**2025 STATE SUMMER GAMES – SOCCER REGISTRATION**

# EVENT DESCRIPTION

**OFFICIAL EVENTS OFFERED:**

Athletes may compete in more than one sport at State Summer Games, with restrictions. Athletes cannot compete in sports that have competition scheduled for the same day at a Regional/District/State Games competition. Athletes in Soccer and Track & Field cannot compete in any other sports. Athletes in Cornhole (Friday competition) may also compete in Powerlifting or Tennis (Saturday competition), and vice versa.

|  |
| --- |
| ***SOCCER***  ***Event Code Event Description***  FBTEAM Five-A-Side Team Soccer |

**ELIGIBILITY FOR SUMMER GAMES PARTICIPATION**

1. Valid Official SOWI Release Form and Athlete Medical in Special Olympics on file in the State office postmarked by **April 15, 2025** to remain valid through **June 8, 2025.**
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.
3. Advancement: SOWI will issue to each Local Program a quota for Summer Games Athletics (Track & Field) based on the current year of Regional Involvement. Refer to the General Information section of the Competition Guide for more information on advancement.

**COMPETITION:**

FRIDAY Foster Track Athletics

Kachel Fieldhouse Cornhole

Intramural Fields Soccer

SATURDAY Foster Track Athletics

Kachel Fieldhouse Powerlifting

Intramural Fields Soccer

Wangerin Tennis Courts Tennis

**HOUSING:**

Housing UW-Whitewater Residence Halls

Housing Available Thursday, June 5, 2025 and Friday, June 6, 2025

**MEALS: \*\* Please specify meal plan per athlete on registration form\*\***

Thursday, June 5 Dinner

Friday, June 6 Breakfast, Lunch and Dinner

Saturday, June 7 Breakfast

**SPECIAL EVENTS:**

**▪** Opening Ceremony

**▪** Dance

**▪** Healthy Athletes®

**▪** Victory Village

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REGISTRATION PLANS:**  **All delegates must register for a plan to compete. Delegates are the athletes, coaches and chaperones.** | | | | |
| ***Plan*** | ***Cost*** | ***Details*** | ***Housing*** | ***Meals*** |
| **Plan A (Blue)** | $72.00 | Competition, All Housing & All Meals | Thursday – Saturday | Thursday Dinner  Friday Breakfast  Friday Lunch  Friday Dinner  Saturday Breakfast |
| **Plan B (Black)** | $60.00 | Competition, 1 Night Housing & 3 Meals  *\*Cornhole* | Thursday – Friday | Thursday Dinner  Friday Breakfast  Friday Lunch |
| **Plan C (Black)** | $60.00 | Competition, 1 Night Housing & 3 Meals  *\*Powerlifting, Tennis* | Friday – Saturday | Friday Dinner  Saturday Breakfast  Saturday Lunch |
| **Plan D (Red)** | $40.00 | Competition & All Meals | -- | Thursday Dinner  Friday Breakfast  Friday Lunch  Friday Dinner  Saturday Breakfast |
| **Plan E (Green)** | $15.00 | Competition & 1 Meal  *\*Cornhole, Track, Soccer* | -- | Friday Lunch |
| **Plan F (Green)** | $15.00 | Competition & 1 Meal  *\*Powerlifting, Tennis* | -- | Saturday Lunch |
| **ADD-ON:** | | | | |
|  | $15.00 | Saturday Lunch  *\*Track, Soccer, Tennis* | -- | Saturday Lunch |

**REGISTRATION:** Return all State Forms to your Regional Athletic Director by **Monday, May 19th, 2025**

Regions 2 & 3 – Kaytlin Kassens Region 7 – Brooke Ringelberg

[KKassens@SpecialOlympicsWisconsin.org](mailto:KKassens@SpecialOlympicsWisconsin.org) [BRingelberg@SpecialOlympicsWisconsin.org](mailto:BRingelberg@SpecialOlympicsWisconsin.org)

P: (715) 289-6644 P: (262) 518-2316

Regions 4 & 5 – Megan Quandt Region 8 – Amber Weinfurter

[MQuandt@SpecialOlympicsWisconsin.org](mailto:MQuandt@SpecialOlympicsWisconsin.org) [AWeinfurter@SpecialOlympicsWisconsin.org](mailto:AWeinfurter@SpecialOlympicsWisconsin.org)

P: (920) 659-5911 P: (262) 518-2314

Region 6 – Adam Loeber

[ALoeber@SpecialOlympicsWisconsin.org](mailto:ALoeber@SpecialOlympicsWisconsin.org)

P: (608) 442-5668

**2025 STATE SUMMER GAMES SOCCER 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: (      )

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 Local Program 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.

**REGISTRATION INSTRUCTIONS:**

*Notes*

* Fee is per delegate, which includes all registered athletes, unified partners coaches, and chaperones within the 3:1 or 4:1 ratio. When calculating the 3:1 or 4:1 ratio, the unified partners are taken out of the count. Unified Partners should not also fulfill the role of a chaperone.
* 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 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 the appropriate row for each Plan.
3. Multiply the total delegates in each plan by the price per delegate.
4. Enter the total sum. This is the total fee your local program will be charged/invoiced for the event in each plan.

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

**Local Program Manager Signature Date**

**Regional Office Signature Date**

REGISTRATION FEES SUMMARY Local Program #:

|  |  |  |  |
| --- | --- | --- | --- |
| **REGISTRATION CHART** | | | |
| HOD Name:       Cell: (     )  Email: | | | |
| *Check Appropriate Plan:*  Plan A  Plan B  Plan C  Plan D  Plan E  Plan F  *If all delegates are in the same plan, you do NOT need to record plans on individual sport rosters.* | Male Athletes ages 8-17: |  | **SUBTOTAL** |
| Male Athletes ages 18+: |  |
| Male Unified Partners ages 8-17: |  |  |
| Male Unified Partners ages 18+: |  |  |
| Male Coaches / Chaperones: |  |  |
| Female Athletes ages 8-17: |  | **SUBTOTAL** |
| Female Athletes ages 18+: |  |
| Female Unified Partners ages 8-17: |  |  |
| Female Unified Partners ages 18+: |  |  |
| Female Coaches / Chaperones: |  |  |
| **TOTAL DELEGATES IN PLAN:** | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REGISTRATION FEES SUMMARY** | | | | |
| *Plan* | *Details* | *Price per Delegate* | *Total Delegates In Plan* | *Total Cost Per Plan* |
| **PLAN A** | Competition, All Housing & All Meals | $72.00 x | = | $ |
| **PLAN B** | Competition, 1 Night Housing & 3 Meals  *\*Cornhole delegates only* | $60.00 x | = | $ |
| **PLAN C** | Competition, 1 Night Housing & 3 Meals  *\*Powerlifting, Tennis delegates only* | $60.00 x | = | $ |
| **PLAN D** | Competition & All Meals | $40.00 x | = | $ |
| **PLAN E** | Competition & 1 Meal  *\*Cornhole, Track, Soccer delegates only* | $15.00 x | = | $ |
| **PLAN F** | Competition & 1 Meal  *\*Powerlifting, Tennis delegates only* | $15.00 x | = | $ |
| **Add-On** | Saturday Lunch  *\*Tennis, Track, Soccer delegates only* | $15.00 x | = | $ |
| **TOTAL** $ | | | | |

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

**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, cornhole, and bowling teams) and one per every 12 athletes in the individual sports (including bocce, relay, cornhole, 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.

*If all delegates are in the same plan, you do NOT need to record plans on individual sport rosters.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CERTIFIED COACHES | | m / F | **W/C [X]** | **AAC [X]** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| CHAPERONES | | **M / F** | **W/C [X]** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

**“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 SUMMER GAMES**

**HOUSING LIST**

**LOCAL PROGRAM #:**

**Housing List Instructions:**

1. All programs registering in Plan A must complete the rooming list to submit with registration.
2. Notify SOWI of any rooming changes as soon as you know.

*Notes:*

* Males and females must be roomed separately.
* Athletes and coaches/chaperones must be roomed separately (unless noted with 1:1 housing chaperone special needs form)
* Minors must only room with minors (17 and younger) and adults must only room with adults.
* Check W/C for delegates in a wheelchair for ADA room.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Room Type**   * 1:1 Housing * Coach/Chaperone * Adult Athletes * Minor Athletes * Adult Partners * Minor Partners | **Gender**  (M/F) | **Guest 1 Name**  **(first and last)** | **W/C**  ***[x]*** | **Guest 2 Name**  **(first and last)** | **W/C**  ***[x]*** |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |
| Type: |  |  |  |  |  |

**2025 STATE SUMMER GAMES**

**SOCCER REGISTRATION FORM**

**Please Print Clearly:**

Local Program Number:      Local Program Name:

Head Coach:       Cell Phone: (     )

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

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

List Athletes Alphabetically by Last Name. *If all delegates are in the same plan, you do NOT need to record plans on individual sport rosters.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Athlete Name**  (Alphabetical: Last Name, First Name) | **M/F** | **Meal Plan (a, b, c, d, e or f)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |

**TEAM EVALUATION – QUALIFYING GAMES & TEAM COMMENTARY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **QUALIFYING GAME SCORES** | | | |
| **OPPOSING TEAM OFFICIAL NAME** | **DATE OF GAME** | **YOUR SCORE** | **THEIR SCORE** |
|  |  |  |  |
| Comments: | | | |
|  |  |  |  |
| Comments: | | | |
|  |  |  |  |
| Comments: | | | |