2018 STATE WINTER GAMES
EVENT DESCRIPTION

Athletes can be entered in only one of the four sports offered at the State Winter Games.

OFFICIAL EVENTS OFFERED

1. ALPINE SKIING (three-event limit)

Event Code	*Event Description*
ASSUGL	Alpine Super Glide**
ASINSG	Alpine Intermediate Super G
ASINSL	Alpine Intermediate Slalom
ASINGS	Alpine Intermediate Giant Slalom

2. CROSS COUNTRY SKIING (three-event limit)

Event Code	*Event Description*
CC050M	50m Race Classical
CC100M	100m Race Classical
CC500MF	500m Race Freestyle
CC1KLMF	1km Race Freestyle
CC25KMF	2.5km Race Freestyle
CC5KLMF	5km Race Freestyle
CC75KMF	7.5km Race Freestyle
CC4X5M	4X500m Relay

3. SNOWBOARDING (three-event limit)

Event Code	*Event Description*
SBSUGL	Snowboard Super Glide**
SBINSG	Snowboard Intermediate Super G
SBINSL	Snowboard Intermediate Slalom
SBINGS	Snowboard Intermediate Giant Slalom

4. SNOWSHOE RACING (three-event limit)

Event Code	*Event Description*
SN050M	50m Race
SN100M	100m Race
SN200M	200m Race
SN400M	400m Race
SN800M	800m Race
SN4X100M	4X100m Relay
SN4X200M	4X200m Relay
SN4X400M	4X400m Relay

**May not compete in super Giant Slalom, Slalom or Super G

ELIGIBILITY FOR WINTER 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 **December 1, 2017** to remain valid through **January 21, 2018**.
2. Athlete must have participated in at least eight weeks of official Special Olympics training prior to State competition.
3. If a cross country skiing athlete competes in the 50m and/or 100m race, s/he may not be in any other races.
4. Snowboarding athletes competing in the Super Glide may not compete in the Super Giant Slalom, Slalom, or Super G.

HOUSING:

A room block has been set up at the Plaza Hotel in Wausau. Agencies wishing to reserve housing for their delegation should indicate the number of rooms needed on the registration form. SOWI will be responsible for booking those rooms, and they will be added to the SOWI direct bill at a rate of $99 per room, not including taxes or incidentals. Agencies have the option to book their own rooms, however, the discounted rate will not apply and these rooms cannot be direct billed to SOWI. A cancellation fee of $40.00 will apply to all rooms.

COMPETITION SITES:

Granite Peak at Rib Mountain State Park: Downhill Skiing and Snowboarding
Nine Mile Forest: Cross Country Skiing and Snowshoe Racing

MEALS:

Saturday, January 20	Lunch and Dinner
Sunday, January 21	Breakfast

COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

Plan B	Competition & Meals	$44.00 per delegate	all meals
Plan C	Competition & Saturday Lunch	$ 8.00 per delegate	
	Housing	$99.00 per room requested by Agency	

*****AGENCIES MAY CHOOSE TO SPLIT THEIR DELEGATION INTO TWO PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATIO THAT IS BETWEEN 3:1 AND 4:1 WITHIN EACH PLAN TO ENSURE LEGAL RATIOS FOR HOUSING AND TRAVEL. EACH PLAN MUST BE REGISTERED ON SEPARATE FORMS WITH A SEPARATE HEAD OF DELEGATION LISTED.**

SPECIAL EVENTS:

- Saturday Ceremony and Dance

State Games Registration Checklist

Please take the time to go through this checklist when filling out your registrations. This will help prevent mistakes and help process your registration faster.

This checklist is meant to be a useful tool to help you with games registrations and may not be an all-encompassing list. Please make sure to review rules and policies for each sport and game.

Contact Information:

- ☐ Enter contact information for person who will be receiving all email and mailings regarding tournament information
- ☐ Head of Delegation name and contact
    - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

Checklist of Enclosures and Delegate Numbers:

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

Registration Fees:

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
    - Make sure you fill out two separate registration packets!
    - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

Housing and Meals:

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter "0"
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

Agency Manager Signature:

- ☐ Please sign or type (if filling out electronically) name and date.

Coach/Chaperone Roster:

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ CONFIRM:
    - All coaches are current class A Volunteers and have completed the General Coach's Orientation
    - All chaperones are current class A Volunteers
- ☐ If questions regarding class A or coach certification status, please contact your Regional Athletic Director or Volunteer Records Manager

(continue next page)

Athlete Rosters:

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
  - All athlete names entered and all events they will be participating entered
  - Check boxes if they will be needing housing
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ Medicals
  - Confirm all athlete medicals are current for the Games.
  - Any questions regarding medical status of athletes, please contact your Regional Athletic Director or our Athlete Records Manager
- ☐ Special Needs Forms
  - Submit Special Needs Forms for any athlete needing this (ex: non-verbal, behavior issues, etc). *Special Needs Forms must be submitted separate for each level of competition.*

Athlete to Chaperone Ratio:

- ☐ Confirm that you are following the 3:1-4:1 ratio for your registration packet
  - If dividing between two registration plans, this ratio must be followed for each packet
- ☐ Special Needs forms for athletes requesting 1:1 chaperones filled out and sent in with registration packet.
- ☐ If requesting 1:1 Chaperones for any of your athletes, take those athletes and chaperones out of your numbers and confirm your ratio still fits for the remaining athletes and coaches/chaperones.

Uniforms:

- ☐ Verify that all athletes have legal uniforms
  - Refer to the individual sport rules and the Uniform Requirements located in the appendices of the Competition Guide

2018 STATE WINTER GAMES REGISTRATION

FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: C_____ 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 REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY THE DEADLINE DATE!

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
☐	Chaperone Roster	Male Athletes w/o wheelchairs		
☐	Registration Fees	Male Athletes w/ wheelchairs		SUBTOTAL
☐	Cross Country Athlete Roster	Male Coaches / Chaperones		
☐	Cross Country Relay Form	Female Athletes w/o wheelchairs		
☐	Alpine Skiing Athlete Roster	Female Athletes w/ wheelchairs		SUBTOTAL
☐	Snowshoe Athlete Roster	Female Coaches / Chaperones		
☐	Snowshoe Relay Form	TOTAL M + F DELEGATES		

REGISTRATION FEES – ***Agency may register for more than one plan provided the 3:1 or 4:1 ratio is met within each plan. Each plan must be registered on separate forms with a separate HOD listed.***

Plan B: competition & meals (does not include rooms) $ 44.00 x _____ Total Delegates = $ _____

Plan C: Day Of: competition & Saturday lunch $ 8.00 x _____ Total Delegates = $ _____

Hotel Rooms $ 99.00 x _____ Total Rooms = $ _____

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

MEALS:	TOTAL NUMBER
Saturday Lunch	
Saturday Dinner	
Sunday Breakfast	

"I have checked this information and found it to be complete and accurate."

Agency Manager 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 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 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.

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	W/C [X]	AAC [X]
1.			☐	☐
2.			☐	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐
7.			☐	☐
8.			☐	☐

CHAPERONES		M / F	W/C [X]
1.			☐
2.			☐
3.			☐
4.			☐
5.			☐
6.			☐
7.			☐
8.			☐

"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."

Agency Manager Signature **Date**

2018 STATE WINTER GAMES
ALPINE SKIING AND SNOWBOARDING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY PUBLISHED DEADLINE DATE!

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	**M/F**	**EVENT CODES**		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes can be entered in a maximum of three events.
Athletes competing in the alpine and snowboarding downhill must wear a crash helmet for official training and racing as per International Ski Federation Rules.
Athletes competing in the alpine skiing super glide event cannot register to compete in any other event.

2018 STATE WINTER GAMES
CROSS COUNTRY ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

RETURN THIS FORM TO YOUR AREA REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY PUBLISHED DEADLINE DATE!

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	EVENT CODES		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes can be entered in a maximum of three events – two individual events and one relay.
Athletes in the 50m and 100m are participating in developmental cross country ski racing; they cannot be entered in the other races.
Athletes in relays must also be listed on the cross country relay team form.

2018 STATE WINTER GAMES
SNOWSHOE RACING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY PUBLISHED DEADLINE DATE!

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	EVENT CODES		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes can be entered in a maximum of three events – two individual events and one relay or one individual event and two relays.
Athletes in relays must also be listed on the snowshoe relay team form.

2018 STATE WINTER GAMES
RELAY TEAM ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

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

Event Code: _____

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)
1.	
2.	
3.	
4.	
5.	
6.	

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

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

Event Code: _____

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)
1.	
2.	
3.	
4.	
5.	
6.	

Each relay can have up to six athletes entered per relay team. Only these (maximum) six names may appear on the entry form for the State Winter Games.

This information must also appear as one of the athlete's three events listed on the athlete rosters for cross country or snowshoe racing.