

# 2018 FALL STATE COMPETITIONS – FLAG FOOTBALL

## EVENT DESCRIPTION

### OFFICIAL EVENTS OFFERED:

#### 1. FLAG FOOTBALL

*Event Code    Event Description*

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. A Valid Official Special Olympics Release Form and Application for Participation in Special Olympics    Application must be on file in the Headquarters office postmarked by **September 15, 2018** and remain valid through **September 29, 2018** for traditional teams and **September 30, 2018** for unified teams.
4. A valid Class A Volunteer Form must be on file in the Headquarters office postmarked by the **registration date** for all Unified Partners.
5. 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, 2018**.
6. Flag Football traditional 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.
7. The two game scrimmage requirement for registration will be waived for unified teams. While not required, we still encourage participating in scrimmage games to help with divisioning at the state tournament.
8. Housing will be available for \$30 per delegate.

\*\*\*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.

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

#### 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.

**(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.
- ☐ 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

# 2018 STATE FLAG FOOTBALL 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"/>	Forms and Fees Checklist	Male Athletes (w/o wheelchairs)	
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs	<b>SUBTOTAL</b>
<input type="checkbox"/>	Chaperone Roster	Male Coaches / Chaperones	
<input type="checkbox"/>	Flag Football Athlete Roster(s)	Female Athletes (w/o wheelchairs)	
		Female Athletes w/ wheelchairs	<b>SUBTOTAL</b>
		Female Coaches / Chaperones	
		<b>TOTAL M + F DELEGATES</b>	

**REGISTRATION FEES** – Agency may register for up to **TWO** plans 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 & Housing (no Meals) \$30.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

**Plan B:** No Housing: Competition only \$0.00 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 WILL NOT BE PROVIDED)

HOUSING:	TOTAL NUMBER	
Saturday Night	Males:	
	Females:	

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Regional Office Signature

\_\_\_\_\_  
Date

# COACH – Chaperone Roster (Overnight Stay only) 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

## State Registration – Flag Football

AGENCY # \_\_\_\_\_

You do not have to list all the coaches and chaperones attending these games with your team(s) if not housing overnight. But please remember:

- 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.
- Chaperones/Coaches must be 16 years of age or older.
- All chaperones/coaches must be approved, active SOWI Class A volunteers by the entry deadline date.
- The Athletes-As-Coaches 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).

**“I verify that all coaches and chaperones in attendance are 16 years of age or older and are Class A approved. All coaches are current on certification. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program.”**

**“I have checked all the above information and found it to be complete and accurate.”**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Regional Office Signature

\_\_\_\_\_  
Date

## 2018 STATE FALL COMPETITIONS – FLAG FOOTBALL

### 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.***

# 2018 STATE FALL COMPETITIONS – FLAG FOOTBALL

## 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:				



## **2018 STATE FALL COMPETITIONS – FLAG FOOTBALL**

### **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.***

# 2018 STATE FALL COMPETITIONS – FLAG FOOTBALL

## 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:				