**2016 SUMMER GAMES SEASON OVERVIEW**

**EVENT DESCRIPTIONS**

Athletes can only be entered in ONE sport

**OFFICIAL EVENTS OFFERED:**

1. **AQUATICS**

***Event Code Event Description***

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)

1. **POWERLIFTING**

***Event Code Event Description***

PLBHPR Bench Press

PLDEAD Deadlift

PLSQAT Squat

PLCOMB2 Bench/Deadlift Combination Lift

PLCOMB3 Bench/Deadlift/Squat Combo Lift

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

*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**

 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**

Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.

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.

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:

 (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

\*\*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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Maximum: three events** * 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** * 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 | **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) |
|  | ***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.**       |

**2016 DISTRICT TEAM FOOTBALL (SOCCER) REGISTRATION**

**Please Print Clearly:**

Agency Number:       Agency Name:

\*\*Head Coach:       W: (      )       H: (      )

Address:

 (City) (State) (Zip)

Fax: (      )       E-mail:

**Cell phone contact number while at the Tournament:** (      )

**Return this form to the host REGIONAL Office by the published deadline date!**

**I have verified that all chaperones attending the tournament are**

**approved SOWI Class A certified volunteers**

**[ ]  (check √).**

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

Each team must have a unique name, up to **15 characters long**.

[ ]  New Team [ ]  Existing Team

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

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

**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:       |