

# FORMS FOR DUPLICATION

*Important: Be sure to make multiple copies of these forms for continued use.*

## TRAINING

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**SPECIAL OLYMPICS WISCONSIN  
DVD ORIENTATION & REGISTRATION FORM  
GENERAL ORIENTATION**

PLEASE PRINT OR TYPE CLEARLY:

DATE: \_\_\_\_\_ Region: \_\_\_\_\_

SITE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

SOWI REPRESENTATIVE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: SOWI General Orientation \_\_\_\_\_ DATE: \_\_\_\_\_

|    | NAME | ADDRESS | CITY | STATE | ZIP | AGENCY |
|----|------|---------|------|-------|-----|--------|
| 1  |      |         |      |       |     |        |
| 2  |      |         |      |       |     |        |
| 3  |      |         |      |       |     |        |
| 4  |      |         |      |       |     |        |
| 5  |      |         |      |       |     |        |
| 6  |      |         |      |       |     |        |
| 7  |      |         |      |       |     |        |
| 8  |      |         |      |       |     |        |
| 9  |      |         |      |       |     |        |
| 10 |      |         |      |       |     |        |
| 11 |      |         |      |       |     |        |
| 12 |      |         |      |       |     |        |
| 13 |      |         |      |       |     |        |
| 14 |      |         |      |       |     |        |

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



## Application for Sports Certification

One form per certification

Instructions: Please print clearly or type information below and return to the Headquarters office.

List **permanent** mailing address and telephone number (not college address):

|                                    |   |
|------------------------------------|---|
| Name:                              | Email:  |
| Address:                           | Home Phone:   |
| City:                              | Cell Phone:   |
| State: Zip:                        | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Class A Volunteer ID #(optional) : | Occupation:   |

If you are an SOWI athlete becoming a coach, check this box. ☐

If your address changed since your Class A registration or last certification, please check this box. ☐

|   |          |
|---|----------|
| I am a Class A registered volunteer with SOWI and have completed the <b>required SOWI General Orientation</b> | YES / NO |
| I am a Class A registered volunteer with SOWI and have completed the <b>required SOI Protective Behaviors</b> | YES / NO |

### I am applying for CERTIFICATION in one of the following areas:

|  | Location of Course: | Date Completed: |
|--|---------------------|-----------------|
| Sports Skills: _____                         |                     |                 |
| Coaching Special Olympic Athletes            |                     |                 |
| Principles of Coaching                       |                     |                 |
| Coaching Unified Sports                      |                     |                 |
| Athlete Leadership: Coach / Official         |                     |                 |
| Athlete Leadership: Global Messenger I // II |                     |                 |
| Athlete Leadership: Governance               |                     |                 |
| Games Management                             |                     |                 |
| Official, Sport: _____                       |                     |                 |
| Other: _____                                 |                     |                 |

Coaching/Officiating experience at the high school/college levels (circle Coach or Official): Yes ☐ No ☐

Playing experience at high school or college levels: Yes ☐ No ☐

Sport(s) you played: \_\_\_\_\_

### Other Information:

How many SO sports do you coach? \_\_\_\_\_ How many sports are you certified in? \_\_\_\_\_

Highest level of education achieved: \_\_\_\_\_

Do you have any relatives with an intellectual disability? Yes ☐ No ☐ If yes, relationship: \_\_\_\_\_

☐ I have read the SOWI/SOI/NGB sports rules for the sport listed above, I am familiar with the SOWI Competition Guide and current rule changes, and will comply with the **Certified Coach Code of Conduct**.

Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above.

Office use only

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

|          | Initials | Date |
|----------|----------|------|
| BB Check |          |      |
| Email AM |          |      |
| BB Entry |          |      |

Updated 05/13/2014

## **Process to Become a Special Olympics Wisconsin Certified Coach**

1. Person completing an Application for Sports Certification must be a registered Class A Volunteer, have completed the online General Orientation, and completed an SOWI Certified Training School (CTS).
2. After attending a CTS, application forms must be received by the Headquarters office within one year of the date of attendance – forms received after a year will be void.  
*\*\*\*If certification is needed for advancement to State Games, this application must be completed and submitted along with or prior to State Games registration forms.\*\*\**
3. All lines on the Application for Sports Certification must be filled in:
  - a. Agency number in the top left corner
  - b. Personal contact information in the boxes – please use the full name used on your Class A Volunteer form (i.e. Michelle instead of Shelly)
  - c. Completion status of the *SOWI General Orientation* must be checked YES or NO  
Completion status of *SOI Protective Behaviors* must be checked YES or NO
  - d. Check the certification category applying for. If checking *Sport Skills*, please write the specific sport you are applying for (one sport per application)
  - e. Coaching/Officiating experience must be completed
  - f. Education and family background information must be completed
4. The application must be signed by the applying coach and Agency Manager.
5. It is encouraged that applicants and/or Agency Manager make a copy of the form before it is mailed to the Headquarters office.
6. Once the completed form is received and approved, it is entered into the SOWI volunteer database. Coaches will receive a confirmation letter informing them of their new certification and date of expiration. ***All certifications expire on December 31<sup>st</sup> of the third calendar year from the date of the CTS.*** Before a certification expires, letters are mailed to the coach informing them of the upcoming expiration.
7. If you have any questions, please contact the Director of Training & Competition at 1-800-552-1324, ext. 5679.
8. Please mail, email, or fax the application to the address below:  
**Special Olympics Wisconsin**  
**Attn: Director of Training & Competition**  
**2310 Crossroads Drive, Suite 1000**  
**Madison, WI 53718**

Email: [alillethun@specialolympicswisconsin.org](mailto:alillethun@specialolympicswisconsin.org)

Fax: 608-222-3578

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



## Application for Sports Re-Certification

**INSTRUCTIONS:** Please print clearly or type information below and return to the Headquarters office.

List permanent mailing address and telephone number (not college address).

Name \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Class A Volunteer ID# (optional) \_\_\_\_\_ Occupation \_\_\_\_\_

☐ If your address above is different from the address shown on your last certification application, please check the box.

I have successfully completed the required SOWI on-line Sports Assessment(s) and I am applying for re-certification in the following sport(s) \_\_\_\_\_

**Additionally,** to maintain my sports certification for SOWI, I have completed one of the following educational components:

|  | Location of Course: | Date Completed: |
|--|---------------------|-----------------|
| Sports Skills: _____                         |                     |                 |
| Coaching Special Olympic Athletes            |                     |                 |
| Principles of Coaching                       |                     |                 |
| Coaching Unified Sports                      |                     |                 |
| Athlete Leadership: Coach / Official         |                     |                 |
| Athlete Leadership: Global Messenger I // II |                     |                 |
| Athlete Leadership: Governance               |                     |                 |
| Games Management                             |                     |                 |
| Official, Sport: _____                       |                     |                 |
| USA/World Games: (date) _____                |                     |                 |
| Other: _____                                 |                     |                 |

☐ I have read the SOWI/SOI/NGB sports rules for the sport listed above, I am familiar with the SOWI Competition Guide and current rule changes, and will comply with the *Certified Coach Code of Conduct*. Having satisfactorily completed all requirements, I hereby request Special Olympics re-certification in the area identified above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Manager (Optional)

\_\_\_\_\_  
Date

**For Office Use Only**

|          | Initials | Date |
|----------|----------|------|
| RE Check |          |      |
| SA Check |          |      |
| Email AM |          |      |
| BB Entry |          |      |





## Process to Maintain Sports Certification

Follow the steps below to maintain your sports certifications. Please note that **ONE** educational course component will re-certify you in all sports if you **also** complete the online sports assessment for **each sport**. If you have other questions about coaching certifications, please visit the FAQs on the website under the volunteer – coaches training tab.

**STEP 1:** Complete one educational course component – examples include:

- Certified Training School or advanced skills course – must be sport-specific to the certification
- Principles of Coaching or Coaching Special Olympic Athletes (may only be taken one time for re-certification)
- SOWI online course, Coaching Philosophy \*\*\*Please include a copy of a completed exercise
- SONA online courses: Principles of Coaching, Coaching Special Olympics Athletes, Coaching Unified Sports \*\*\*Please include a copy of the completion certificate
- Online courses through the National Federation of State High School Association (NFHS): [www.nfhs.org](http://www.nfhs.org)
- Online courses through American Sport Education Program (ASEP): [www.asep.com](http://www.asep.com) \*\*\*Please include a copy of completion certificate from any online course.
- First Aid/ CPR Certification \*\*\*Please attach a copy of the certification card
- SOWI Conference or Health Forum (only if topics are relevant)
- Non-SOWI educational course—i.e. educational or professional in-services, conferences or seminars that pertain to working with people with disabilities, coaching, communication, conflict-resolution, etc. \*\*\*SOWI Educational Course Reporting Form must be completed after attendance and submitted with the Re-Certification Application to the Headquarters office.

**STEP 2:** Complete SOWI online Sports Assessment – **for each sport you wish to recertify in**. Sport Assessments are found on our website under the *Volunteer Tab*.

**STEP 3:** Complete the Application for Sports Re-Certification; Sign and date application and mail, fax, or email directly to the Headquarters office:

**Mailing Address:** Special Olympics Wisconsin  
Attn: Director of Training & Competition  
2310 Crossroads Drive, Suite 1000  
Madison, WI 53718

**Email:** [alillethun@specialolympicswisconsin.org](mailto:alillethun@specialolympicswisconsin.org)

**Fax:** 608-222-3578

**\*\*\*Note:** The Agency Manager signature is optional; Agency Managers will receive an email notification once the application is received and processed.

**\*\*\*Note:** Application for Sports Re-Certification **must be received at the Headquarters office prior to a sports certification expiration date**. If a Re-Certification Application is received after a sports expiration date, it will **not** be accepted.

If you have any questions pertaining to the re-certification process or non-SOWI educational course options, please contact the Director of Training & Competition at 1-800-552-1324, ext. 5679 or [alillethun@specialolympicswisconsin.org](mailto:alillethun@specialolympicswisconsin.org)



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

## SOWI Educational Course Reporting Form for Re-Certification

**INSTRUCTIONS:** Please print clearly or type information below and return to the Headquarters office.  
To maintain my Sports Certification for SOWI, I have completed the following non-SOWI educational course:

Title: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City: \_\_\_\_\_

Facilitated by: \_\_\_\_\_

Please explain the purpose of this course: \_\_\_\_\_

Please explain how the course applies to your Special Olympic coaching: \_\_\_\_\_

Please list three to five things you learned from the course that you will apply to your Special Olympics coaching:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***Having satisfactorily completed all requirements, I hereby request Special Olympics re-certification for coaching.***

Applicant Name – print \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Please mail this form with a Re-Certification Application to:

Special Olympics Wisconsin  
Attn: Director of Training & Competition  
2310 Crossroads Drive, Suite 1000  
Madison, WI 53718

Or E-mail: [alillethun@specialolympicswisconsin.org](mailto:alillethun@specialolympicswisconsin.org)

Or Fax: 608-222-3578

**For Office Use Only**

|                                   | Initials | Date |
|-----------------------------------|----------|------|
| Dir. of Training<br>& Competition |          |      |

Updated 11/1/2012





# Special Olympics Wisconsin Training Site Safety Checklist

The new Accreditation standards require that all training facilities and equipment are safe with a first aid kit, athlete emergency contacts and a phone and/or transportation available in case of an emergency.

The checklist below is not intended to cover every possible situation, but acts as a guideline for areas which could constitute injury hazards.

Acceptable?

**Yes**

**No**

## **Playing Surfaces – Indoor**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Irregular floor surfaces (wood separations, splinters, etc.)?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Surfaces clean and free of dust, gum, wet or greasy areas, loose pieces of paper, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical floor plate and outlet coverings fixed properly in position?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical cords away from participant area and taped securely?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | All extra equipment removed?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sufficient buffer zone between spectators?   |

## **Playing Surfaces – Outdoor**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Condition of turf (pot-holes, mud, etc.)?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Puddles drained off?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash, glass, sharp objects, sharp-edged rocks, etc. removed off the the field? |
| <input type="checkbox"/> | <input type="checkbox"/> | Obvious and hidden grates well-secured?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sufficient buffer zone between spectators?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Goal posts, goalie cages, baseball bases, etc. installed properly?              |

## **Walls**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Hanging ropes or electrical lines?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Moveable equipment flush or appropriately fastened to wall? |
| <input type="checkbox"/> | <input type="checkbox"/> | Protruding handles or cranks?                               |

## **Lighting**

- |                          |                          |                               |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | All areas adequately lighted? |
|--------------------------|--------------------------|-------------------------------|

## **Equipment**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Personal equipment (i.e., clothing, footwear, protective equipment) appropriate to the sport?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Activity equipment (i.e., sticks, balls, goals, nets, bats, poles, whistles, cones, padding and mats) can meet the demands of the sport? |
| <input type="checkbox"/> | <input type="checkbox"/> | Athletes have removed jewelry?   |

## **Emergency**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A first aid kit is available on site?  |
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of athletes' Application for Participation in Special Olympics Forms with emergency contacts, insurance and medical information is on site? |
| <input type="checkbox"/> | <input type="checkbox"/> | Telephones within easy access?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle within easy access?  |





## Special Olympics Wisconsin Manual Receipt Form

Name of Payee: \_\_\_\_\_

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

Amount: \_\_\_\_\_

Agency Manager Approval: \_\_\_\_\_

Purpose (be specific): \_\_\_\_\_

Expense Code: \_\_\_\_\_

: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Why is original receipt missing?: \_\_\_\_\_

Check Number: \_\_\_\_\_

\_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

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

Amount: \_\_\_\_\_

Agency Manager Approval: \_\_\_\_\_

Purpose (be specific): \_\_\_\_\_

Expense Code: \_\_\_\_\_

: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Why is original receipt missing?: \_\_\_\_\_

Check Number: \_\_\_\_\_

\_\_\_\_\_

Date of Purchase: \_\_\_\_\_

**\*\*Please note: This form is invalid if Agency Manager has not signed for approval.**



## Invoice Approval Form

Name of Payee: \_\_\_\_\_

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

Amount: \_\_\_\_\_

Agency Manager Approval Signature:

\_\_\_\_\_

Print name

Purpose (be specific – tell who, what, where, when and why):

\*Witness Approval Signature:

\_\_\_\_\_

Print name

**\*MUST be signed by member of Agency Management Team who is a Class A volunteer without financial restrictions and is not a family member of the manager**

Expense Code: \_\_\_\_\_

Date to be Paid by: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

**\*Please Note: This form is invalid if the Agency Manager has not signed for approval.**

## Agency In-House Petty Cash Request

Agency Number \_\_\_\_\_

Agency Name \_\_\_\_\_

Petty Cash Amount Requested \$ \_\_\_\_\_

Petty Cash for: (Please check one) ☐ Agency Fund or ☐ Special Event

If Special Event: Name of Special Event \_\_\_\_\_

Date Needed \_\_\_\_\_

Designated Class A Volunteer \_\_\_\_\_

This is the person who will be responsible for the petty cash and should have no financial restrictions.  
The check will be made out in this persons name.

Address to send check to \_\_\_\_\_

Approval Signature \_\_\_\_\_

Agency Manager Signature

Approval Signature \_\_\_\_\_

Class A Volunteer Signature

## Petty Cash Ledger

**Agency number and Name:**

[illegible]

|  |   |  |
|--|---|--|
| <b>AGENCY DEPOSIT TICKET</b>   |   |  |
| Use this form to submit deposits to the Program Office.  |   |  |
| If deposit includes taxable items such as Admissions, Auction, Concessions, Games & Entertainment or Souvenirs) attach Sales Tax Summary form. |   |  |
|  |   | All deposit forms can be found under "Agency Forms & Tools" on our website:<br><a href="http://www.specialolympicswisconsin.org/agency">www.specialolympicswisconsin.org/agency</a><br><br>Contact the Program Office if you need assistance logging in. |
| <b>Date</b>  |   |  |
| <b>Deposit Total</b>   |   |  |
| <b>Total Items for Deposit</b>   |   |  |
| <b>Agency #</b>  |   |  |
| <b>Agency Name</b>   |   |  |
| <b>Submitted by</b>  |   |  |
| <b>Email Address</b>   |   |  |
|  |   |  |
| <b>Attachments:</b>  | <input type="checkbox"/> Sales Tax Summary Form<br><input type="checkbox"/> Bank Deposit Receipt(s)                     |  |
|  | (For cash deposits made at Johnson Bank. List breakouts - Amount, Account Number & Reference in comments section below) |  |
| <b>Comments:</b>   |   |  |
|  |   |  |



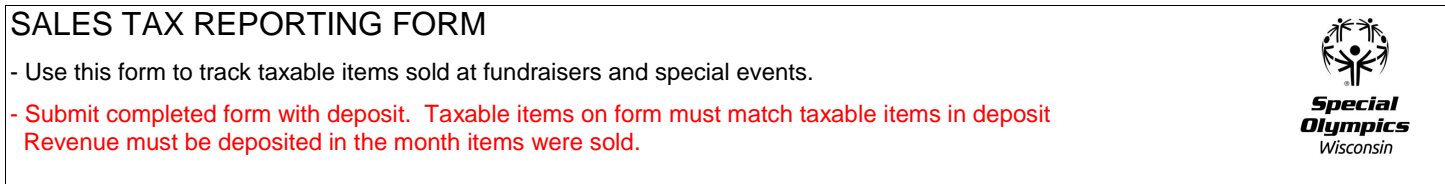
## AGENCY DEPOSIT LEDGER TEMPLATE

-Use this form to keep an in-house agency record of the deposit.

[illegible]

**SALES TAX REPORTING FORM**

- Use this form to track taxable items sold at fundraisers and special events.
- **Submit completed form with deposit. Taxable items on form must match taxable items in deposit Revenue must be deposited in the month items were sold.**



**SALES TAX REPORTING FORM**

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- **Submit completed form with deposit. Taxable items on form must match taxable items in deposit Revenue must be deposited in the month items were sold.**



2310 Crossroads Drive, Suite 1000  
Madison, WI 53718  
(608) 222-1324  
(800) 552-1324 (toll-free)  
(608) 222-3578 (fax)

## Money Handling ACCOUNTABILITY

The following procedures will occur at all SOWI fundraising events:

1. At least two people will count money and both individuals will sign off on the counts in order to be held accountable.
  - a. These individuals will be Class A volunteers with no financial restrictions
  - b. These individuals will not be related to each other.
2. This completed form will be forwarded to the Headquarters office with the deposit information.

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Region: \_\_\_\_\_

Total Cash: \_\_\_\_\_

Total Checks: \_\_\_\_\_

Total Credit Card: \_\_\_\_\_

Total Collected: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Mutual Respect, Positive Attitude, Accountability, Teamwork and Dedication  
Values SOWI lives by to create an environment of integrity where winning is more than coming in first.

*Created by the Joseph P. Kennedy Jr. Foundation for the benefit of individuals with intellectual disabilities. Authorized and Accredited by Special Olympics, Inc.*

**Special Olympics Wisconsin, Inc  
Volunteer Expense Reimbursement Form**

**Agency Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mileage Reimbursement:**

| Date          | Trip/Purpose Explanation | Number of Miles | Allowance (miles x .14) | Account/ Cost Center |
|---------------|--------------------------|-----------------|-------------------------|----------------------|
|               |                          |                 |                         |                      |
|               |                          |                 |                         |                      |
|               |                          |                 |                         |                      |
|               |                          |                 |                         |                      |
|               |                          |                 |                         |                      |
|               |                          |                 |                         |                      |
| <b>Totals</b> |                          |                 |                         |                      |

**Other Travel Reimbursement:**

| Date          | Trip/Purpose Explanation | Airfare | Room | Meals | Car Rental/Cab | Account/ Cost Center |
|---------------|--------------------------|---------|------|-------|----------------|----------------------|
|               |                          |         |      |       |                |                      |
|               |                          |         |      |       |                |                      |
|               |                          |         |      |       |                |                      |
|               |                          |         |      |       |                |                      |
| <b>Totals</b> |                          |         |      |       |                |                      |

- Original receipts must be attached

**Miscellaneous Expense Reimbursement:**

| Date          | Purpose Explanation | Items to be Reimbursed | Amount | Account/Cost Center |
|---------------|---------------------|------------------------|--------|---------------------|
|               |                     |                        |        |                     |
|               |                     |                        |        |                     |
|               |                     |                        |        |                     |
|               |                     |                        |        |                     |
| <b>Totals</b> |                     |                        |        |                     |

- Original receipts must be attached

**Approval:** \_\_\_\_\_ **Grand Total:** \_\_\_\_\_  
Agency Manager

**Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Class A Volunteer



WISCONSIN DEPARTMENT OF REVENUE  
2135 RIMROCK RD  
PO BOX 8949  
MADISON, WI 53708-8949

**State of Wisconsin • DEPARTMENT OF REVENUE**

2135 RIMROCK RD PO BOX 8949 MADISON, WI 53708-8949  
PHONE: 608-266-2776 FAX: 608-267-1030 TTY: 608-267-1049  
EMAIL: sales10@dor.state.wi.us WEBSITE: www.revenue.wi.gov

April 14, 2011

Letter ID: L1060708032

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SPECIAL OLYMPICS WISCONSIN INC  
2310 CROSSROADS DR STE 1000  
MADISON WI 53718-7600

This is your Wisconsin Sales and Use Tax Certificate of Exempt Status (CES). Purchases made by your organization or entity are taxable unless you provide a properly completed Wisconsin Sales and Use Tax Exemption Certificate (Form S-211), listing the CES number shown below, to your supplier(s).

If your organization makes sales, they may be subject to sales tax collection and you may be required to obtain a Seller's Permit. Information regarding registration requirements can be found in our Publication 206, Sales Tax Exemption for Nonprofit Organizations.

Forms and Publications can be obtained through our web site at [www.revenue.wi.gov](http://www.revenue.wi.gov) or through our forms ordering line at (608) 266-1961. Many questions can be answered by reviewing the FAQ pages on our web site. You may also contact us by telephone at (608) 266-2776 or by email at sales10@revenue.wi.gov.

**WISCONSIN SALES AND USE TAX  
CERTIFICATE OF EXEMPT STATUS (CES)**  
(Governmental, Religious, Charitable, Scientific or Educational Organization)

Sales to this organization or entity are exempt from Wisconsin sales and use tax under sec. 77.54(9a) and 77.55(1), Wis. Stats.

This certificate is valid unless cancelled by the Wisconsin Department of Revenue.

SPECIAL OLYMPICS WISCONSIN INC  
2310 CROSSROADS DR STE 1000  
MADISON WI 53718-7600

|             |            |
|-------------|------------|
| CES NUMBER  | 012517     |
| DATE ISSUED | 12/18/1973 |

**IMPORTANT:**

Purchases made by your organization are taxable unless you furnish your supplier with the CES number shown above.

Sales by your organization may be subject to tax. If your organization makes taxable sales, it may be required to obtain a seller's permit and remit sales tax to the Department of Revenue.

Questions: Contact the Department of Revenue by telephone at (608) 266-2776, FAX (608) 267-1030, E-mail sales10@revenue.wi.gov, or at our Web site [www.revenue.wi.gov](http://www.revenue.wi.gov)

# Agency to Agency Funds Transfer

|   |                    |             |                        |                      |                   |                          |                  |
|---|--------------------|-------------|------------------------|----------------------|-------------------|--------------------------|------------------|
| Agency Holding Event  |                    |             |                        |                      |                   |                          |                  |
| Event   |                    |             |                        |                      |                   |                          |                  |
| Date  |                    |             |                        |                      |                   |                          |                  |
| Reason for transfers:   |                    |             |                        |                      |                   |                          |                  |
| <b><i>By signing this form on behalf of my Agency, I authorize the transfer of funds to cover this event.</i></b> |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   | <b>Class A Volunteer</b> |                  |
| <b>Agency Number</b>  | <b>Agency Name</b> | <b>Item</b> | <b>Number of Items</b> | <b>Cost Per Item</b> | <b>Total Cost</b> | <b>Print Name</b>        | <b>Signature</b> |
|   |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   |                          |                  |
|   |                    |             |                        |                      |                   |                          |                  |



## **Investment Options for Agencies Account /Amount Designation Form**

**Date** \_\_\_\_\_

**Agency Number** \_\_\_\_\_

**Agency Name** \_\_\_\_\_

**Deposit \$** \_\_\_\_\_ **into the Special Olympics Money Market Savings Account**

**Deposit \$** \_\_\_\_\_ **into the Special Olympics 1year Certificate of Deposit.**

**Agency Manager Signature & date 1** \_\_\_\_\_

**Class A volunteer Signature & date 1** \_\_\_\_\_

Mutual Respect, Positive Attitude, Accountability, Teamwork and Dedication—Values SOWI lives by to create an environment of integrity where winning is more than coming in first.



## Investment Options for Agencies

### Transfer Form

Use this form when you wish to transfer money between accounts for your Agency.

This transfer will be made on the 1<sup>st</sup> business day of the month.

Date \_\_\_\_\_

Agency Number \_\_\_\_\_

Agency Name \_\_\_\_\_

Choose One:

☐

Transfer \$ \_\_\_\_\_ from my Agency savings account to my Agency checking account.

☐

Transfer \$ \_\_\_\_\_ from my Agency checking account to my Agency savings account.

Agency Manager Signature 2 \_\_\_\_\_

Class A volunteer Signature 2 \_\_\_\_\_

Mutual Respect, Positive Attitude, Accountability, Teamwork and Dedication—Values SOWI lives by to create an environment of integrity where winning is more than coming in first.





## On-line Order Form

Please go on-line and locate the item you wish to purchase.

|  |  |
|--|--|
| <b>What is the website address:</b>      |  |
| <b>What is the item number:</b>          |  |
| <b>What is the model number:</b>         |  |
| <b>Description of the item / color:</b>  |  |
| <b>What is the cost:</b>                 |  |
| <b>How many would you like to order:</b> |  |
| <b>Address to ship order to?</b>         |  |
| <b>E-mail address:</b>                   |  |
| <b>Phone Number:</b>                     |  |

| Invoice Approval   |  |
|--|--|
| <b>Agency Number:</b>  |  |
| <b>Agency Name:</b>  |  |
| <b>Purpose</b> (be specific – tell who, what, where, When and why) |  |
| <b>Expense Code:</b>   |  |

**Agency Manager Approval:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Witness Approval:** \_\_\_\_\_  
**Date:** \_\_\_\_\_



# SPECIAL OLYMPICS

## FIRST REPORT OF ACCIDENT / INCIDENT



U.S. PROGRAM/AREA: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ INJURED PARTY:

Injured Person/Party Information Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_  
(Last) (First) (MI)  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender: ☐ Male ☐ Female Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Description of Accident (If automobile accident occurred, please attach a copy of the police report).

Describe how the accident occurred (Attach a separate sheet if necessary): \_\_\_\_\_

Site / event where accident occurred: \_\_\_\_\_

#### ACCIDENT OCCURRED DURING:

- ☐ Training/Practice
- ☐ Competition
- ☐ Traveling to or from SO event
- ☐ Other: \_\_\_\_\_

#### TYPE OF INJURY:

- ☐ Severe cut w/ bleeding
- ☐ Less serious bruise or cut
- ☐ Break/fracture
- ☐ Concussion
- ☐ Paralysis
- ☐ Fatality
- ☐ Other: \_\_\_\_\_

#### DISPOSITION:

- ☐ Released to parent
- ☐ Refusal of care
- ☐ Refer to doctor
- ☐ Refer to hospital or clinic
- ☐ Medical attention
- ☐ EMS transport
- ☐ Patient requested EMS transport
- ☐ Released to personal vehicle
- ☐ Police
- ☐ Ambulance
- ☐ Report only
- ☐ Other: \_\_\_\_\_

#### SPORT

- |  |   |
|--|---|
| <input type="checkbox"/> Alpine Skiing     | <input type="checkbox"/> Power Lifting  |
| <input type="checkbox"/> Aquatics          | <input type="checkbox"/> Relay Game     |
| <input type="checkbox"/> Athletics         | <input type="checkbox"/> Roller Skating |
| <input type="checkbox"/> Badminton         | <input type="checkbox"/> Sailing        |
| <input type="checkbox"/> Baseball          | <input type="checkbox"/> Snowboarding   |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Snowshoe       |
| <input type="checkbox"/> Bocce             | <input type="checkbox"/> Soccer         |
| <input type="checkbox"/> Bowling           | <input type="checkbox"/> Softball       |
| <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Speed Skating  |
| <input type="checkbox"/> Cross Country Ski | <input type="checkbox"/> Swimming       |
| <input type="checkbox"/> Cycling           | <input type="checkbox"/> Table Tennis   |
| <input type="checkbox"/> Equestrian        | <input type="checkbox"/> Team Handball  |
| <input type="checkbox"/> Figure Skating    | <input type="checkbox"/> Tennis         |
| <input type="checkbox"/> Floor Hockey      | <input type="checkbox"/> Track & Field  |
| <input type="checkbox"/> Golf              | <input type="checkbox"/> Volleyball     |
| <input type="checkbox"/> Gymnastics        | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Kickball          |   |

#### BODY PART INJURED:

- ☐ Head
- ☐ Neck
- ☐ Torso
- ☐ Back
- ☐ Hand (L / R)
- ☐ Finger (L / R)
- ☐ Elbow (L / R)
- ☐ Shoulder (L / R)
- ☐ Leg (L / R)
- ☐ Knee (L / R)
- ☐ Thigh (L / R)
- ☐ Shin (L / R)
- ☐ Toe (L / R)
- ☐ Other: \_\_\_\_\_

### Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify the care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does the injured person have medical insurance? ☐ Yes ☐ No

If yes, insurance is provided by: ☐ Injured Person ☐ Care Provider/Responsible Party

Please provide name of Company and Policy Number: \_\_\_\_\_

### Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Witness #2 Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Special Olympics Official / Representative (other than claimant)

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Signature: \_\_\_\_\_

#### SEND COMPLETED FORM TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.  
7609 W. Jefferson Blvd., Suite 150  
Fort Wayne, Indiana 46804-4133 | Fax: 260.969.4729

#### IF INJURY WAS SERIOUS OR A FATALITY:

IMMEDIATELY NOTIFY AMERICAN SPECIALTY  
AT 800.566.7941, 24 hours a day/7 days a week

**SPECIAL OLYMPICS  
REQUEST FOR CERTIFICATE OF INSURANCE**

(This form is only utilized when a facility/organization requires a certificate of insurance.)

- 1) Date: \_\_\_\_\_ Person Completing this Form: \_\_\_\_\_
- 2) U.S. Program/Area: \_\_\_\_\_
- 3) U.S. Program/Area Address: \_\_\_\_\_
- 4) U.S. Program/Area Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- 5) Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_
- 6) Site or Location of Event: \_\_\_\_\_
- 7) Is Event a Fundraising Activity? ☐ YES ☐ NO If the event is a Fundraising Activity, please provide answers to the following:
- a. Will the event last more than 7 consecutive days? ☐ YES ☐ NO
- b. Will more than 5,000 spectators/participants be in attendance of the event? ☐ YES ☐ NO
- c. Are participants required to sign a Release of Liability Waiver? ☐ YES ☐ NO

**Please attach any pertinent information regarding fundraising activities (brochure, advertisement, specific details)**

Note: If the event involves any of the following, please contact Jina Doyle at jdoyle@amerspec.com or (260)673-1127 immediately, as the policy either specifically **EXCLUDES** coverage for these events or requires the U.S. Program to meet certain underwriting requirements. Coverage is not provided for the following activities unless approved in advance by the Insurer.

- |   |  |
|---|--|
| • Alcohol   | • Mechanical Rides   |
| • Rock Climbing Walls                                     | • Golf Ball Drops  |
| • Aircraft (other than a Plane Pull)                      | • Fireworks  |
| • Animals (other than Equestrian practices/competitions)  | • Rodeos   |
| • Firearms  | • Fundraising Events with more than 5,000 people (including spectators and participants) in attendance |
| • Fundraising Events lasting more than 7 consecutive days |  |
| • Inflatable Devices                                      |  |

- 8) Is Event Exclusively for Special Olympics Athletes? ☐ YES ☐ NO
- 9) Is Event Sponsored by a Special Olympics Program? ☐ YES ☐ NO
- 10) Is the Event Conducted by a Special Olympics Program? ☐ YES ☐ NO
- 11) Is Alcohol Being Served at the Event? ☐ YES ☐ NO

If so, please provide additional details (such as alcohol is included in ticket price, cash bar, donated): \_\_\_\_\_

- 12) Certificate Holder (entity requiring certificate): \_\_\_\_\_
- 13) Does the Certificate Holder require Additional Insured status\*? ☐ YES ☐ NO
- a. If so, please outline the requested Additional Insured wording: \_\_\_\_\_
- b. If so, please outline the Additional Insured's role in the event (such as sponsor, location of event, etc. \_\_\_\_\_

- 14) Certificate Holder Contact Person: \_\_\_\_\_
- 15) Certificate Holder Address: \_\_\_\_\_
- 16) Certificate Holder Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**\*ADDITIONAL INSURED STATUS SHOULD BE CHECKED ONLY IF IT IS A REQUIREMENT OF THE CERTIFICATE HOLDER.**

- 17) Are you required to enter into an agreement/contract/permit with another party relative to the above-referenced event that contains assumption of liability, indemnification, or hold harmless language? ☐ YES ☐ NO
- If so, please send a copy of the contract with the Certificate Request Form.**

Original Certificate should be sent to: ☐ Certificate Holder ☐ U.S. Program

**SEND TO:**

**ATTN: RENE WATERSON E-MAIL: [rwatson@amerspec.com](mailto:rwatson@amerspec.com)  
AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.  
P.O. BOX 309**

**ROANOKE, IN 46783-0309 TELEPHONE: (800) 245-2744 FAX: (260) 672-8835**

# Special Olympics Wisconsin Contract Review Checklist

## Purpose of Checklist

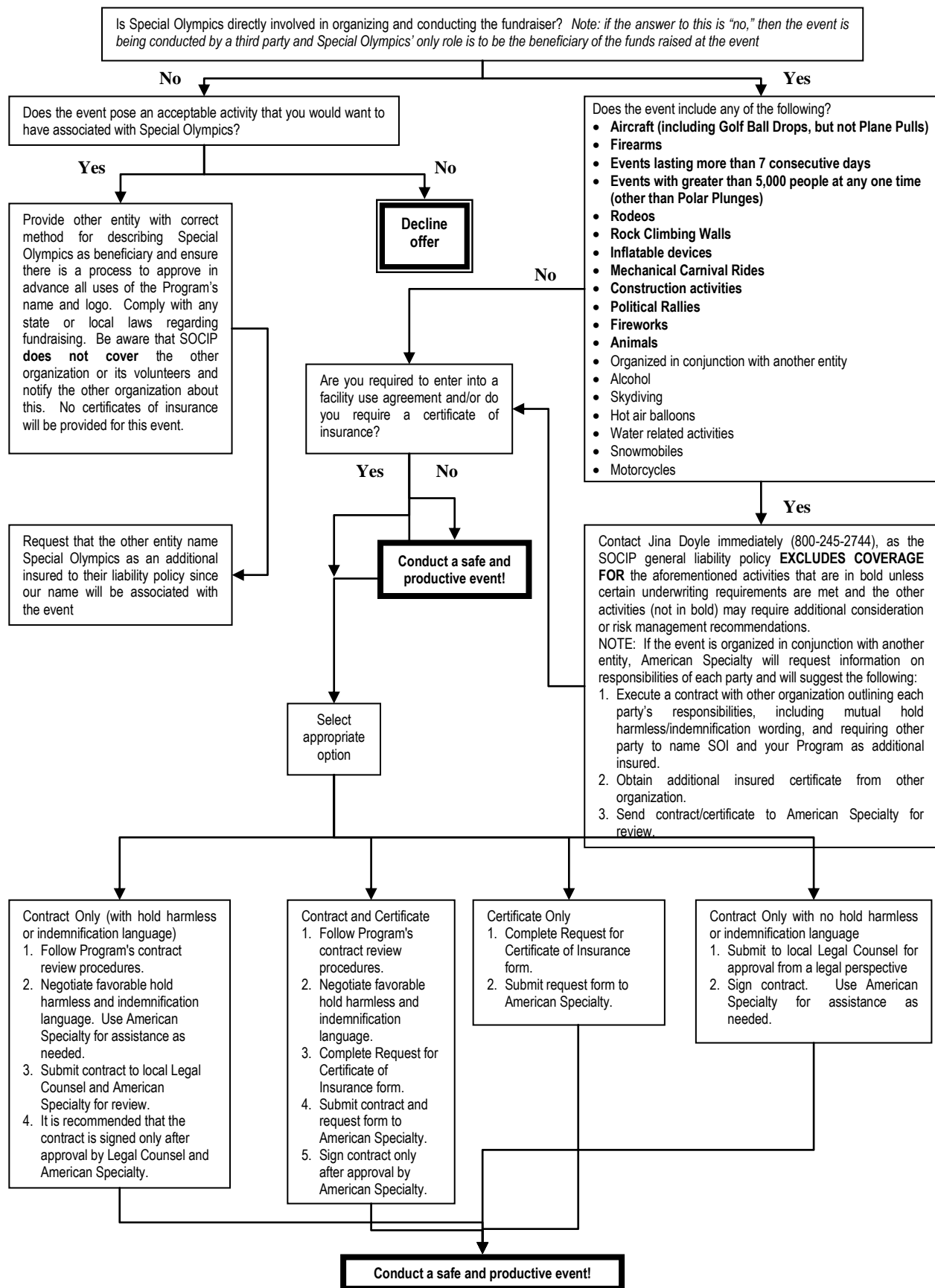
The following checklist is provided as a tool to help Special Olympics U.S. Programs when determining whether to sign a contract/agreement with a venue or facility. This checklist focuses on risk management issues and applies primarily to facility or venue use agreements/contracts. Although some of the same principles may apply, this checklist is not intended to be used for contracts such as hotel agreements, sponsorship agreements, long-term building leases, etc. A U.S. Program should always follow its own protocol relative to the contract review process and should work with legal counsel and insurance representatives (American Specialty or local broker) as appropriate.

## Using the Checklist

If the answer to any of the questions below is "no," separate action is recommended prior to signing. Also, please utilize the Event Flowchart to help identify any additional steps that may need to be taken relative to insurance.

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a complete, legible copy of the contract?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are all parties listed by their formal legal names?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are the effective dates and times of the agreement accurately stated?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are the individuals to sign the agreement authorized representatives of each party?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>Is the indemnification and hold harmless provision "acceptable"?</p> <p><b>Acceptable:</b></p> <ul style="list-style-type: none"> <li>• Other party indemnifies and holds Program harmless for losses, and Program doesn't indemnify or hold other party harmless; or</li> <li>• Each party is responsible for its own negligence - mutual indemnification and hold harmless; or</li> <li>• Program indemnifies and holds other party harmless <b>but not</b> for losses arising from other party's negligence (or other party's sole or gross negligence). This is acceptable although above options are preferable.</li> </ul> <p><b>Not Acceptable</b></p> <ul style="list-style-type: none"> <li>• Program indemnifies other party and holds them harmless for any and all losses (including those arising from other party's own negligence), and other party doesn't indemnify or hold Program harmless.</li> </ul> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the Program carry the insurance coverage required in the contract?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>Is the additional insured requirement consistent with the indemnification and hold harmless provision?</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• If there is mutual hold harmless and indemnification, the parties should name each other as additional insured.</li> <li>• If the Program must hold harmless and indemnify the other party for losses arising out of the Program's negligence only, then the Program should be required to name the other entity as an additional insured only with respect to losses arising out of the Program's negligence.</li> </ul>   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are the cancellation requirements acceptable (for example, they do not place an undue financial burden on the Program if the Program needs to cancel)?   |

## Insurance Needs Fundraising Event Flowchart



## SPECIAL NEEDS ATHLETE FORM

**Completed Special Needs Forms can be copied, but must be submitted at the registration deadline for ALL levels of competition.**

Coaches who have athletes with special needs (i.e. communication limitation, hearing or visual impairment, special equipment adaptations or behavioral needs) can relay important information to the event volunteer as to how to best work with the athlete. In some cases, a coach may be allowed to be in the competition area for consultation with the volunteer(s) working with the athlete. It is important in this situation for the coach to introduce the athlete to the volunteer(s) and advise the volunteer(s) on how to work with the athlete. The coach will not be allowed to remain in competition area. **Special needs forms are intended to be an aid for the volunteer in working with the athlete and are not to be used for performance-related instructions or coaching tips.**

If you have a "Special Needs" athlete please complete the following form (one per athlete). If necessary, this information will be included on the event card. If you do not complete this form, it may be more difficult to accommodate the "Special Needs" for your athlete.

|                         |
|-------------------------|
| Athlete Name:           |
| Agency Number and Name: |
| Coach Name:             |

☐ **REQUEST 1:1 Volunteer needed in competition area**

- Must obtain prior approval from Event Director (not all requests can be approved).
- Check reason(s) and provide a brief explanation below

☐ **REQUEST 1:1 State Games Housing Chaperone** (non-competition related) – provide a brief explanation below  
**1:1 Class A Chaperone Name:** \_\_\_\_\_ (must match your Coach/Chaperone Roster)

☐ **General Volunteer assistance at the venue** – check reason(s) or provide a brief explanation below

| General Special Needs: (check all that apply) |                                    |                          |  |
|---|------------------------------------|--------------------------|--|
| <input type="checkbox"/>                      | Guide to/from event/start          | <input type="checkbox"/> | Non Verbal   |
| <input type="checkbox"/>                      | Behavior issues                    | <input type="checkbox"/> | Hearing Impaired   |
| <input type="checkbox"/>                      | Wanders                            | <input type="checkbox"/> | Visually Impaired  |
| <input type="checkbox"/>                      | Unsteady on feet                   | <input type="checkbox"/> | Seizures   |
| <input type="checkbox"/>                      | Special Equipment – explain below: | <input type="checkbox"/> | Medical condition that may require the administration or consumption of medication, food or liquids <u>during competition.</u> – provide a <u>brief</u> explanation below. |
| <input type="checkbox"/>                      | Other – explain below:             | <input type="checkbox"/> |  |

**Explanation:** (Please be as brief as possible):

---



---



---



## ATHLETE MEDICAL INFORMATION

Agency: \_\_\_\_\_ Coach: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Sex: ☐ M ☐ F

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty \_\_\_\_\_

### EMERGENCY CONTACTS

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Able to Make Own Medical Decisions ☐ Y / ☐ N

### MEDICAL INSURANCE

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### GENERAL HEALTH INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pain Tolerance: ☐ Low ☐ Normal ☐ High

Last Tetanus Shot \_\_\_\_\_

If applicable:

Last Influenza Shot \_\_\_\_\_ Last Pneumococcal Shot \_\_\_\_\_

MEDICAL DATA AS OF: Month \_\_\_\_\_ Year \_\_\_\_\_

### MEDICAL HISTORY (Check all that exist)

☐ No known medical conditions

☐ Asthma

☐ Diabetes

☐ Seizure Disorder

☐ Hypertension

☐ Coronary Artery Disease  
☐ Bleeding/Clotting Disorder  
☐ Stroke  
☐ Hearing Impaired ☐

☐ Pacemaker  
☐ Sickle Cell Anemia  
☐ Dementia  
Vision Impaired

Other/Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ALLERGIES (Please describe reaction)

☐ No known allergies ☐ Environmental

☐ Insect Stings

☐ Latex

☐ Aspirin

☐ Ibuprofen

☐ Tylenol

☐ Penicillin

Other Allergies \_\_\_\_\_

\_\_\_\_\_

Reaction Description(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEDICATIONS

| Name | Dose | Frequency | Indication |
|------|------|-----------|------------|
|      |      |           |            |
|      |      |           |            |
|      |      |           |            |
|      |      |           |            |
|      |      |           |            |
|      |      |           |            |

### Athlete Medical Information Instructions

The following are additional questions/clarification to assist you in providing the most accurate and relevant medical information to Special Olympics-WI coaches and medical staff, in addition to emergency medical personnel, if needed. Please feel to provide sensitive information via other methods.

### Emergency Contact

Is the athlete able to make own medical decisions?

If no, please indicate on form and list who is able to make such decisions, i.e. guardian/Power of Attorney for Healthcare, as Emergency Contact #1.

**General Health Information:** Please see below and the back of this sheet for a list of questions.

**Medical History:** Please check/list all current medical problems, major surgery/illness, and medical conditions that may alter evaluation or treatment. In addition, please see below and back side of this sheet for questions about certain conditions.

**Allergies:** Please check/list any allergies (medication, food, latex, other). Include type of reaction [Anaphylactic (trouble breathing, throat swelling), rash, GI problems, other]

**Medications:** Please list all medications, vitamins and supplements taken. In addition, list any recent medication changes and medication side effects that need to be watched for (sun sensitivity, dehydration, etc) in the General Health Information Section. Also, please include if and what over-the-counter medications the athlete may have for **minor pain, etc.**

**General Medical Information Questions:** Please indicate answers in the General Health Information or Medical History Sections (only need to provide information if answer is different than "normal")

### General Information

- Is the athlete unable to answer the following?
  - Date, Place, Date of Birth
- Does the athlete have any significant weakness, paralysis, decreased sensation, deformity, spasticity, or rigidity?
- Does the athlete have any hearing, eye or vision problems, especially unequal pupils?
  - Any communicative disabilities?
- Does the athlete have any chronic skin conditions?
- Any "missed" immunizations?
- Any significant family history (heart disease, diabetes, cancer)?
- Any medical dietary restrictions? Please indicate reason for restriction.

### Female Specific

- Does the athlete have heavy menstrual bleeding or cramping?
- Does she know her menstrual cycle?
- Any possibility of pregnancy?

### Behavioral/Disability Conditions

- Does the athlete need assistance with personal cares, meals, daily activities, etc.?
- Any behavioral problems or psychiatric diagnoses?
  - Triggers? Interventions? Medications?

### Heart/Lung Conditions

- Does the athlete have a heart or lung condition that places them at higher risk of illness or injury? [determined by a physician]
- Does the athlete have high blood pressure, irregular heart rhythm, heart murmur, or bleeding problems?
  - Do they take medication?

### Gastrointestinal Conditions

- Does the athlete have chronic over/under eating, heartburn, constipation, diarrhea, or abdominal pain?
  - Medication?
  - Treatment (foods to avoid, etc)

### Headaches/Migraines

- Does the athlete often get headaches/migraines?
- How severe are they?
  - Complications: vomiting, visual changes, etc?
- How long do they last?
- What treatment is most effective?

### Urinary Conditions

- Does the athlete have frequent urinary tract/bladder infections?
  - Signs/Symptoms?
  - Frequency of infections?
  - Usual Medication (antibiotic prescribed by a physician)

### Specific Medical Condition Questions

#### Seizures

- Are they true seizures, pseudo-seizures, fake/behavioral seizures?
- Please describe in detail a typical seizure, including frequency, duration, body movements, staring, post-seizure recovery behavior/duration, reasons for going to the emergency department.
- Recent medication changes?

#### Diabetes

- Do they have a glucometer? Are they able to check their own blood sugar? How often do they check their blood sugar levels?
- Is there any medication that needs to be adjusted for missed meals or increased activity? If so, which medications and how?
- Do they often have episodes of low blood sugar?

#### Asthma

- Do they have asthma?
- Triggers?
- How severe is their asthma?
  - How often do they have an attack?
  - How severe is their attack?
  - Recent ED visits/hospitalizations?  
History of ICU visits/intubations?



# MOTOR ACTIVITIES TRAINING PROGRAM (MATP) SANCTION FORM

This form must be completely filled out and submitted to the Program office at least eight weeks prior to the scheduled training day activity. Challenge award ribbons will be mailed out to MATP programs two weeks prior to the event.

PLEASE PRINT OR TYPE

MATP Coordinator: \_\_\_\_\_

Phone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estimated number of MATP Special Olympics athletes participating: \_\_\_\_\_

Estimated coach-to-athlete ratio: \_\_\_\_\_

Training Dates: \_\_\_\_\_

Training Site: \_\_\_\_\_  
(Location) (City)

Training Day Activity Site (if different): \_\_\_\_\_  
(Location) (City)

Mail eight weeks prior to training day activity to:

**Special Olympics Wisconsin  
2310 Crossroads Dr. Ste. 1000  
Madison, WI 53718  
Attn: Director of Training and Competition**

## MOTOR ACTIVITIES TRAINING PROGRAM (MATP)

The Special Olympics Motor Activities Training Program (MATP) is designed for persons with the most severe handicaps who do not yet possess the physical and/or behavioral skills necessary to participate in Official Special Olympics Sports. The program provides a comprehensive motor activity and recreation training curriculum for these participants that can be administered by a variety of trainers (e.g., physical educators, re-creators, and therapists). In addition, direct care workers, parents, and volunteers will find the MATP helpful in developing appropriate motor programs for individuals with severe handicaps.

The Motor Activities Training Program emphasizes training and participation rather than competition. The MATP utilizes goals, short term objectives, task analyzed activities, assessments, and teaching suggestions for individualizing motor activity instruction so that persons with severe handicaps can participate in appropriate recreation activities geared to their ability levels. These activities can be conducted in schools and large residential facilities, as well as in community-based settings.

### GOALS AND OBJECTIVES

**LONG – TERM GOAL** – The long-term goal is a global statement about what you feel your participant can accomplish in a one-or two-year time period.

The participant will demonstrate motor and sensory-motor skills, appropriate behavior, and an understanding of the skills and rules of the Motor Activities Training Program that will enable him/her to successfully take part in training day activities and official Special Olympics sports.

**SHORT TERM OBJECTIVES** – Choose two to four short-term objectives that you feel your participant can achieve in an 8- to 16-week training program:

1. Given demonstration and practice, the participant will warm-up properly (with assistance as needed) before performing motor activities.
2. Given demonstration and practice, the participant will demonstrate an awareness of visual, auditory, and/or tactile stimulation.
3. Given demonstration and practice, the participant will successfully perform mobility activities.
4. Given demonstration and practice, the participant will successfully perform dexterity activities.
5. Given demonstration and practice, the participant will successfully perform striking activities.
6. Given demonstration and practice, the participant will successfully perform kicking activities.
7. Given demonstration and practice, the participant will successfully perform activities using a manual wheelchair.
8. Given demonstration and practice, the participant will successfully perform activities using an electric wheelchair (when appropriate).
9. Given demonstration and practice, the participant will successfully take part in aquatics activities.
10. Given demonstration and practice, the participant will successfully participate in age-appropriate modified group games and sports.
11. Given that the participant has successfully completed a six-to-eight-week training program, the participant will take part in a training day.
12. Based on the participant's motor skills, he/she will take part in official Special Olympics sports, training day activities, and/or community- based sport and recreation activities.

The MATP is being introduced to Special Olympics Wisconsin (SOWI) programs through a series of coaches certified training schools. SOWI strongly encourages each program interested in developing the MATP to have at least one of their coaches become certified as a MATP coach. Coaches' certification is not a requirement, but will greatly aid in delivering a quality MATP program to the Special Olympics athletes.

To assist programs with implementing the MATP program, SOWI will provide cost-free challenge award ribbons. Special Olympics athletes who complete an eight-week training session and participate in training day activities are eligible to receive a ribbon. In order to be sanctioned as an official SOWI MATP program and receive the challenge award ribbons, a program must submit a sanction form at least eight weeks prior to the scheduled training day. (NOTE: This is to insure an adequate supply of challenge award ribbons are on hand.)

Questions on MATP can be answered by contacting the SOWI Sports Department at (800) 222-1324 or visit [www@specialolympicswisconsin.org](http://www@specialolympicswisconsin.org).

# **SPORTS COMPETITION EVENT GRANT FORM**

## **INTENT:**

To support registered Agencies of Special Olympics Wisconsin in their efforts to organize, promote and implement multi-Agency team competitions in sports offered by Special Olympics Wisconsin.

## **APPLICATIONS:**

Grants for competitions may be used only to offset officials' fees, facility costs, equipment rental fees, and crucial event costs. (NOTE: Awards, travel, mementos, etc. are not applicable costs for grant expenditures.)

## **REQUIREMENTS:**

1. Grant applications are to be submitted by a representative of a registered (current) SOWI Agency.
2. The competition (i.e., tournament, meet, etc.) must involve a minimum of three different SOWI Agencies.
3. The competitive event in question must utilize properly certified/current sport officials and follow applicable SOI, SOWI and National Governing Body rules.
4. SOI and SOWI awards policies must be followed.
5. Each grant application must be accompanied by a rough draft of the organizational aspects of the event schedule in question; i.e., competition format, numbers of teams to be involved, any committee structure, site, date, etc.
6. Each grant must include a budget listing overall tournament expenses and how grant money will be allocated, plus overall expenses.
7. A grant application must be received at your SOWI **Area office** a minimum of thirty (30) days in advance of the date of the event.

## **RESTRICTIONS:**

1. A registered SOWI Agency may receive more than one grant per program year and multiple grant applications are encouraged.
2. A maximum award of \$400.00 is available for each grant application.
3. Grants are not applicable toward SOWI-sponsored area, district, regional or state events.
4. Grants will be issued on a "first-come, first-served" basis; forms received will be date-stamped, awarded by merit and in order of receipt. (When grant money is no longer available, agencies will be notified.)

## **REVIEW PROCESS/AWARDS:**

All grants will be reviewed as soon as possible after receipt and any follow-up contacts will be made at that time. Final notification of grant approval and amounts to be received will be as expeditious as possible to facilitate the applicant's event planning processes.

# SPORTS COMPETITION EVENT GRANT FORM

EVENT TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ SPORT: \_\_\_\_\_

FACILITY TO BE USED:

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_

HOME PHONE: (       ) \_\_\_\_\_

AGENCY NUMBER:            AGENCY NAME:

GRANT AMOUNT DESIRED:

(Maximum is \$400.00)

**INTENT OF GRANT FUNDS** (Briefly describe how money will be used): \_\_\_\_\_

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**SIGNATURE OF APPLICANT:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**Please attach the event budget and submit to the Area office 30 days in advance of the event.**

|                        |         |                 |       |
|------------------------|---------|-----------------|-------|
| <b>OFFICE USE ONLY</b> |         |                 |       |
| Approved:              | Denied: | Amount Awarded: | Date: |

## FILING PROTESTS AT EVENTS

1. Protests to the games rules committee may only be made concerning games presentation, structure and conduct.
2. Protests to the sports rules committee may only be made concerning competition of athletes within a venue, where within that competition, rulings are determined in regard to the fairness and equity of the competition.
3. All protests must be initiated prior to the presentation of awards.
4. Protests must be presented to the head official of the event immediately in an oral fashion so that the event officials may be made aware of the appeal.
5. The head official may rule on appeals immediately, but if the response of the head official does not resolve the protest, a formal protest may follow.
6. All formal protests must be submitted within a half hour of the event in question.
7. All protests must be made on this official form.
8. All protests will be brought to the attention of the sports rules committee for final resolution. The decision of this committee shall be final and binding unless this committee concludes that the protest concerns games presentation, structure and/or conduct, at which time the committee will refer the protest to the games rules committee.

### PROTEST FORM

Date: \_\_\_\_\_ Time Submitted: \_\_\_\_\_

Sport: \_\_\_\_\_ Event: \_\_\_\_\_

Age Group: \_\_\_\_\_ Division (Heat): \_\_\_\_\_

Athlete or Team Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Reason For Protest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Sport Head Coach: \_\_\_\_\_

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### DECISION BY SPORTS RULES COMMITTEE

Protest Approved: \_\_\_\_\_

Protest Denied: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

# DISQUALIFICATIONS

All Special Olympics Wisconsin (SOWI) athletes who do not conform to the rules and regulations of the sport in which they are competing are subject to disqualification. All disqualifications are made by the judge or official responsible for each event. All disqualified athletes will be officially signaled as such at the time of the infraction. The judge or official declaring the disqualification will fill out an official event disqualification report and submit it to the sports rules committee.

Below is a sample of the form the official will use for disqualifications. Please note that aquatics uses a separate form.

## OFFICIAL EVENT DISQUALIFICATION REPORT

1. Event: \_\_\_\_\_ 2. Division: \_\_\_\_\_ 3. Lane: \_\_\_\_\_

4. Athlete Number: \_\_\_\_\_

5. Athlete Name: \_\_\_\_\_

6. Reason For Disqualification: \_\_\_\_\_

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7. Judge's Signature: \_\_\_\_\_

8. Time: \_\_\_\_\_ Date: \_\_\_\_\_



## SPECIAL OLYMPICS WISCONSIN PROPOSED RULE CHANGE FORM

Name of Sport: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Mail form to: Special Olympics Wisconsin Sports Department  
2310 Crossroads Dr  
Suite 1000  
Madison, WI 53718

Submit by: May 1<sup>st</sup> Annually

Or, e-mail to: [bwhitehead@specialolympicswisconsin.org](mailto:bwhitehead@specialolympicswisconsin.org)

Recommended change to: ☐ General Sports Rules/ Policies  
☐ Sport Specific Rules/ Policies  
Sport: \_\_\_\_\_

Official Special Olympics Sports Rules Version you are reading from for this change: \_\_\_\_\_

Rule Reference (i.e. General Information Section – Competition Guide, or Athletics — Section E-Rules of Competition, 1.b.)

\_\_\_\_\_

Page Number \_\_\_\_\_

Rule as it Reads: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Recommendation: (Check the Box of the action proposed)

☐ Delete rule ☐ Add new rule ☐ Change to read as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Reason for Proposed Rule Change:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Submitting Rule Change: \_\_\_\_\_

Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

.....

### For Rules Committee Use Only

- ☐ APPROVE AS PROPOSED  
☐ NOT APPROVED  
☐ REFER TO SPORTS RESOURCE TEAM FOR ADDITIONAL INFORMATION  
☐ APPROVED WITH THE FOLLOWING REVISIONS:

\_\_\_\_\_

# INTERNATIONAL RULE CHANGE FORM

Name of Sport \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Mail form to: **Sports Rules Advisory Committee (SRAC)**  
c/o Sports Department  
Special Olympics Inc.  
1133 19th Street, NW  
Washington, DC 20036  
USA

Or, e-mail to: [sportsrules@specialolympics.org](mailto:sportsrules@specialolympics.org)

Official Special Olympics Sports Rules version you are reading from for this change: \_\_\_\_\_

Rule reference (i.e. Cycling — Section E-Rules of Competition, 1.b.)

Please see attached file. New events, etc are outlined in red. \_\_\_\_\_

Page number \_\_\_\_\_

Rule as it reads: \_\_\_\_\_

Recommendation: (Check the box of the action proposed)

- ☐ Delete rule
- ☐ Add new rule
- ☐ Change to read as follows:

Reason for proposed rule change:

Addition of developmental events for athletes who do not have the ability to compete in novice, intermediate and advanced levels. In addition, additional rules for addition of a snowboard cross event.

Has this rule change been field tested/ utilized? If so, where and with what results?

Affiliated Special Olympics Program: \_\_\_\_\_

Rule change submitted on behalf of Special Olympics Program:

- ☐ YES
- ☐ NO

Person submitting rule change: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

## For Rules Committee Use Only

- ☐ APPROVE AS PROPOSED
- ☐ NOT APPROVED
- ☐ REFER TO SPORTS RESOURCE TEAM FOR ADDITIONAL INFORMATION



# MEDICAL REFUND REQUEST

Directions:

- Complete this form and attach a doctor's explanation.
- Mail To:

SPECIAL OLYMPICS WISCONSIN  
2310 CROSSROADS DRIVE, SUITE 1000  
MADISON, WI 53718

The request and doctor's report must be received within 10 days of the conclusion of the event. Late or incomplete requests will be denied. If approved, the refund check will be mailed in the Agency's name to the Agency manager.

Athlete Name: \_\_\_\_\_

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

Event: \_\_\_\_\_

**A medical refund is requested for the athlete above. The doctor's explanation is attached.**

Contact Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## SPECIAL OLYMPICS WISCONSIN – USE ONLY

Approved: \_\_\_\_\_ \$ \_\_\_\_\_

Denied: \_\_\_\_\_ Coding Expense: \_\_\_\_\_

Signed: \_\_\_\_\_

**Chief Operating Officer (COO)**

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

# Special Olympics Wisconsin FUNDRAISING PROJECT APPLICATION

Name of  
project: \_\_\_\_\_

This project is on behalf of: \_\_\_\_\_

Local Agency

Individuals or Organizations involved in project: \_\_\_\_\_

Project

date(s): \_\_\_\_\_

Give a brief description of the  
project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is a raffle being held in conjunction with this event? ☐ No ☐ Yes\*

\*If yes, see raffle requirements in Fund Raising section of the Agency Manager Handbook

Will the Special Olympics name or logo be used?

☐ No

☐ Yes

(If yes, attach a sample of material(s))

Estimated dollars to be raised (gross income): \$

Estimated expenses: \$

Estimated dollars to local Agency: \$

Submitted by: \_\_\_\_\_

Name

Title

Mailing Address

Telephone

Email Address

**RETURN TO REGIONAL OFFICE 30-60 DAYS PRIOR TO EVENT**

Approved: \_\_\_\_\_

Regional Director of Development

Date

## Special Event Summary

Agency/Region: \_\_\_\_\_ Agency/Region Staff Time Involved: \_\_\_\_\_

Event: \_\_\_\_\_ Number of Volunteers: Prior to Event \_\_\_\_\_

Dates: \_\_\_\_\_ Day of Event \_\_\_\_\_

### List of Corporate Sponsors

Name

Cash Actuals

In-Kind Actuals

1.

2.

3.

4.

| Expenditures  |              | Income                          |         |              |
|---|--------------|---------------------------------|---------|--------------|
|   | Cash Actuals | Source (pledges, auction, etc.) | In-Kind | Cash Actuals |
| Prizes  |              | 1.                              |         |              |
| Event Food  |              | 2.                              |         |              |
| Printing/Photography  |              | 3.                              |         |              |
| Facilities  |              | 4.                              |         |              |
| Appreciation/Hospitality  |              | 5.                              |         |              |
| Administrative  |              | 6.                              |         |              |
| (Insurance)   |              | 7.                              |         |              |
| (Permits)   |              | 8.                              |         |              |
| (Postage)   |              | 9.                              |         |              |
| Incentives/Souvenirs  |              | 10.                             |         |              |
|   |              | 11.                             |         |              |
|   |              | 12.                             |         |              |
| Sales Tax   |              | 13.                             |         |              |
| Miscellaneous   |              | 14.                             |         |              |
| <b>Total Expense</b>  | \$           | <b>Total Income</b>             | \$      | \$           |
| <b>Net</b> (Income - Expense)                                     | \$           |                                 |         |              |
| <b>Cost to Raise a Dollar :</b><br>(Total Expense ÷ Total Income) |              |                                 |         |              |
| <b>Intangible assets of doing this event:</b>                     |              |                                 |         |              |
|   |              |                                 |         |              |