

2015 STATE SUMMER GAMES

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED: Athletes can only be entered in one sport at the Summer Games.

1. AQUATICS

<i>Event Code</i>	<i>Event Description</i>
AQ25MDEV	Assisted Swim
AQ25MF	25m Freestyle
AQ50MF	50m Freestyle
AQ100MF	100m Freestyle
AQ200MF	200m Freestyle
AQ400MF	400m Freestyle
AQ25BS	25m Breaststroke
AQ50BS	50m Breaststroke
AQ100BS	100m Breaststroke
AQ25BK	25m Backstroke
AQ50BK	50m Backstroke
AQ100BK	100m Backstroke
AQ25BF	25m Butterfly
AQ50BF	50m Butterfly
AQ100BF	100m Butterfly
AQ100IM	100m Individual Medley
AQ4X25MF	4x25m Freestyle Relay
AQ4X50MF	4x50m Freestyle Relay
AQ4X1CMF	4x100m Freestyle Relay
AQ4X25MR	4x25m Medley Relay
AQ4X50MR	4x50m Medley Relay
AQ15WK	15m Walk (District only, if depths permit)
AQ15US	15m Unassisted Swim (District only)

2. POWERLIFTING

<i>Event Code</i>	<i>Event Description</i>
PLBHPR	Bench Press
PLDEAD	Deadlift
PLSQAT	Squat
PLCOMB2	Bench/Deadlift Combination Lift
PLCOMB3	Bench/Deadlift/Squat Combo Lift

*Athletes can enter only one combination lift category in addition to a maximum of three individual lifts.

3. SOCCER

<i>Event Code</i>	<i>Event Description</i>
FBTEAM	Five-A-Side Team Soccer

4. ATHLETICS

<i>Event Code</i>	<i>Event Description</i>
AT50MDEV	Assisted Run (Regional only, non-advancing)
AT050M	50m run
AT100M	100m Run
AT200M	200m Run
AT400M	400m Run
AT800M	800m Run
AT1500M	1500m Run
AT3000M	3000m Run
AT25MW	25m Walk
AT100W	100m Walk
AT200W	200m Walk
AT400W	400m Walk
AT800W	800m Walk
AT1500W	1500m Walk
ATLNJP	Long Jump
ATSTLJ	Standing Long Jump
ATSP2M	Shot Put-Male: 8-11
ATSP4M	Shot Put-Male: 12+
ATSPIW	Shot Put-Female: 8-11
ATSP2W	Shot Put-Female: 12+
ATSOBT	Softball Throw
ATJAVJR	Mini Javelin 8-15
ATJAVSR	Mini Javelin 16+
AT4X100W	4x100m Walking Relay
AT4X100M	4 x 100m Relay
AT4X200M	4 x 200m Relay
AT4X400M	4 x 400m Relay
AT25WH	Wheelchair-25m
AT100WH	Wheelchair-100m
AT200WH	Wheelchair-200m
AT30WS	Wheelchair-30m Slalom
AT50MS	Motor Wheelchair-50m Slalom
AT30MS	Motor Wheelchair-30m Slalom
ATWHOB	Motor Wheelchair-25m Obstacle
AT4X25M	4 x 25 Wheelchair Shuttle Relay
ATWSP1M	Wheelchair Shot Put-Male
ATWSP1W	Wheelchair Shot Put-Female

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 SUMMER SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **April 1, 2015** to remain valid through **June 6, 2015**.
2. An athlete in athletics may participate in a maximum of three events (three individual, two individual and one relay, or one individual and two relays). An athlete in aquatics may compete in a maximum of two individual events and two relay event. Athletes registered for two relays may only be entered once in each relay event.
3. Pentathlon athletes may not enter any additional individual event but may compete in any one relay.
4. Wheelchair athletes may enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events and vice versa. Bicycles, scooters, tricycles or any gear/pedal-powered vehicles are not legal in any wheelchair competition.
5. Soccer teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: a limited number of second and third place teams may advance to fill any spaces in the tournament field.
6. SOWI will issue to each Agency a quota for State Summer Games athletics, aquatics participation separately, based on the current year of Regional involvement. Refer to the General Information section of the Competition Guide for more information on advancement. Soccer teams (eligible by district finish) and powerlifters will not count as part of agencies' Summer Games quotas.

HOUSING:

Housing Available:

UW – Stevens Point Residence Halls

Thursday, June 4 and Friday, June 5, 2015

LOCATION:

UW-Stevens Point Campus

MEALS:

Thursday, June 5:

Dinner

Friday, June 6:

Breakfast, Lunch and Dinner

Saturday, June 7:

Breakfast

Lunch – Separate fee

COST:

Delegates are all athletes, coaches and chaperones.

Plan A

Housing:

\$52.00 per delegate

Housing, competition, all meals except Sat. lunch

Plan B

No housing:

\$28.00 per delegate

Competition & all meals except Sat. lunch

Plan C

Day Of:

\$ 8.00 per delegate

Competition & Friday lunch

Lunch: Saturday

\$ 8.00 per delegate

*

Agencies located within 30 miles of Stevens Point must choose Plan B or C.

SPECIAL EVENTS:

- Opening Ceremony, Closing Ceremony/Dance
- Victory Village
- Healthy Athletes
- Young Athletes™

2015 STATE SUMMER 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 AREA OFFICE WITH STATE REGISTRATION MATERIALS BY 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"/>	Soccer Team Entry Forms	Male Coaches / Chaperones		SUBTOTAL
<input type="checkbox"/>	Relay Entry Forms	Female Athletes (w/o wheelchairs)		
<input type="checkbox"/>	Aquatics Roster	Female Athletes w/ wheelchairs		SUBTOTAL
<input type="checkbox"/>	Athletics Roster	Female Coaches / Chaperones		
<input type="checkbox"/>	Powerlifting Roster	TOTAL M + F DELEGATES		

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

Plan A: Housing: Competition & all meals (except Sat. lunch) \$ 52.00 x _____ Total Delegates = \$ _____

Plan B: No Housing: Competition & all meals (except Sat. lunch) \$ 28.00 x _____ Total Delegates = \$ _____

Plan C: Day Of: Competition & Friday lunch \$ 8.00 x _____ Total Delegates = \$ _____

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

Total = \$ _____

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

* Agencies within 30 miles of Stevens Point must choose Plan B or C Date _____

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

HOUSING AND MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Thursday Night	Males:		Thursday Dinner	
	Females:		Friday Breakfast	
Friday Night	Males:		Friday Lunch	
	Females:		Friday Dinner	
			Saturday Breakfast	
			Saturday 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 ration 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.

***PLEASE INDICATE CERTIFIED COACHES AND SELECT ONE SPORT THEY ARE CERTIFIED IN AND COACHING FOR THE STATE GAMES.**

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION	W/C [X]	AAC [X]
1.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
2.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
3.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
4.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
5.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
6.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
7.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
8.			AT / AQ / PL / S	<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