**2025 STATE SPRING GAMES**

# EVENT DESCRIPTION

**OFFICIAL EVENTS OFFERED:**

1. **BASKETBALL**

***Event Code Event Description***

BBTEAM Team Basketball

BBTEAMU Unified Team Basketball

1. **BASKETBALL SKILLS**

***Event Code Event Description***

BBINSC1 Individual Skills level 1 (minimum score 10)

BBINSC2 Individual Skills level 2

1. **3-on-3 BASKETBALL**

***Event Code Event Description***

BBHALF Basketball 3 on 3 Team

BBHALFU Basketball 3 on 3 Unified Team

1. **SWIMMING**

***Event Code Event Description Event Code Event Description***

SW15US 15m Unassisted Swim

SW25MF 25m Freestyle

SW50MF 50m Freestyle

SW100MF 100m Freestyle

SW200MF 200m Freestyle

SW400MF 400m Freestyle

SW25BS 25m Breaststroke

SW50BS 50m Breaststroke

SW100BS 100m Breaststroke

SW25BK 25m Backstroke

SW50BK 50m Backstroke

SW100BK 100m Backstroke

SW25BF 25m Butterfly

SW50BF 50m Butterfly

SW100BF 100m Butterfly

SW100IM 100m Individual Medley

SW4X25MF 4x25m Freestyle Relay

SW4X50MF 4x50m Freestyle Relay

SW4X1CMF 4x100m Freestyle Relay

SW4x25UF 4x25 Unified Freestyle Relay

SW4X25MR 4x25m Medley Relay

SW4X50MR 4x50m Medley Relay

**ELIGIBILITY FOR SPRING GAMES PARTICIPATION**

1. Valid Official SOWI Release Form and Athlete Medical in Special Olympics on file in the Headquarters office postmarked by **February 1, 2025** to remain valid through **April 13, 2025.**
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.
3. Advancement:
   1. Basketball: Teams must place first in their assigned sectional competitions to automatically qualify for State Spring Games. A limited number of second and third place teams may advance to fill any spaces in the tournament field.
   2. Basketball Skills: SOWI will issue each Local Program a quota for State Spring Games basketball skills participation based on the current year of Regional involvement.
      1. Level 1 Skills Minimum Standard: An athlete will need to have a minimum total score of 10 points or more in order to advance to the State Spring Games.
   3. Swimming: SOWI will issue each Local Program a quota for State Spring Games swimming participation based on the current year of Regional involvement.

**HOUSING:**

Housing Local Area Hotels

**COMPETITION:**

FRIDAY UW – Oshkosh Kolf Fieldhouse Basketball Skills, 3v3 Basketball

SATURDAY UW – Oshkosh Kolf Fieldhouse Team Basketball

UW – Oshkosh Albee and UWO Pool Swim

SUNDAY UW – Oshkosh Kolf Fieldhouse Team Basketball

UW – Oshkosh Albee and UWO Pool Swim

**MEALS:**

Friday, April 11 Dinner

Saturday, April 12 Breakfast, Lunch and Dinner

Sunday, April 13 Breakfast

**COST: Delegates are the athletes, coaches and chaperones**

Plan A: All Meals $40.00 per delegate-All Meals and Competition

Plan B: Competition – Friday meal $15.00 per delegate-Friday dinner and Competition

Plan C: Competition – Saturday meal $15.00 per delegate-Saturday lunch and Competition

Add-on Sunday Lunch $10.00 per delegate

\*Plan B and Plan C are the same thing – competition and one meal only. Plan B will include Friday Dinner and is intended for delegates competing on Friday in Basketball Skills and 3v3 Basketball.

**\*\* Please fill out the meal plan for each Athlete & Coach at the end of this form**

**SPECIAL EVENTS:**

**▪** Opening Ceremony

**▪** Dance

**▪** Healthy Athletes®

**2025 STATE SPRING GAMES TOURNAMENT REGISTRATION**

# FORMS AND FEES CHECKLIST

**Please Print Clearly:**

Local Program Number:       Local Program 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.

Head of Delegation Name:

Address:

City:       State:       Zip:

Phone C: (      ) 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!**

Fees will be taken out of the agency in-house account, if one exists. Invoices will be sent to those that do not have an in-house account. All transactions will take place after the event date.

\*\*\*If your delegation is providing its own housing at a hotel, please name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION INSTRUCTIONS:**

*Notes*

* Local Program may register for up to TWO plans provided the 3:1 or 4:1 ratio is met within each plan. Each plan must have a separate HOD listed.
* Fee is per delegate, which includes all registered athletes, coaches, and chaperones within the 3:1 or 4:1 ratio.
* List any 1:1 requests on a Special Needs Form and include with this registration. When calculating the 3:1 or 4:1 ratio, both the Athlete and the Chaperone assigned to the 1:1 are taken out of the count.
* List any ADA accommodation needs on a Special Needs Form and include with this registration.
* List any dietary restrictions on a Special Needs Form and include with this registration.
* Housing Restrictions: minors and adults cannot room together; males and females cannot room together; coaches and athletes cannot room together.

*instructions*

1. In the Registration Fees Chart, enter the number of delegates in the appropriate Plan and Row based on gender and age group. Enter the HOD name and contact information for each Plan.
2. In the Registration Fees Summary table, copy the total delegates in each plan into the column titled “Total Delegates In Plan”.
3. Multiply the total delegates in each plan by the price per delegate.
4. Enter the total sum of all plans. This is the total fee your local program will be charged/invoiced for the event.

**“I have checked the information in this form and found it to be complete and accurate.”**

**Agency Manager Signature Date**

**Regional Office Signature Date**

|  |  |  |  |
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| **REGISTRATION FEES CHART** | | | |
| **PLAN A:** | | | |
| Plan A HOD Name:       Cell: (     )      Email: | | | |
| Details: Competition, and All Meals | Coaches / Chaperones: |  |  |
| Athletes: |  |  |
| **TOTAL DELEGATES IN PLAN A:** | | |  |
| **PLAN B:** | | | |
| Plan B HOD Name:       Cell: (     )      Email: | | | |
| Details: Competition, and Friday Dinner  \**Basketball Skills & 3v3 delegates only* | Coaches / Chaperones: |  |  |
| Athletes: |  |  |
| **TOTAL DELEGATES IN PLAN B:** | | |  |
| **PLAN C:** | | | |
| Plan C HOD Name:       Cell: (     )      Email: | | | |
| Details: Competition, and Saturday Lunch  \**Basketball Team & Swim delegates only* | Coaches / Chaperones: |  |  |
| Athletes: |  |  |
| **TOTAL DELEGATES IN PLAN C:** | | |  |
| **Sunday Add-On** | | | | |
| Details: Add-On Sunday Lunch | | Coaches / Chaperones: |  |  |
| Athletes: |  |  |
| **Total Delegates with Add-On Meal:** | | | |  |

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| **REGISTRATION FEES SUMMARY** | | | | |
| *Plan* | *Details* | *Price per Delegate* | *Total Delegates In Plan* | *Total Cost Per Plan* |
| **PLAN A** | Competition & all meals | $40.00 x | = | $ |
| **PLAN B** | Competition & Friday Dinner Only  \**basketball skills & 3v3 delegates only* | $15.00 x | = | $ |
| **PLAN C** | Competition & Saturday Lunch Only  \**basketball team & swim delegates only* | $15.00 x | = | $ |
| **ADD-ON** | Sunday Lunch | $10.00 x | = | $ |
| **TOTAL** $ | | | | |

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| **SPECIAL EVENTS RSVP** | | |
| Friday, April 12 at 5pm | Opening Ceremonies | Total Athletes & Coaches Planning to Attend = |
| Saturday, April 13 at 7pm | Dance | Total Athletes & Coaches Planning to Attend = |

**COACH – CHAPERONE ROSTER LOCAL PROGRAM NUMBER #**

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 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.

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. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
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| CHAPERONES | | **M / F** | **W/C [X]** |
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**“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.”**

**Local Program Manager Signature Date**

**2025 STATE SPRING GAMES TOURNAMENT**

**TEAM BASKETBALL ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Head Coach:         Cell #:

Head Coach Email:

**Return this form to your REGIONAL office with state registration materials**

**BY deadline date!**

***Event Code Event Description Event Code Event Description***

BBTEAM Team Basketball BBTEAMU Unified Team Basketball

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

Each team must have a unique name up to **15 characters long**. This name will be used at all competitions.

|  |  |  |
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|  | **Athlete Name**  (LIST ALPHABETICALLY – Last Name, First Name) | **M/F** |
| 1. |  |  |
| 2. |  |  |
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**TEAM EVALUATION COMMENTS:**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.

**2025 STATE SPRING GAMES TOURNAMENT**

**3-ON-3 BASKETBALL TEAM ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Head Coach:         Cell #:

Head Coach Email:

**Return this form to your REGIONAL office with state registration materials**

**BY deadline date!**

***Event Code Event Description***

BBHALF Basketball 3 on 3 Team

BBHALFU Basketball 3 on 3 Unified Team

**Event Code**:

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

Each team must have a unique name up to **15 characters long**. This name will be used at all competitions.

List in Alphabetical Order

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Athlete Name**  (Last Name, First Name) | **M/F** | **rOLE**  aTHLETE/PARTNER |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
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**TEAM EVALUATION COMMENTS:**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.

**2025 3-On-3 BASKETBALL**

**Please Print Clearly:**

**LIST ALL BASKETBALL GAMES PLAYED THIS SEASON.**

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

**\*\*Remember – the more information you give us, the more accurate your divisioning\*\***

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| **LOCAL PROGRAM Number** | **Opposing Team Official Name** | **Date of GAME** | **Your Score** | **Their Score** |
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| Comments: | | | | |
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| Comments: | | | | |
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| Comments: | | | | |

**2025 STATE SPRING GAMES TOURNAMENT**

**BASKETBALL SKILLS ATHLETE ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Head Coach:         Cell #:         Email:

**Return this form to your rEGIONALoffice with state registration materials BY deadline date!**

List athletes in alphabetical order by last name.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Athlete Names**  (AlphabeticaL: Last Name, First**)** | **m/f** | **W/C**  **[x]** | **Event Code** | **Level 1**  **age: 15 OR UNDER** | **Level 1**  **10M Dribble OR SPeed dribble** | **level 1**  **Hoop Height\*\*** | **Level 1**  **ball Size Men/Women\*\*** | **Level 2**  **Bounce or chest pass** |
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| 16. |  |  |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |  |  |

**2025 STATE SPRING GAMES TOURNAMENT**

**SWIMMING ATHLETE ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Head Coach:         Cell #:         Email:

**Return this form to your rEGIONALoffice with state registration materials BY deadline date!**

Athletes must be listed in alphabetical order by last name. Athletes can only participate in a maximum of two individual events and two relays.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Maximum: Four events**   * 2 INDIVIDUAL & 2 RELAY | | **ROLE**  (ATHLETE / PARTNER) | **m/f** | **wch**  **[X]** | **CHECK FOR WATER START** | **1st EvenT** | **2nd Event** | **1st RELAY** | | **2nd RELAY** | |
| **Event Code** | **Event Code** | **Event Code** | RELAY Team Name (15 char. max) | **Event Code** | RElAY TEAM NAME  (15 char. max) |
|  | **Athlete Name**  (Alphabetical: Last, First) |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 2 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 3 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 4 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 5 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 6 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 7 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 8 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
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| 11 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 12 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 13 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |
| 14 |  |  |  |  |  |  |  |  | **R1.** |  | **R2.** |

Meal Plan Options – Please encourage athletes/coaches to only get the meals that they are marked down to receive

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| Athlete / Coach Name | Meal Plan (A, B or C) | Sunday Add on (mark with X) |
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