**2016 STATE SUMMER GAMES**

**EVENT DESCRIPTION**

**OFFICIAL EVENTS OFFERED:** Athletes can only be entered in one sport at the Summer Games.

1. **AQUATICS**

***Event Code Event Description***

AQ25MDEV Assisted Swim

AQ25MF 25m Freestyle

AQ50MF 50m Freestyle

AQ100MF 100m Freestyle

AQ200MF 200m Freestyle

AQ400MF 400m Freestyle

AQ25BS 25m Breaststroke

AQ50BS 50m Breaststroke

AQ100BS 100m Breaststroke

AQ25BK 25m Backstroke

AQ50BK 50m Backstroke

AQ100BK 100m Backstroke

AQ25BF 25m Butterfly

AQ50BF 50m Butterfly

AQ100BF 100m Butterfly

AQ100IM 100m Individual Medley

AQ4X25MF 4x25m Freestyle Relay

AQ4X50MF 4x50m Freestyle Relay

AQ4X1CMF 4x100m Freestyle Relay

AQ4X25MR 4x25m Medley Relay

AQ4X50MR 4x50m Medley Relay

AQ15WK 15m Walk (District only, if depths permit)

AQ15US 15m Unassisted Swim (District only)

1. **POWERLIFTING**

***Event Code Event Description***

PLBHPR Bench Press

PLDEAD Deadlift

PLSQAT Squat

PLCOMB2 Bench/Deadlift Combination Lift

PLCOMB3 Bench/Deadlift/Squat Combo Lift

\*Athletes can enter only one combination lift category in addition to a maximum of three individual lifts.

1. **SOCCER**

***Event Code Event Description***

FBTEAM Five-A-Side Team Soccer

1. **ATHLETICS**

***Event Code Event Description***

AT50MDEV Assisted Run (Regional only, non-advancing)

AT050M 50m run

AT100M 100m Run

AT200M 200m Run

AT400M 400m Run

AT800M 800m Run

AT1500M 1500m Run

AT3000M 3000m Run

AT25MW 25m Walk

AT100W 100m Walk

AT200W 200m Walk

AT400W 400m Walk

AT800W 800m Walk

AT1500W 1500m Walk

ATLNJP Long Jump

ATSTLJ Standing Long Jump

ATSP2M Shot Put-Male: 8-11

ATSP4M Shot Put-Male: 12+

ATSPIW Shot Put-Female: 8-11

ATSP2W Shot Put-Female: 12+

ATSOBT Softball Throw

ATJAVJR Mini Javelin 8-15

ATJAVSR Mini Javelin 16+

AT4X100W 4x100m Walking Relay

AT4X100M 4 x 100m Relay

AT4X200M 4 x 200m Relay

AT4X400M 4 x 400m Relay

AT25WH Wheelchair-25m

AT100WH Wheelchair-100m

AT200WH Wheelchair-200m

AT30WS Wheelchair-30m Slalom

AT50MS Motor Wheelchair-50m Slalom

AT30MS Motor Wheelchair-30m Slalom

ATWHOB Motor Wheelchair-25m Obstacle

AT4X25M 4 x 25 Wheelchair Shuttle Relay

ATWSP1M Wheelchair Shot Put-Male

ATWSP1W Wheelchair Shot Put-Female

**ADDITIONAL “DAY PASS” COACHES** – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and MUST have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a “Day Pass” which must be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

**ELIGIBILITY FOR SUMMER SPORTS SEASON PARTICIPATION**

1. Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **April 1, 2016** to remain valid through **June 11, 2016.**
2. An athlete in athletics may participate in a maximum of three events (three individual, two individual and one relay, or one individual and two relays). An athlete in aquatics may compete in a maximum of two individual events and two relay event. Athletes registered for two relays may only be entered once in each relay event.
3. Wheelchair athletes may enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events and vice versa. Bicycles, scooters, tricycles or any gear/pedal-powered vehicles are not legal in any wheelchair competition.
4. Soccer teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: a limited number of second and third place teams may advance to fill any spaces in the tournament field.

6. SOWI will issue to each Agency a quota for State Summer Games athletics, aquatics participation separately, based on the current year of Regional involvement. Refer to the General Information section of the Competition Guide for more information on advancement. Soccer teams (eligible by district finish) and powerlifters will not count as part of agencies’ Summer Games quotas.

**HOUSING:** UW – Stevens Point Residence Halls

Housing Available: Thursday, June 9 and Friday, June 10, 2016

**LOCATION:** UW-Stevens Point Campus

**MEALS:**

Thursday, June 9: Dinner

Friday, June 10: Breakfast, Lunch and Dinner

Saturday, June 11: Breakfast

 Lunch – Separate fee

**COST: Delegates are all athletes, coaches and chaperones.**

Plan A Housing: $54.00 per delegate Housing, competition, all meals except Sat. lunch

Plan B No housing: $30.00 per delegate Competition & all meals except Sat. lunch

Plan C Day Of: $ 8.00 per delegate Competition & Friday lunch

 Lunch: Saturday $ 8.00 per delegate

**\*** Agencies located within 30 miles of Stevens Point must choose Plan B or C.

**SPECIAL EVENTS:**

* Opening Ceremony, Closing Ceremony/Dance
* Victory Village
* Healthy Athletes
* Young Athletes™

**2016 STATE SUMMER GAMES REGISTRATION**

**FORMS and FEES CHECKLIST**

**Please Print Clearly:**

Agency Number:       Agency Name:

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

Name:

Address:

City:       State:       Zip:

Phone H: (      )       Phone W: (      )

Fax: (      )       E-mail:

**Head of Delegation (HOD) at the Games:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Return this form to your area office with state registration materials BY deadline date!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Checklist of Enclosures:** |  | **Delegates:** | **Total Number** |
| [ ]  | Chaperone Roster |  | Male Athletes (w/o wheelchairs) |       |  |
| [ ]  | Registration Fees |  | Male Athletes w/ wheelchairs |       | **SUBTOTAL** |
| [ ]  | Soccer Team Entry Forms |  | Male Coaches / Chaperones |       |       |
| [ ]  | Relay Entry Forms |  | Female Athletes (w/o wheelchairs) |       |  |
| [ ]  | Aquatics Roster |  | Female Athletes w/ wheelchairs |       | SUBTOTAL |
| [ ]  | Athletics Roster |  | Female Coaches / Chaperones |       |       |
| [ ]  | Powerlifting Roster |  | Total M + F Delegates |       |

**Registration Fees** – *Entire Agency must register for one plan. No exceptions!*

Plan A: Housing: Competition & all meals (except Sat. lunch) $ 54.00 x       Total Delegates = $

Plan B: No Housing: Competition & all meals (except Sat. lunch) $ 30.00 x       Total Delegates = $

Plan C: Day Of: Competition & Friday lunch $ 8.00 x       Total Delegates = $

Saturday lunch (not included w/registration) $ 8.00 x       Total Delegates = $

 Total = $

**[ ]** In-House Account (Funds will be automatically transferred, including any incidental charges incurred by the Agency)

**[ ]** NonIn-House Accounts: Check #       **[ ]**  Included in Packet **[ ]**  Will Send to SOWI

\* Agencies within 30 miles of Stevens Point must choose Plan B or C Date

\*\*\*If your delegation is providing its own housing at a hotel, please name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Housing and Meals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSING:** | **TOTAL NUMBER** |  | **MEALS:** | **TOTAL NUMBER** |
| Thursday Night | Males: |       |  | Thursday Dinner |       |
|  | Females: |       |  | Friday Breakfast |       |
| Friday Night | Males: |       |  | Friday Lunch |       |
|  | Females: |       |  | Friday Dinner |       |
|  |  |  |  | Saturday Breakfast |       |
|  |  |  |  | Saturday Lunch – Separate Fee |       |

***“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 | SPORT CERTIFICATION | **W/C [X]** | **AAC [X]** |
| 1. |       |       | AT / AQ / PL / S | [ ]  | [ ]  |
| 2. |       |       | AT / AQ / PL / S | [ ]  | [ ]  |
| 3. |       |       | AT / AQ / PL / S | [ ]  | [ ]  |
| 4. |       |       | AT / AQ / PL / S | [ ]  | [ ]  |
| 5. |       |       | AT / AQ / PL / S | [ ]  | [ ]  |
| 6. |       |       | AT / AQ / PL / S | [ ]  | [ ]  |
| 7. |       |       | AT / AQ / PL / S | [ ]  | [ ]  |
| 8. |       |       | AT / AQ / PL / S | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| CHAPERONES | **M / F**  | **W/C [X]** |
| 1. |       |       | [ ]  |
| 2. |       |       | [ ]  |
| 3. |       |       | [ ]  |
| 4. |       |       | [ ]  |
| 5. |       |       | [ ]  |
| 6. |       |       | [ ]  |
| 7. |       |       | [ ]  |
| 8. |       |       | [ ]  |

|  |  |  |
| --- | --- | --- |
| “DAY PASS” Coaches *\*\*please see event description for specifics\*\** | **M / F**  | **W/C [X]** |
| 1. |       |       | [ ]  |
| 2. |       |       | [ ]  |
| 3. |       |       | [ ]  |

 **“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**

**2016 STATE SUMMER GAMES**

# AQUATICS 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) | **M/F** | **WCH [X]** | **IN WATER****START****√** | **Event Code** |
| 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.

Athletes can only participate in a maximum of two individual events and two relays.

**2016 STATE SUMMER GAMES**

**AQUATICS RELAY TEAM ROSTER**

**Please Print Clearly:**

Agency Number:       Agency Name:

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:**

List in Alphabetical Order

|  |
| --- |
| **ATHLETE NAME** (Last Name, First Name) |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |
| 6. |       |

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:**

List in Alphabetical Order

|  |
| --- |
| **ATHLETE NAME** (Last Name, First Name) |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |
|  6.  |       |

Each relay can have up to six athletes entered per relay team. Any four of the six can swim at Summer Games. Only those (maximum) six names may appear on the entry form for the district aquatics meet. An athlete can be entered in a maximum of two different relays and cannot switch teams or relay events for any reason at district or State.

**2016 STATE SUMMER GAMES**

**ATHLETICS 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) | **M/F** | **WCH****[X]** | **Event Code** |
| 1. |       |       | [ ]  |       |       |       |
| 2. |       |       | [ ]  |       |       |       |
| 3. |       |       | [ ]  |       |       |       |
| 4. |       |       | [ ]  |       |       |       |
| 5. |       |       | [ ]  |       |       |       |
| 6. |       |       | [ ]  |       |       |       |
| 7. |       |       | [ ]  |       |       |       |
| 8. |       |       | [ ]  |       |       |       |
| 9. |       |       | [ ]  |       |       |       |
| 10. |       |       | [ ]  |       |       |       |
| 11. |       |       | [ ]  |       |       |       |
| 12. |       |       | [ ]  |       |       |       |
| 13. |       |       | [ ]  |       |       |       |
| 14. |       |       | [ ]  |       |       |       |
| 15. |       |       | [ ]  |       |       |       |

Athletes in relays must also be entered on the relay team forms.

**2016 STATE SUMMER GAMES**

**ATHLETICS RELAY TEAM ROSTER**

**Please Print Clearly:**

Agency Number:       Agency Name:

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:**

List Alphabetically

|  |
| --- |
| **ATHLETE NAME** (Last Name, First Name) |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |
| 6. |       |

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

**Event Code:**

List Alphabetically

|  |
| --- |
| **ATHLETE NAME** (Last Name, First Name) |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |
| 6. |       |

Each relay can have up to six athletes entered per relay team. Any four of the six can run at the summer games. An athlete may not switch teams or relay events for any reason at district or State.

**2016 STATE SUMMER GAMES**

**POWERLIFTING ATHLETE ROSTER**

**Please Print Clearly:**

Agency Number:       Agency Name:

Head Coach:         Email:

**Return this form to your REGIONAL office with state registration materials BY deadline date!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Athlete Names**(AlphabeticaL: Last Name, First) | **M/F** | **Event 1** | **event 2** | **event 3** | **combo** |
| 1. |        |        |        |        |        |        |
| 2. |        |        |        |        |        |        |
| 3. |        |        |        |        |        |        |
| 4. |        |        |        |        |        |        |
| 5. |        |        |        |        |        |        |
| 6. |        |        |        |        |        |        |
| 7. |        |        |        |        |        |        |
| 8. |        |        |        |        |        |        |
| 9. |        |        |        |        |        |        |
| 10. |        |        |        |        |        |        |
| 11. |        |        |        |        |        |        |
| 12. |        |        |        |        |        |        |
| 13. |        |        |        |        |        |        |
| 14. |        |        |        |        |        |        |
| 15. |        |        |        |        |        |        |
| 16. |        |        |        |        |        |        |
| 17. |        |        |        |        |        |        |
| 18. |        |        |        |        |        |        |
| 19. |        |        |        |        |        |        |
| 20. |        |        |        |        |        |        |

**\*\*\*You must list every event code for each athlete.\*\*\*2016 STATE SUMMER GAMES**

**FOOTBALL (SOCCER) 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**. This name will be used at all competitions.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Athlete Name**(Alphabetical: Last Name, First Name) | **M/F** | **AGE** |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |
| 6. |       |       |       |
| 7. |       |       |       |
| 8. |       |       |       |
| 9. |       |       |       |
| 10. |       |       |       |
| 11. |       |       |       |
| 12. |       |       |       |

**TEAM EVALUATION COMMENTS:**

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