

2018 SUMMER GAMES SEASON OVERVIEW - SOCCER

EVENT DESCRIPTIONS

OFFICIAL EVENTS OFFERED:

1. SOCCER

<i>Event Code</i>	<i>Event Description</i>
FBTEAM	Five-A-Side Team Soccer

ELIGIBILITY FOR SOCCER SEASON COMPETITION

1. Valid Special Olympics Release Form and the Application For Participation in Special Olympics in the Headquarters office postmarked by **April 1, 2018** to remain valid through **the date of the District tournament you are attending**.
2. To be eligible to advance to the State Summer Games, an athlete's Application for Participation must remain valid through **June 9, 2018**.
3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
4. At Regional tournaments and State Summer Games, athletes are eligible to compete in only one of the four sports offered. Agency quota will be based on the number of participating athletes, and advancement will be conducted according to Article I of the General Rules (see General Competition Policies).
5. Each Agency must fill out the Intent to Play form for soccer and have it mailed to their Regional office postmarked by **March 1, 2018** to be eligible.
6. Soccer teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, district competition and State competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.
7. Soccer teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: A limited number of second and third place teams may advance to fill any spaces in the tournament field.

PLEASE READ FORMS CAREFULLY!

Regional/District/Sectional Games Registration Checklist

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

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

Contact Information:

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

Athlete Rosters:

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

Coach/Chaperone Roster:

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

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

2018 DISTRICT TEAM SOCCER REGISTRATION

Please Print Clearly:

Agency Number: _____ Agency Name: _____

****Head Coach:** W: () H: ()

Address: _____

Fax: () E-mail: _____ (City) _____ (State) _____ (Zip)

Cell phone contact number while at the Tournament: ()

Additional email you would like games information sent to: _____

RETURN THIS FORM TO THE 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 $\checkmark$).

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

Each team must have a unique name, up to **15 characters** long.

☐ New Team ☐ Existing Team

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

****Registration information for this district event will be sent to the person listed as the head coach.**

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games ☐ (check ☒).

2018 DISTRICT TEAM SOCCER

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 coach/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament? ☐ Yes ☐ No

LIST ALL SOCCER 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:				