICS



# **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

### 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:				