**Cover Sheet & Checklist**

**Aquatics**

Following is the Special Olympics Team WI Athlete Information Packet for the 2018 USA Summer Games. This packet includes initial information required for registration by Team WI on each selected athlete.

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| --- | --- | --- | --- | --- | --- |
| **Athlete Name:** |  | **Sport:** |  | **State:** |  |

All athletes must complete and attach the following materials:

|  |  |  |
| --- | --- | --- |
|  | **Completed?** | |
| **Athlete Information Form (pages 3-6)** | **Yes** | **No** |
| * It is recommended this form be **completed** by individuals with close knowledge of the athlete or a combination of such individuals including parents, guardians, case managers and/or coaches. * Before forwarding to the state office, this form needs to be **signed** by the athlete and their parent/legal guardian. |  | |
|  |  | |
| **Athlete Biography Form (page 7)** | **Yes** | **No** |
| * It is recommended this form be **completed** by an individual with close knowledge of the athlete. * All information will be displayed on the Special Olympics Wisconsin (SOWI) website and used for media requests. Please take the time to be informative so each athlete is well represented to the public and media. |  | |
|  |  | |
| **Athlete Support Forms (pages 8)** | **Yes** | **No** |
| * Each athlete is required to submit two Athlete Support Forms: one from your most recent Head Coach in a sport for which you are eligible for, and one from a family member with intimate knowledge of the athlete. |  | |

Thank you for your time in completing these materials! Please include this cover form with your completed documents and additional materials and submit by the designated deadline to SOWI.

**All Athlete Applications Must Be Postmarked By July 21, 2017.**

Keep a copy for your files.

Special Olympics Wisconsin

Attn: Mark Wolfgram

2310 Crossroads Drive Suite 1000

Madison, WI 53718

**THE 2018 SPECIAL OLYMPICS USA USA SUMMER GAMES** will be held July 1-6, 2018 in Seattle, WA. It is anticipated that 4,000 athletes and 1,000 coaches from the United States will compete in the USA Games.

Below are the 6 competitive sports in which Special Olympics Wisconsin has requested quota.

|  |  |  |  |
| --- | --- | --- | --- |
| Athletics (male & female) | Aquatics (male &female) |  | Bocce (male & female) |
| Bowling (male & female) | Basketball (coed) |  | Unified Soccer (coed) |

**Athlete Selection Criteria**

All the athletes selected to represent SOWI in 2018 will be a part of the Special Olympics USA competition. Athletes nominated must meet criteria defined for each sport in order to be eligible. Athletes for Team Wisconsin will be chosen via random draw from those who are eligible.

**AQUATICS CRITERIA**

* SOWI has requested 4 male and 4 female slots for Aquatics
* To be eligible for nomination in aquatics, an athlete must have earned a gold medal at the 2017 Special Olympics State Summer Games in one of the following events:
  + 50 Freestyle, Butterfly, Breaststroke, Backstroke
  + 100 Freestyle, Butterfly, Breaststroke, Backstroke, Individual Medley
* Athlete must commit to attend the USA Games for the entire length of the games including team travel (tentatively scheduled for June 30 – July 7, 2018) and all of the SOWI USA Games Training Camps. Camps are scheduled for:
  + **Selection Camp**: September 16-17, 2017
  + **Team Training Camp:** May 19-20, 2018.
  + **Team Sendoff:** Tentatively scheduled for June 30, 2018
* Be at least 12 years old by January 1, 2018.
* Be available and willing to commit to intensive training prior to the USA Summer Games under the direction of an appointed USA Games coach in cooperation with a local coach.
* Possess the skills to be able to function as part of a team (e.g. cooperation, sharing, and group living, following directions, basic social skills, flexibility, and ability to handle stress.)
* Be able to travel by bus or plane away from home for an extended period of time.
* Display behavior that is consistent with the SOWI Athlete Code of Conduct in Team WI activities as-well-as in other aspects of life.
* Demonstrate an acceptable/sufficient level of independent self-help skills to ensure a rewarding and safe experience.
* Must be willing to commit to participating in fundraising efforts conducted by Team WI. Each Athlete is responsible for committing to raise a minimum of $500.00 toward Team WI fundraising efforts.

SOWI will be the sole coordinator of all Team Wisconsin activities related to the 2018 Special Olympics USA Summer Games, and has the right to render any decisions that will serve and ensure the health, safety, integrity and well-being of all Wisconsin delegates to the 2018 Special Olympics USA Summer Games. SOWI reserves the right to conduct background checks on all applicants.

Special Olympics Athlete’s Code of Conduct

Special Olympics Wisconsin prides itself in sponsoring high quality sports training and competitions for people with intellectual disabilities. The primary purpose of this code of conduct is to establish a high standard of athlete behavior, which will ensure the safety and well-being of all athletes involved in training and competition. All athletes are expected to abide by the Athlete Code of Conduct as established by Special Olympics Wisconsin.

By agreeing to abide by the Special Olympics Wisconsin Code of Conduct, each athlete agrees to adhere to the following athlete behavior:

* Uphold the philosophy, principles and policies of Special Olympics, Inc. and Special Olympics Wisconsin
* Behave in a manner consistent with Special Olympics Wisconsin’s core values of mutual respect,

positive attitude, accountability, teamwork and dedication

* Each Athlete further agrees and acknowledges that participation with SOWI and as part of Team WI is voluntary. SOWI may remove a member from the team if the athlete’s behavior does not follow the SOWI or USA Games Codes of Conduct, policies and rules.

**I. SPORTSMANSHIP**

1. I will practice good sportsmanship.
2. I will act in ways that bring respect to me, my coaches, my team, and Special Olympics.
3. I will not use bad language.
4. I will not swear or insult other persons.
5. I will not fight with other athletes, coaches, volunteers, or staff.

**II. TRAINING AND COMPETITION**

1. I will train regularly.
2. I will learn and follow the rules of my sport.
3. I will listen to my coaches and the officials and ask questions when I do not understand.
4. I will always try my best during training, divisioning, and competitions.
5. I will not “hold back” or “sandbag” in preliminaries just to get into an easier final heat.

**III. RESPONSIBILITY FOR MY ACTIONS**

A. I will not make inappropriate or unwanted physical, verbal, or sexual advances on others.

B. I will not smoke in non-smoking areas.

C. I will not drink alcohol or use illegal drugs at Special Olympics events.

D. I will not take drugs for the purpose of improving my performance.

E. I will obey all laws and Special Olympics rules, the International Federation and the

USA Federation/Governing Body rules for my sport(s).

I understand that athletes who represent Wisconsin at USA and World events are held to a higher standard and that if I do not obey this Code of Conduct, not only in my involvement with Team WI activities, but in the other aspects of my life, the Game Organizing Committee and/ or Special Olympics Wisconsin may not allow me to participate.

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**Athlete Signature Date**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Athlete Information** *(please print or type)* | | | | | | | |
| Full Legal Name: | *(First):* | | *(Middle):* | | *(Last):* | | |
| In which sport is this athlete applying for the Games? | | | | |  | | |
| Is there a different first name you prefer to go by? | | | | |  | | |
| Mailing Address: |  | | |  |  | | |
| City, State, Zip: |  | | | Email: | @ | | |
| Gender: | ****Male | ****Female | | Date of Birth: | / | /19 |
| Preferred Phone: | ( ) | | | Best Time to Call: |  | | |
| Languages other than English spoken fluently *(please list):* | | | | |  | | |
| SOWI Agency: | | | | |  | | |
| T-Shirt Size: | | | | |  | | |
| **Additional Contact Information** | | | | | | | |
| Is the athlete completing this information form their own legal guardian? | | | | | ****Yes | ****No | |
| **Parent/Legal Guardian** | | | | | | | |
| First Name: |  | | | Last Name: |  | | |
| Mailing Address: |  | | | City, State, Zip: |  | | |
| Preferred Phone: | ( ) | | | Email Address: | @ | | |
| Best Time to Call: |  | | |  |  | | |
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| **Emergency Contact** *(if different from above)* | | | |
| First Name: |  | Last Name: |  |
| Mailing Address: |  | City, State, Zip: |  |
| Preferred Phone: | ( ) | Email Address: | @ |
| Relationship to Athlete: |  |  |  |
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| **Sports & Training Information** | | | | | |
| How many years has the athlete trained in this sport? | | | |  | |
| Does athlete own the needed equipment for this sport? | | | | ****Yes | ****No | |
| Has this athlete competed previously at a USA or World Games? | | | | ****Yes | ****No | |
| *If yes, what year(s)?* |  | *If yes, what sport(s)?* |  | | | |
|  |  |  |  | | | |
| Does the athlete have a current “Application for Participation in Special Olympics” and Consent Form on file with state program?  *If yes, what is the expiration date of the medical?* | | | | ****Yes | ****No | |
| Will this athlete commit to a 24-week training program developed by his or her Team WI USA Games coach prior to the Games? | | | | ****Yes | ****No | |
| Will the athlete attend the USA Games Training Camps scheduled for September 2017 and May 2018? If no, please state why: | | | | ****Yes | ****No | |
| Is this athlete prepared and capable of spending approximately one (1) week away from home, school or work in July 2018 for the USA Summer Games? | | | | ****Yes | ****No | |
| Will the athlete be available to attend June 30 -July 7, 2018 for the 2018 USA Summer Games? | | | | ****Yes | ****No | |
| Will the athlete commit to fundraising requirements? | | | | ****Yes | ****No | |

Which District Qualifying event did the athlete attend and on what team did he/she participate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Behavior**  Please indicate the most accurate response to ensure Team WI has the most complete knowledge and understanding in order to provide a successful experience for the athlete. Check any boxes listing behavior exhibited by the athlete: | | | | | |
| Bites self or others | | | Elevated sexual interest | Overly dependent on others | Teases others |
| Cries or becomes upset easily | | | Exaggerates pain/illness | Overly fearful | Temper tantrums |
| Difficulty changing routines | | | Excessive cursing/vulgarity | Pulls own hair or others | Throws objects |
| Difficulty with authority | | | Excessive physical touching | Resistant to changes in diet | Uncomfortable in crowds |
| Difficulty taking direction | | | Hits self or others | Seeks steady attention | Wanders/runs from group |
| Elevated emotional needs | | | Mental health issues | Seeks steady entertainment |  |
| Other *(please list):* | |  | | | |
| List details to help explain areas above and specific methods to resolve behavior difficulties: | | | | |  |
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| Do you think this athlete will relate and respond successfully  to an unfamiliar coach and environment? | | | | Yes | No |
| *If no, please explain:* |  | | | | |
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| **Self-Help Skills**  Please check the box in each area which best describes this athlete: | | | | |
| **Dressing** | **Grooming** | **Mealtime** | | **Toileting** |
| Completely independent | Completely independent | Completely independent | | Completely independent |
| Needs minimal assistance | Needs minimal assistance | Needs minimal assistance | | Needs minimal assistance |
| Needs significant assistance | Needs significant assistance | Needs significant assistance | | Needs significant assistance |
| For any skills marked as needing minimal or significant assistance, please provide details to explain needed level of support: | | | | |
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| How long does the athlete take to get out of bed, groom & dress each morning? | | |  | |
| In evaluating this athlete’s behavior and self-help skills, what level of coach support would be required to be successful?  Would require minimal support to be successful. Athlete is relatively independent and/or lives on their own.  Would require moderate support to be successful. Supervision within a group of 4 athletes and 1 coach would be acceptable.  Would require significant support to be successful. Supervision on a 1-to-1 basis would be needed. | | | | |

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| **Medical Overview** | | | | | | |
| Please check all that apply to this athlete: | | | | | | |
| ****Allergies |  | ****Depression | | ****Hearing Impaired | ****Special Diet | |
| ****Asthma | | ****Diabetes | | ****Hepatitis | ****Surgery *(within last year)* | |
| ****Autistic | | ****Down Syndrome *(see below)* | | ****Non-verbal | ****Uses Cane, Walker, etc. | |
| ****Broken Bones | | ****Glasses/Contacts | | Seizures | ****Uses Wheelchair | |
| If athlete has Down Syndrome, has an x-ray been taken to evaluate Atlanto-axial instability? | | | | | ****Yes | ****No |
| *If yes, was the x-ray positive for Atlanto-axial instability?* | | | | | ****Yes | ****No |
| Does this athlete take any medications? *If yes, please list below & attach additional sheet if necessary.* | | | | | ****Yes | ****No |
| Medication Name | | | Date Prescribed/Last Changed | Dosage | Times Taken per Day | |
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| Is this athlete self-medicating? | | | | | ****Yes | ****No |
| Is this athlete susceptible to colds, infections, etc? | | | | | ****Yes | ****No |
| If female, has this athlete ever menstruated? | | | | | ****Yes | ****No |
| *If yes, is her cycle consistent?* | | | | | ****Yes | ****No |

**Travel Experience and Biography**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has this athlete ever traveled by bus? | | | | | | | | | ****Yes | | | ****No |
| Has this athlete ever traveled by plane? | | | | | | | | | ****Yes | | | ****No |
| Is this athlete claustrophobic? | | | | | | | | | ****Yes | | | ****No |
| Does this athlete have physical discomfort when traveling (motion sickness, cramps, headaches)? | | | | | | | | | ****Yes | | | ****No |
| *If yes, please explain:* |  | | | | | | | |  | | |  |
| Does this athlete have emotional discomfort when traveling (homesickness, anxiety, mood swings)? | | | | | | | | | ****Yes | | | ****No |
| *If yes, please explain:* |  | | | | | | | |  | | |  |
| Has this athlete taken a long trip without a family member/legal guardian present? | | | | | | | | | ****Yes | | | ****No |
| Is the athlete able to carry/move their own luggage (suitcase and carry-on) and equipment? | | | | | | | | | ****Yes | | | ****No |
| Is this athlete able to sit and reasonably occupy oneself (movies, music, electronic games, puzzle books, etc) for an extended period of time such as a flight to/from training camp and Games? | | | | | | | | | ****Yes | | | ****No |
| **Athlete** | | | | **Questions** | | | | | | | | | |
| In what other sports do you train & compete? | | | |  | | | | | | | | | |
| How many years have you been involved in Special Olympics? | | | |  | | | Current Age: | | |  | | | |
| Are you currently employed? | | ****No | | ****Yes *(if yes, how long have you worked there?)* | | | | | |  | | | |
| *If yes, where & what is your job?* | | | |  | | | | | | | | | |
| What accomplishments make you most proud of yourself? | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please tell us your favorite hobbies: | | |  | | | | | | | | | | |
| How has Special Olympics changed your life? | | |  | | | | | | | | | | |
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| What does attending the USA Games mean to you? | | |  | | | | | | | | | | |
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| Please tell us about any special honors you’ve received (Athlete of the Year, high school, community or school honors): | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| Have you participated in any Athlete Leadership programs (ALp)? | | | | | | | ****Yes | | | ****No | | | |
| *If yes, what training(s) have you taken, have you been on trips for ALps, who have you met, etc?* | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | |
| I would be comfortable doing USA Games interviews for: | | | | | ****Television | ****Radio | | ****Newspaper | | | ****None | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Athlete Signature Form** | | | |
| Athlete Name: |  | Sport: |  |

This athlete is eligible for selection to be a member of Special Olympics Team WI for the 2018 USA Games in Seattle, Washington. In addition to meeting basic eligibility requirements, athletes selected to Team WI must also meet specific selection criteria, which includes the following items related to training, travel and daily living skills. By signing below, I acknowledge that I have read and understand the Athlete Selection Criteria and that I am aware of the following requirements of the athletes selected for Team Wisconsin:

**Team Wisconsin Requirements**

* Athletes must train and compete in their respective sport in the year preceding the USA Games;
* Athletes must have a local coach identified to work in coordination with a Team WI sport-specific coach for training;
* Attendance at the USA Training Camps, scheduled for September, 16-17, 2017 and May 19-20, 2018 is mandatory.
* Athletes must be able to handle a long travel day independently or with minimal supervision;
* Athletes will be assigned to a Team WI Coach for the duration of travel to, during, and from the Games, including housing sites, competition venues and during the delegation training camp prior to the Games;
* Athletes must be able to be away from their families, schools and jobs for approximately one (1) week period in **July 2018** to attend the Games (exact travel dates will be available at a later date);
* I understand that travel to and from practices, team training camps and the send-off and return locations for Team WI, etc. are not provided and is the responsibility of the athlete, family or local agency.
* All athletes must function positively during the course of the USA Games as part of the team with good sportsmanship and with minimal contact from family members;
* All athletes must independently or with minimal support, manage the activities and skills of daily living, i.e. toileting, showering, hygiene, etc.

**Fundraising**

* Participation in Team Fundraising efforts is mandatory and that a minimum of $500 must be raised by each athlete in order to participate as part of Team Wisconsin.

**Code of Conduct**

* Athletes selected to Team Wisconsin are held to a higher standard of behavior, and that the Code of Conduct applies at all times including during non- Team related activities. This applies from the time the athlete is selected through the entirety of the USA Games. The Team WI Management Team may remove an athlete from the delegation if he/she fails to meet the athlete selection criteria, of if his or her behavior violates the Code of Conduct.

Do you believe this athlete meets the selection criteria outlined above? Yes No

If no, please explain your answer:

**An athlete is not considered to be eligible for selection until all forms are completed and turned in. All Signatures are required.**

|  |  |
| --- | --- |
|  |  |
| Signature of Athlete | Date |

|  |  |
| --- | --- |
|  |  |
| Signature of Parent/Legal Guardian | Date |

|  |  |
| --- | --- |
|  |  |
| Signature of Agency Manager | Date |
|  |  |
| Signature of Local Coach | Date |