

2011 SPECIAL OLYMPICS WORLD SUMMER GAMES

WISCONSIN SPECIAL OLYMPICS ATHLETE NOMINATION

THE 2011 SPECIAL OLYMPICS WORLD SUMMER GAMES will be held June 25 – July 4, 2011 in Athens, Greece. It is anticipated that 7,000 athletes and 2500 coaches from the United States will compete in the World Games.

All the athletes selected to represent Special Olympics Wisconsin Inc. in 2011 will be selected for approval based upon the following criteria:

- **Athletics** (1 male slot available) athletes must have placed first at the 2010 SOWI State Summer Games held in Stevens Point June 10-12, 2010 in one of the following events: 100 meter run, 4x100m relay, 4x400 m relay (Also, all athletes who were entered in the 200m or 400m run at the 2010 SOWI Summer Games are eligible for nomination regardless of place because those events were not held).
- **Aquatics** (1 female slot available) athletes must have placed first in one of the following events: 200m freestyle, 4x50m freestyle relay, 4x50m medley relay, 4x100m freestyle relay.
- **Bocce** (1 male slot available) athletes must receive a gold medal at the 2010 SOWI STATE Outdoor Sports Tournament August 6-8, 2010.
- Attend Team USA training camp (date TBD).
- Be at least 12 years old by January 1, 2011.
- Be available and willing to commit to intensive training prior to the World Games.
- Participate in athletics during the 2010 SOWI Summer Games Sports Season.
- Possess the skills to be able to function as part of a team (e.g. cooperation, sharing, group living, following directions, basic social skills, flexibility, ability to handle stress).
- Be able to travel by plane away from home for an extended period of time.
- Display behavior that is consistent with the Special Olympics Wisconsin Inc. Athletic Code of Conduct and Special Olympics International Inc. Responsibilities of Competitors.
- Demonstrate an acceptable/sufficient level of independent self-help skills to ensure a rewarding and safe experience.

Please note: The delegation for Team USA is being coordinated by Special Olympics North America, and the event categories for each sport were assigned to SOWI by them. SOWI did not have a choice in the selection of events within each sport in which our athletes may qualify.

2011 SPECIAL OLYMPICS WORLD SUMMER GAMES ATHLETE APPLICATION

DIRECTIONS FOR COMPLETING THE ATHLETE APPLICATION:

All parts of this application must be completed for an athlete to be considered as an applicant for Team USA. Any form that is submitted incomplete will be returned to the person whose name appears as the official contact (part B, line 4) on this application.

Any form that has been intentionally submitted containing false information will result in the invalidation of that application and possible ineligibility of the athlete.

ALL ATHLETE APPLICATIONS FOR ATHLETICS MUST BE POSTMARKED BY AUGUST 15, 2010.

MAIL TO: SPECIAL OLYMPICS WISCONSIN, NATIONAL GAMES SELECTION COMMITTEE, 5900 MONONA DRIVE, STE. 301, MADISON, WI 53716.

PART A - ATHLETE GENERAL INFORMATION

Athlete's Name:	_____
SPORT	_____
Address	_____
City	_____
Zip	_____
Phone number () _____ - _____	Age: _____
Agency Name and # athlete is registered with	_____
Sex _____ Male _____ Female	Date of Birth _____
Chest size _____	Waist Size _____
Inseam _____	Shirt size _____
Coat size _____	
Shoe size _____	Height _____
Weight _____	

PART B - PARENT/GUARDIAN/CONTACT INFORMATION

Parent/Guardian Name	_____	Phone - Day	_____	Eve	_____
Address	_____	City	_____	Zip	_____
Official Contact Person (if other than person(s) listed above):					
Name	_____	Phone - Day	_____	Eve	_____
Address	_____	City	_____	Zip	_____
Official position (e.g. coach, teacher, coordinator, etc.) _____					
In case of emergency, please notify					
Name	_____	Phone - Day	_____	Eve	_____

PART C - ATHLETE'S SPORTS BACKGROUND

In what event did they qualify in? _____

What events would be appropriate for the athlete to compete in at the World Games? (Please list each separate event):

Number of years training in this sport _____

Coach's name(s) who trained the athlete _____

Local Training Program (name and Agency number) _____

Is there a current Medical / Parental Release Form on file? Yes No

AS AN APPLICANT FOR TEAM WI,
THE ATHLETE WILL BE REQUIRED TO ATTEND ALL TRAINING CAMPS.

Special Olympics Wisconsin is planning the following camps:

-Team USA Training camp (date TBD)

Will the athlete be available to attend these sessions? Yes No

If no, please state why

Will the athlete commit to a 24-week training program developed by the World Games coach prior to the Games?

Yes No

Is this athlete prepared and capable of spending about one week away from home, work or school in July 2011 for the Games?

Yes No

Will the athlete be available June 25 through July 4, 2011 for the 2011 World Summer Games?

Yes No

PART D - ATHLETE INVENTORY (to be filled out by athlete's coach)

Physical (check appropriate description)

Strength: Weak Average Powerful for age
Speed: Moves slowly Average Moves quickly
Coordination: Poor Average Good
General fitness: Poor Average Good
Can athlete swim? Yes No

Mobility

Uses cane
 Uses walker
 Uses electric chair
 Uses non-electric chair
 Uses electric cart

Self Help Skills

Mealtime Skills (check if done without adult supervision)

Feeds self mostly with fingers
 Feeds self with spoon
 Feeds self with fork and spoon
 Feeds self with fork and spoon; can use knife to cut

Dressing Skills (check if done without adult supervision)

Can dress and undress self
 Cannot dress and undress self
 Can dress and undress self with minimal assistance

Grooming Skills (check if done without assistance)

Can wash and dry face and hands
 Can comb hair
 Can brush teeth
 Can shower/bathe self

Toileting skills (check all that apply)

Not toilet trained
 Wets bed
 Goes to bathroom on own
 Has few accidents, if taken regularly

PART D – CONTINUED ON NEXT PAGE

Speech and Language Skills (check all that apply)

Expressive Language

- Primarily uses gestures Uses short phrases
- Makes single sounds Uses complete sentences
- Uses single words Uses signing
- Articulation problems; difficult to understand
- List Athlete's primary language:

Receptive Language

- Understands simple commands only if accompanied by gestures
- Understands simple commands without assistance
- Understands part of daily conversation
- Understands mostly all of what is spoken to him/her
- Has no problem understanding what is said

Conversation

- Does not start conversation
- Starts conversation by pointing and tugging and saying one or two words
- Can carry on a short conversation
- Can converse without difficulty

Medical

- Does athlete have Down syndrome? Yes No
If yes, Atlantoaxial Dislocation: Positive Not Screened Negative
Does the athlete take any medication? Yes No

If yes, please list

History of (please check all that apply):

- Seizures Hepatitis HIV Positive
- Allergies Recent surgery
- Other please explain _____

Behavior Problems (check all that apply)

- Temper Tantrums
- Hits others
- Throws objects
- Pulls hair
- Bites others
- Teases children
- Doesn't follow directions
- Twirls objects
- Runs away
- Bites self
- Bangs head, back
- Eats foreign objects
- Overly fearful
- Aloof from others
- Cries often
- Overly dependent on adults
- Other

Travel

- Has the athlete ever ridden on a bus for an extended length of time?
 Yes No
- Does the athlete experience motion sickness?
 Yes No
- Has the athlete taken an extended trip away from home without family members or legal guardian present?
 Yes No

ADDITIONAL COMMENTS ABOUT THE ATHLETE

Please list any National or International Games experience or other relevant information about the athlete.

PART F - REFERENCES

Please list three (3) references for this athlete, including the athlete's most recent coach.

- 1. Coach _____ Phone (day) _____
Number of years ____ Sport(s) _____
- 2. Name _____ Phone (day) _____
Relationship _____
- 3. Name _____ Phone (day) _____
Relationship _____

PART G - ATHLETE /LOCAL COACH TRAINING AGREEMENT

I affirm this athlete is an appropriate applicant for World Games participation and, if selected, I will assist the athlete with their National Games local training.

Coach signature _____ Date _____
Print name _____ Agency # _____

I have read the Team USA Athlete Application and agree to abide by the terms thereof.

Athlete Signature _____ Date _____

SIGNATURES (as applicable)

Parent/Guardian (print name) _____ Signature _____

Person completing application (print name) _____ Signature _____

Date of application _____

FOR OFFICE USE ONLY

Date Received _____
Initials _____

Incomplete: Date returned _____
Initials _____

Approved: Date _____
Initials _____

