

2016 STATE WINTER GAMES

EVENT DESCRIPTION

Athletes can be entered in only one of the four sports offered at the State Winter Games.

OFFICIAL EVENTS OFFERED

1. ALPINE SKIING (three-event limit)

| <i>Event Code</i> | <i>Event Description</i> |
|-------------------|----------------------------------|
| ASSUGL | Alpine Super Glide** |
| ASINSG | Alpine Intermediate Super G |
| ASINSL | Alpine Intermediate Slalom |
| ASINGS | Alpine Intermediate Giant Slalom |

2. CROSS COUNTRY SKIING (three-event limit)

| <i>Event Code</i> | <i>Event Description</i> |
|-------------------|--------------------------|
| CC050M | 50m Race Classical |
| CC100M | 100m Race Classical |
| CC500MF | 500m Race Freestyle |
| CC1KLMF | 1km Race Freestyle |
| CC3KLMF | 3km Race Freestyle |
| CC5KLMF | 5km Race Freestyle |
| CC75KMF | 7.5km Race Freestyle |
| CC4X5M | 4X500m Relay |

3. SNOWBOARDING (three-event limit)

| <i>Event Code</i> | <i>Event Description</i> |
|-------------------|-------------------------------------|
| SBSUGL | Snowboard Super Glide** |
| SBINSG | Snowboard Intermediate Super G |
| SBINSL | Snowboard Intermediate Slalom |
| SBINGS | Snowboard Intermediate Giant Slalom |

4. SNOWSHOE RACING (three-event limit)

| <i>Event Code</i> | <i>Event Description</i> |
|-------------------|--------------------------|
| SN050M | 50m Race |
| SN100M | 100m Race |
| SN200M | 200m Race |
| SN400M | 400m Race |
| SN800M | 800m Race |
| SN4X100M | 4X100m Relay |
| SN4X200M | 4X200m Relay |
| SN4X400M | 4X400m Relay |

****May not compete in super Giant Slalom, Slalom or Super G**

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 WINTER SPORTS SEASON PARTICIPATION

- Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **December 1, 2015** to remain valid through **January 24, 2016**.
- Athlete must have participated in at least eight weeks of official Special Olympics training prior to State competition.
- If a cross country skiing athlete competes in the 50m and/or 100m race, s/he may not be in any other races.

HOUSING:

A room block has been set up at the Plaza Hotel in Wausau. Agencies wishing to reserve housing for their delegation should indicate the number of rooms needed on the registration form. SOWI will be responsible for booking those rooms, and they will be added to the SOWI direct bill at a rate of \$99 per room, not including taxes or incidentals. Agencies have the option to book their own rooms, however, the discounted rate will not apply and these rooms cannot be direct billed to SOWI. A cancellation fee of \$40.00 will apply to all rooms.

COMPETITION SITES:

Granite Peak at Rib Mountain State Park:
Nine Mile Forest:

Downhill Skiing and Snowboarding
Cross Country Skiing and Snowshoe Racing

MEALS:

Saturday & Sunday, January 23 & 24

Saturday Lunch and Dinner; Sunday Breakfast

COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

| | | |
|--------|------------------------------|----------------------|
| Plan B | Competition & Meals | \$42.00 per delegate |
| Plan C | Competition & Saturday Lunch | \$ 8.00 per delegate |
| | Sunday Lunch | \$ 8.00 per delegate |

SPECIAL EVENTS:

- Saturday Ceremony and Dance

2016 STATE WINTER 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 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 | | SUBTOTAL |
| <input type="checkbox"/> | Registration Fees | Male Athletes w/ wheelchairs | | |
| <input type="checkbox"/> | Cross Country Athlete Roster | Male Coaches / Chaperones | | SUBTOTAL |
| <input type="checkbox"/> | Cross Country Relay Form | Female Athletes w/o wheelchairs | | |
| <input type="checkbox"/> | Alpine Skiing Athlete Roster | Female Athletes w/ wheelchairs | | |
| <input type="checkbox"/> | Snowshoe Athlete Roster | Female Coaches / Chaperones | | |
| <input type="checkbox"/> | Snowshoe Relay Form | TOTAL M + F DELEGATES | | |

REGISTRATION FEES – Entire Agency MUST register for one plan. No exceptions!

Plan B: competition & meals (does not include rooms) \$ 42.00 x _____ Total Delegates = \$ _____

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

Sunday lunch (not included w/registration) \$ 8.00 x _____ Total Delegates = \$ _____

Hotel Rooms \$ 99.00 x _____ Total Rooms = \$ _____

(Price approximate – taxes and incidentals will be added) Total \$ _____

Date: _____

☐ 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

MEALS

| MEALS: | | TOTAL NUMBER |
|--------|-----------------------------|--------------|
| | Saturday Lunch | |
| | Saturday Dinner | |
| | Sunday Breakfast | |
| | Sunday 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 ratio that is between 3:1 and 4:1. Prior approval must be received from your 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"/> |

| "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 WINTER GAMES

ALPINE SKIING AND SNOWBOARDING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

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

List in Alphabetical Order

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

Athletes can be entered in a maximum of three events.

Athletes competing in the alpine and snowboarding downhill must wear a crash helmet for official training and racing as per International Ski Federation Rules.

Athletes competing in the alpine skiing super glide event cannot register to compete in any other event.

2016 STATE WINTER GAMES

CROSS COUNTRY ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

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

List in Alphabetical Order

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

Athletes can be entered in a maximum of three events – two individual events and one relay.

Athletes in the 50m and 100m are participating in developmental cross country ski racing; they cannot be entered in the other races.

Athletes in relays must also be listed on the cross country relay team form.

2016 STATE WINTER GAMES

SNOWSHOE RACING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _

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

List in Alphabetical Order

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

Athletes can be entered in a maximum of three events – two individual events and one relay or one individual event and two relays.

Athletes in relays must also be listed on the snowshoe relay team form.

2016 STATE WINTER GAMES 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. Only these (maximum) six names may appear on the entry form for the State Winter Games.

This information must also appear as one of the athlete's three events listed on the 2016 State Winter Games athlete rosters for cross country or snowshoe racing.