

2016 STATE OUTDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED: Athletes can only be entered in one sport.

1. BOCCE

| <i>Event Code</i> | <i>Event Description</i> |
|-------------------|--------------------------|
| BCTEAM | Team Competition |

3. SOFTBALL

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

2. GOLF

| <i>Event Code</i> | <i>Event Description</i> |
|-------------------|--|
| GFASTM | Alternate Shot Team Play – Level 2 |
| GOUNIF | Unified® Sports Team Play (9 Hole) Level 3 |
| GFSING9 | Individual Stroke Play (9 Hole) – Level 4 |
| GFSING18 | Individual Stroke Play (18 Hole) – Level 5 |

4. TENNIS

| <i>Event Code</i> | <i>Event Description</i> |
|-------------------|--------------------------|
| TNSING | Singles |

ELIGIBILITY FOR OUTDOOR SPORTS TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form, Application For Participation in Special Olympics and Unified Sports® Partner Application on file in the Headquarters office postmarked by **June 1, 2016** to remain valid through **August 6, 2016**. Note: Even though golf alternate shot partners do not function in the same role as Unified Sports® partners, golf alternate shot partners must have a valid Unified Sports® Partner Application for Participation Form on file with the Headquarters office, postmarked by the OST medical deadline.
2. Teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: a limited number of second and third place teams may advance to fill any spaces in the tournament field.
3. SOWI will issue a team State quota for each district tournament based on total 2016 participation statewide.
4. Golf district competition will receive quota by registration numbers for the State Outdoor Sports Tournament.
5. All athletes who have met the training requirements for Tennis are eligible to register for State Competition.

COMPETITION:

| | |
|---------------------------|-----------------------------|
| Carroll University | Bocce, Tennis, and Softball |
| Moor Downs Golf Course | Golf |
| Saratoga Softball Complex | Softball |

COST:

Delegates are all athletes, coaches and chaperones.

| | | | |
|--------|---------|----------------------|------------------------------|
| Plan C | Day Of: | \$ 8.00 per delegate | Competition & Saturday lunch |
|--------|---------|----------------------|------------------------------|

SPECIAL EVENTS:

- Healthy Athletes

2016 STATE OUTDOOR SPORTS TOURNAMENT REGISTRATION

FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Important: Material will only be sent to individual listed below. Be sure the address (no P.O. Box Numbers) is correct and the form complete.
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone H: (_____) _____ Phone W: (_____) _____

Fax: (_____) _____ E-mail: _____

Head of Delegation (HOD) at the Games: _____

HOD Cell phone contact number while at the Games: (_____) _____

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

| CHECKLIST OF ENCLOSURES: | | DELEGATES: | | TOTAL NUMBER |
|--------------------------|------------------------|-----------------------------------|--|-----------------|
| <input type="checkbox"/> | Chaperone Roster | Male Athletes (w/o wheelchairs) | | |
| <input type="checkbox"/> | Registration Fees | Male Athletes w/ wheelchairs | | SUBTOTAL |
| <input type="checkbox"/> | Softball Entry Form(s) | Male Coaches / Chaperones | | |
| <input type="checkbox"/> | Bocce Form(s) | Female Athletes (w/o wheelchairs) | | |
| <input type="checkbox"/> | Tennis Entry Form(s) | Female Athletes w/ wheelchairs | | SUBTOTAL |
| <input type="checkbox"/> | Golf Entry Form(s) | Female Coaches / Chaperones | | |
| | | TOTAL M + F DELEGATES | | |

REGISTRATION FEES

Plan C: Day Of: competition & Saturday lunch \$ 8.00 x _____ Total Delegates = \$ _____

☐ In-House Account (Funds will be automatically transferred)

☐ Non In-House Accounts: Check # _____ ☐ Included in Packet ☐ Will Send to SOWI

Date: _____

***If your delegation is staying at a hotel during the Games, please name the hotel:

MEALS

| MEALS: | TOTAL NUMBER |
|----------------|--------------|
| Saturday Lunch | |

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

Head Delegate Signature _____ Date _____

Regional Office Signature _____ Date _____

COACH – CHAPERONE ROSTER

AGENCY # _____

Please list the coaches and chaperones who will be accompanying your group. You must adhere to an athlete/chaperone ration that is between 3:1 and 4:1. Prior approval must be received from you Regional office for other athlete/coach ratios.

IMPORTANT

Chaperones must be 16 years of age or older. No un-named chaperones are allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

Please indicate any coaches in wheelchairs by checking the box in the W/C column.

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.”

Head Delegate Signature

Date

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SOFTBALL TEAM REGISTRATION FORM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell Phone: (____) _____

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

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

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

| | ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME) | M/F | TOP 12 (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"/> |

TEAM EVALUATION COMMENTS:

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

[illegible]

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TENNIS SINGLES ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell Phone: _____

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

Player Skill Ranking: Take from Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide.

| | ATHLETE NAME (LAST NAME, FIRST NAME) | M/F | EVENT CODE | *PLAYER SKILL RATING |
|-----|--|------------|-------------------|---------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |

Athletes must be listed in alphabetical order by last name.

ATHLETE EVALUATION COMMENTS

Briefly provide input on the ability of your athletes to help with divisioning:

2016 STATE OUTDOOR SPORTS TOURNAMENT

GOLF ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell Phone: _____

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

| | ATHLETE NAME (LAST NAME, FIRST NAME) | UNIFIED PARTNER [X] | M/F | EVENT CODE |
|-----|--------------------------------------|---------------------------|-----|------------|
| 1. | | <input type="checkbox"/> | | |
| 2. | | <input type="checkbox"/> | | |
| 3. | | <input type="checkbox"/> | | |
| 4. | | <input type="checkbox"/> | | |
| 5. | | <input type="checkbox"/> | | |
| 6. | | <input type="checkbox"/> | | |
| 7. | | <input type="checkbox"/> | | |
| 8. | | <input type="checkbox"/> | | |
| 9. | | <input type="checkbox"/> | | |
| 10. | | <input type="checkbox"/> | | |
| 11. | | <input type="checkbox"/> | | |
| 12. | | <input type="checkbox"/> | | |
| 13. | | <input type="checkbox"/> | | |
| 14. | | <input type="checkbox"/> | | |
| 15. | | <input type="checkbox"/> | | |
| 16. | | <input type="checkbox"/> | | |
| 17. | | <input type="checkbox"/> | | |
| 18. | | <input type="checkbox"/> | | |
| 19. | | <input type="checkbox"/> | | |
| 20. | | <input type="checkbox"/> | | |

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in one level of competition.

[illegible]