

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

<i>Event Code</i>	<i>Event Description</i>
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, 2024

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.

<i>Plan</i>	<i>Cost</i>	<i>Details</i>	<i>Housing</i>	<i>Meals</i>
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 <i>*Cornhole</i>	Thursday – Friday	Thursday Dinner Friday Breakfast Friday Lunch
Plan C (Black)	\$60.00	Competition, 1 Night Housing & 3 Meals <i>*Powerlifting, Tennis</i>	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 <i>*Cornhole, Track, Soccer</i>	--	Friday Lunch
Plan F (Green)	\$15.00	Competition & 1 Meal <i>*Powerlifting, Tennis</i>	--	Saturday Lunch
ADD-ON:				
	\$15.00	Saturday Lunch <i>*Track, Soccer, Tennis</i>	--	Saturday Lunch

REGISTRATION: Return all State Forms to your Regional Athletic Director by **Monday, May 20, 2024.**

Regions 2 & 3 – Kaytlin Kassens
KKassens@SpecialOlympicsWisconsin.org
P: (715) 289-6644

Region 7 – Brooke Ringelberg
BRingelberg@SpecialOlympicsWisconsin.org
P: (262) 518-2316

Regions 4 & 5 – Megan Quandt
MQuandt@SpecialOlympicsWisconsin.org
P: (920) 659-5911

Region 8 – Amber Weinfurter
AWeinfurter@SpecialOlympicsWisconsin.org
P: (262) 518-2314

Region 6 – Adam Loeber
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 CHART			
HOD Name: _____ Cell: () _____			
Email: _____			
<i>Check Appropriate Plan:</i> <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Plan D <input type="checkbox"/> Plan E <input type="checkbox"/> Plan F <i>If all delegates are in the same plan, you do NOT need to record plans on individual sport rosters.</i>	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 <i>*Cornhole delegates only</i>	\$60.00 x	_____ =	\$ _____
PLAN C	Competition, 1 Night Housing & 3 Meals <i>*Powerlifting, Tennis delegates only</i>	\$60.00 x	_____ =	\$ _____
PLAN D	Competition & All Meals	\$40.00 x	_____ =	\$ _____
PLAN E	Competition & 1 Meal <i>*Cornhole, Track, Soccer delegates only</i>	\$15.00 x	_____ =	\$ _____
PLAN F	Competition & 1 Meal <i>*Powerlifting, Tennis delegates only</i>	\$15.00 x	_____ =	\$ _____
Add-On	Saturday Lunch <i>*Tennis, Track, Soccer delegates only</i>	\$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 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.

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.			<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"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>
10.			<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"/>
9.			<input type="checkbox"/>
10.			<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.”

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 <ul style="list-style-type: none"> • 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:			<input type="checkbox"/>		<input type="checkbox"/>
Type:			<input type="checkbox"/>		<input type="checkbox"/>
Type:			<input type="checkbox"/>		<input type="checkbox"/>
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Type:			<input type="checkbox"/>		<input type="checkbox"/>
Type:			<input type="checkbox"/>		<input type="checkbox"/>
Type:			<input type="checkbox"/>		<input checked="" type="checkbox"/>

Please Print Clearly:

Local Program Number: _____ Local Program Name: _____

Head Coach: _____ Cell Phone: () _____

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

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.			

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

Comments:			
Comments:			