

2016 SUMMER GAMES SEASON OVERVIEW

EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT

OFFICIAL EVENTS OFFERED:

1. AQUATICS

<i>Event Code</i>	<i>Event Description</i>
AQ25MDEV	Assisted Swim (District only, non-advancing)
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>
PLBHR	Bench Press
PLDEAD	Deadlift
PLSQAT	Squat
PLCOMB2	Bench/Deadlift Combination Lift
PLCOMB3	Bench/Deadlift/Squat Combo Lift

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
ATHIJP	High Jump – no longer offered
ATLNJP	Long Jump (Must be able to jump at least 1m)
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+
ATPENT	Pentathlon – no longer offered
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

2016 SUMMER SPORTS SEASON

ELIGIBILITY FOR SUMMER GAMES SEASON COMPETITION

1. Valid Special Olympics Release Form and the Application For Participation in Special Olympics in the Headquarters office postmarked by **April 1, 2016** to remain valid through **Saturday, June 11, 2016**
2. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
3. At Regional tournaments and State Summer Games, athletes are eligible to compete in only one of the four sports offered. Agency quota will be based on the number of participating athletes, and advancement will be conducted according to Article I of the General Rules (see General Competition Policies). Soccer teams will be eligible by winning first place at district play; however, additional quota slots may be offered depending on space availability.
4. 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 events as long as he or she has successfully qualified for each event. Athletes registered for two relays may only be entered once in each relay event.
5. Wheelchair athletes can enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events (and vice versa). Note: Bicycles or tricycles [i.e., gear/pedal powered vehicles] are not legal in wheelchair competitions.
6. Soccer teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, district competition and State competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.
7. 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.
8. Each Agency must fill out the Intent to Play form for soccer and have it mailed to their Regional office postmarked by **March 1, 2016** to be eligible.
9. SOWI will issue to each Agency a quota for State Summer Games athletics and aquatics participation separately, based on the current year's Regional involvement. Every Agency must follow the advancement policies described in the General Information section of the Competition Guide to determine which athletes advance. Soccer teams (eligible by district finishes) and powerlifting (eligible by training) will **NOT** count as part of the Agency's Summer Games quotas.

PLEASE READ FORMS CAREFULLY!

2016 REGIONAL ATHLETICS REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: () H: () Fax: ()

Address: _____

E-mail: _____ (City) (State) (Zip)
Cell phone contact number while at the Tournament: ()

RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check ✓).

Number of coaches and chaperones that will attend the Regional tournament: _____ **Reminder:** athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament? ☐ Yes ☐ No

**Registration information for this Regional event will be sent to the person listed as head coach.

*Use best performance for qualifying score.

*Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

<u>MAXIMUM: THREE EVENTS</u> • 3 INDIVIDUAL • 2 INDIVIDUAL & 1 RELAY • 1 INDIVIDUAL & 2 RELAY		CATEGORY LETTER	1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE
			EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)					RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
	Example, John	D	AT100M	1:09.3	ATLNJP	1.12	AT4X100M	2:45.2
					R1.		R2. Road Runners	

(OVER)

*Use best performance for qualifying score.

*Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

MAXIMUM: THREE EVENTS <ul style="list-style-type: none"> 3 INDIVIDUAL 2 INDIVIDUAL & 1 RELAY 1 INDIVIDUAL & 2 RELAY 		CATEGORY LETTER	1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE
			EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)				RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
1								
					R1.		R2.	
2								
					R1.		R2.	
3								
					R1.		R2.	
4								
					R1.		R2.	
5								
					R1.		R2.	
6								
					R1.		R2.	
7								
					R1.		R2.	
8								
					R1.		R2.	
9								
					R1.		R2.	
10								
					R1.		R2.	

2016 DISTRICT AQUATICS REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: (____) _____ H: (____) _____ Fax: (____) _____

Address: _____

(City)

(State)

(Zip)

E-mail: _____ Cell phone contact number while at the Tournament: (____) _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check ☒).

Number of coaches and chaperones that will attend the Regional tournament: _____ **Reminder:** athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament? ☐ Yes ☐ No

These times were taken in a pool with length measured in (check one) ☐ Meters ☐ Yards

NOTES:

*Use best performance for the qualifying time.

**Registration information for this district event will be sent to the person listed as head coach.

Other events can be offered only at the district level; check with the host Regional office for details.

Place a check [☒] next to the athletes who start in the water.

MAXIMUM: FOUR EVENTS • 2 INDIVIDUAL & 2 RELAY		IN- WATER START ✓	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1 ST RELAY	*QUALIFYING TIME	2 ND RELAY	*QUALIFYING TIME
			EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)							RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
	Example, John	✓	AQ100MF	0:49.3	AQ200MF	1:25.1	AT4X1CMF	3:45.2	AQ4X25MR	2:20.3
							R1. Wave Runners		R2. Dolphins	

(OVER)

Place a check [✓] next to the athletes who start in the water.

*Use best performance for the qualifying time

MAXIMUM: FOUR EVENTS • 2 INDIVIDUAL & 2 RELAY		IN- WATER START ✓	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1ST RELAY	*QUALIFYING TIME	2ND RELAY	*QUALIFYING TIME
			EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)						RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
1										
							R1.		R2.	
2										
							R1.		R2.	
3										
							R1.		R2.	
4										
							R1.		R2.	
5										
							R1.		R2.	
6										
							R1.		R2.	
7										
							R1.		R2.	
8										
							R1.		R2.	
9										
							R1.		R2.	
10										
							R1.		R2.	

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games ☐ (check ☒).

2016 DISTRICT TEAM FOOTBALL (SOCCER)

ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: _____

Total Agency number of coaches and chaperones that will be attending this district tournament: _____

Reminder: athlete to coach/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament? ☐ Yes ☐ No

LIST ALL SOCCER GAMES PLAYED THIS SEASON.

(A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				