

# **2016 STATE SUMMER GAMES**

## **EVENT DESCRIPTION**

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

### **1. AQUATICS**

| <i>Event Code</i> | <i>Event Description</i>                   |
|-------------------|--|
| 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)        |

### **2. POWERLIFTING**

| <i>Event Code</i> | <i>Event Description</i>        |
|-------------------|---------------------------------|
| 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.

### **3. SOCCER**

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

### **4. ATHLETICS**

| <i>Event Code</i> | <i>Event Description</i>                    |
|-------------------|---|
| 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:**

Housing Available:

UW – Stevens Point Residence Halls

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 |
|--------------------------|-------------------------|-----------------------------------|--|--------------|
| <input type="checkbox"/> | Chaperone Roster        | Male Athletes (w/o wheelchairs)   |  | SUBTOTAL     |
| <input type="checkbox"/> | Registration Fees       | Male Athletes w/ wheelchairs      |  |              |
| <input type="checkbox"/> | Soccer Team Entry Forms | Male Coaches / Chaperones         |  |              |
| <input type="checkbox"/> | Relay Entry Forms       | Female Athletes (w/o wheelchairs) |  | SUBTOTAL     |
| <input type="checkbox"/> | Aquatics Roster         | Female Athletes w/ wheelchairs    |  |              |
| <input type="checkbox"/> | Athletics Roster        | Female Coaches / Chaperones       |  |              |
| <input type="checkbox"/> | 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)

☐ Non In-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<br>CERTIFICATION | W/C [X]                  | AAC [X]                  |
|-------------------|--|-------|------------------------|--------------------------|--------------------------|
| 1.                |  |       | AT / AQ / PL / S       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.                |  |       | AT / AQ / PL / S       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.                |  |       | AT / AQ / PL / S       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.                |  |       | AT / AQ / PL / S       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.                |  |       | AT / AQ / PL / S       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.                |  |       | AT / AQ / PL / S       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.                |  |       | AT / AQ / PL / S       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.                |  |       | AT / AQ / PL / S       | <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"/> |

| "DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small> |  | M / F | W/C [X]                  |
|--|--|-------|--------------------------|
| 1.   |  |       | <input type="checkbox"/> |
| 2.   |  |       | <input type="checkbox"/> |
| 3.   |  |       | <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

## **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<br>(LAST NAME, FIRST NAME) | M/F | WCH<br>[X]               | IN WATER<br>START<br>√   | EVENT CODE |  |  |  |
|-----|---|-----|--------------------------|--------------------------|------------|--|--|--|
| 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"/> |            |  |  |  |
| 9.  |   |     | <input type="checkbox"/> | <input type="checkbox"/> |            |  |  |  |
| 10. |   |     | <input type="checkbox"/> | <input type="checkbox"/> |            |  |  |  |
| 11. |   |     | <input type="checkbox"/> | <input type="checkbox"/> |            |  |  |  |
| 12. |   |     | <input type="checkbox"/> | <input type="checkbox"/> |            |  |  |  |
| 13. |   |     | <input type="checkbox"/> | <input type="checkbox"/> |            |  |  |  |
| 14. |   |     | <input type="checkbox"/> | <input type="checkbox"/> |            |  |  |  |
| 15. |   |     | <input type="checkbox"/> | <input type="checkbox"/> |            |  |  |  |

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<br>(LAST NAME, FIRST NAME) | M/F | WCH<br>[X]               | 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"/> |            |  |  |

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!**

**\*\*\*You must list every event code for each athlete.\*\*\***

|     | ATHLETE NAMES<br>(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. |   |     |         |         |         |       |

## 2016 STATE SUMMER GAMES

**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<br>(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.

[illegible]