

2018 State Special Olympics Gymnastics Registration Form

Agency Name_____ Agency Number_____

Head Coach Name_____

Head Coach Contact Number_____ Email_____

Head of Delegation HOD while at the Games_____

Head of Delegation HOD Cell phone Contact number while Games_____

Delegation

Total Male athletes _____

Total Male athletes W wheel chair _____

Total Female athletes _____

Total Female athletes W wheel chair _____

Total Number of Athletes _____

Athlete entry fee 8.00_____

Total Due SOWI_____ In House Account Funds will be automatically transferred

Non In house Account Check# _____ sent Directly to SOWI

Concession will be available at your cost.

Certified Gymnastic Coaches _____

Certified Gymnastic Coaches _____

Certified Gymnastic Coaches _____

Chaperones _____

Chaperones _____

Chaperones _____

It is the Head coach's as listed with SOWI and on this forms responsibility to insure that all Athletes have participate in eight weeks of official Special Olympics training prior to competition. Athletes have a current medical on file with SOWI, all athletes/coaches have meant all SOWI requirements are familiar with SOWI Gymnastics rules and regulations listed in the 2018 SOWI Gymnastics competition guide.

Agency Manager Signature

Head Coach Signature

2018 State Special Olympics

“Women’s Artistic Gymnastics” Registration Form

Team Name_____

Coaches Names_____

Contact Phone # _____ Email _____

(Please note the level in the box for each event the athletes will be doing. Example: A/1/2/3. Athletes must compete at the same level for all events to be eligible for the all-around.)

Name	All				
	Vault	Bars	Beam	Floor	Around
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

2018 Men's Artistic Gymnastics Registration Form

Team Name _____ Agency # _____

Men's Artistic Continued ***Please note the level in the box for each event the athletes will be doing. SOWI Events include: Men's Level 1 & 2 Bars. Level 1-3 Vault & Floor Ex.***

Name	Vault	Bars	Floor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

2018 State Special Olympics

"Women's Rhythmic Gymnastics" Registration Form

Team Name _____ Agency # _____

(Please note the level in the box for each event the athletes will be doing. Example: A/1/2/3. SOWI Events include: Rhythmic Level A, B, C & 1 Include Ball, Hoop, Rope, and Ribbon. Rhythmic Level 2 & 3 Include: Ball, Hoop, Clubs, and Ribbon. Athletes must compete at the same level for all events to be eligible for the all-around.)

Level A, B, C, 1

All

Name	Ball	Hoop	Rope	Ribbon	Around
1					
2					
3					
4					
5					
6					
7					
8					
Level 2	Ball	Hoop	Clubs	Ribbon	All Around
1.					
2.					
3.					
4.					
Level 3	Ball	Hoop	Clubs	Ribbon	All Around
1.					
2.					
3.					