**2024 STATE SUMMER GAMES**

# 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.

|  |  |
| --- | --- |
| ***ATHLETICS******Field Events******Event Code Event Description***ATLNJP Long Jump (1m min)ATSTLJ Standing Long JumpATSOBT Softball Throw (15m max)ATJAVJR Mini Javelin 8-15ATJAVSR Mini Javelin 16+ATWSP1M Wheelchair Shot Put-MaleATWSP1W Wheelchair Shot Put-FemaleATSP2M Shot Put-Male: 8-11 ATSP4M Shot Put-Male: 12+ ATSPIW Shot Put-Female: 8-11 ATSP2W Shot Put-Female: 12+***Category A Track Events******Event Code Event Description***AT025M 25m WalkAT050M 50m run***Category B Track Events******Event Code Event Description***AT25WH Wheelchair-25mAT100WH Wheelchair-100mAT200WH Wheelchair-200mAT30WS Wheelchair-30m SlalomAT50MS Motor WC-50m SlalomAT30MS Motor Wheelchair-30m SlalomATWHOB Motor Wheelchair-25m Obstacle | ***Category C Track Events******Event Code Event Description***AT25MW 25m WalkAT100W 100m WalkAT200W 200m WalkAT400W 400m WalkAT800W 800m WalkAT1500W 1500m WalkAT4X100W 4x100m Walking Relay***Category D Track Events******Event Code Event Description***AT100M 100m RunAT200M 200m RunAT400M 400m RunAT800M 800m RunAT1500M 1500m RunAT3000M 3000m RunAT4X100M 4 x 100m RelayAT4X200M 4 x 200m RelayAT4X400M 4 x 400m Relay |
| ***CORNHOLE******Event Code Event Description***CHDBLEDEV Cornhole Doubles DevelopmentalCHDBLEL1 Cornhole Doubles Level 1CHDBLEL2 Cornhole Doubles Level 2CHDBLEU Cornhole Unified Doubles |
| ***SOCCER******Event Code Event Description***FBTEAM Five-A-Side Team Soccer |
| ***POWERLIFTING******Event Code Event Description***PLBHPR Bench PressPLDEAD DeadliftPLSQAT Squat | ***Event Code Event Description***PLCOMBO2 Bench/Deadlift CombinationPLCOMBO3 Bench/Deadlift/Squat Combination |
| ***TENNIS******Event Code Event Description***TNSING Tennis SinglesTNINSC Tennis Individual Skills |

**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, 2024** to remain valid through **June 8, 2024.**
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 6, 2024 and Friday, June 7, 2024

**MEALS:**

Thursday, June 6 Dinner

Friday, June 7 Breakfast, Lunch and Dinner

Saturday, June 8 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.** |
| ***Plan*** | ***Cost*** | ***Details*** | ***Housing*** | ***Meals*** |
| **Plan A** | $72.00 | Competition, All Housing & All Meals | Thursday – Saturday | Thursday DinnerFriday BreakfastFriday LunchFriday DinnerSaturday Breakfast |
| **Plan B** | $60.00 | Competition, 1 Night Housing & 3 Meals*\*Cornhole* | Thursday – Friday | Thursday DinnerFriday BreakfastFriday Lunch |
| **Plan C** | $60.00 | Competition, 1 Night Housing & 3 Meals*\*Powerlifting, Tennis* | Friday – Saturday | Friday DinnerSaturday BreakfastSaturday Lunch |
| **Plan D** | $40.00 | Competition & All Meals | -- | Thursday DinnerFriday BreakfastFriday LunchFriday DinnerSaturday Breakfast |
| **Plan E** | $15.00 | Competition & 1 Meal*\*Cornhole, Track, Soccer* | -- | Friday Lunch |
| **Plan F** | $15.00 | Competition & 1 Meal*\*Powerlifting, Tennis* | -- | Saturday Lunch |
| **ADD-ON:**  |
|  | $15.00 | Saturday Lunch*\*Track, Soccer, Tennis* | -- | Saturday Lunch |

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

Regions 2 & 3 – Kaytlin Kassens Region 7 – Brooke Trewyn

KKassens@SpecialOlympicsWisconsin.org BTrewyn@SpecialOlympicsWisconsin.org

P: (715) 289-6644 P: (262) 518-2316

Regions 4 & 5 – Megan Quandt Region 8 – Amber Weinfurter

MQuandt@SpecialOlympicsWisconsin.org AWeinfurter@SpecialOlympicsWisconsin.org

P: (920) 659-5911 P: (262) 518-2314

Region 6 – Adam Loeber

ALoeber@SpecialOlympicsWisconsin.org

P: (608) 442-5668

**2024 STATE SUMMER GAMES TOURNAMENT 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 FEES SUMMARY Local Program #:

|  |
| --- |
| **REGISTRATION CHART** |
| HOD Name:       Cell: (     )      Email:        |
| *Check Appropriate Plan:* [ ]  Plan A[ ]  Plan B[ ]  Plan C[ ]  Plan D[ ]  Plan E[ ]  Plan F*If all delegates are in the same plan, you do NOT need to record plans on individual sport rosters.*  | 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*\*Cornhole delegates only* | $60.00 x |       = | $       |
| **PLAN C** | Competition, 1 Night Housing & 3 Meals*\*Powerlifting, Tennis delegates only* | $60.00 x |       = | $       |
| **PLAN D** | Competition & All Meals | $40.00 x |       = | $       |
| **PLAN E** | Competition & 1 Meal*\*Cornhole, Track, Soccer delegates only* | $15.00 x |       = | $       |
| **PLAN F** | Competition & 1 Meal*\*Powerlifting, Tennis delegates only* | $15.00 x |       = | $       |
| **Add-On** | Saturday Lunch*\*Tennis, Track, Soccer delegates only* | $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 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, 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 | Plan | m / F | **W/C [X]** | **AAC [X]** |
| 1. |       | Select |       | [ ]  | [ ]  |
| 2. |       | Select |       | [ ]  | [ ]  |
| 3. |       | Select |       | [ ]  | [ ]  |
| 4. |       | Select |       | [ ]  | [ ]  |
| 5. |       | Select |       | [ ]  | [ ]  |
| 6. |       | Select |       | [ ]  | [ ]  |
| 7. |       | Select |       | [ ]  | [ ]  |
| 8. |       | Select |       | [ ]  | [ ]  |
| 9. |       | Select |       | [ ]  | [ ]  |
| 10. |       | Select |       | [ ]  | [ ]  |
| CHAPERONES | **PLan** | **M / F**  | **W/C [X]** |
| 1. |       | Select |       | [ ]  |
| 2. |       | Select |       | [ ]  |
| 3. |       | Select |       | [ ]  |
| 4. |       | Select |       | [ ]  |
| 5. |       | Select |       | [ ]  |
| 6. |       | Select |       | [ ]  |
| 7. |       | Select |       | [ ]  |
| 8. |       | Select |       | [ ]  |
| 9. |       | Select |       | [ ]  |
| 10. |       | Select |       | [ ]  |

**“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**

**2024 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*** 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:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]
| Type:       |       |       |[ ]        |[ ]

**2024 STATE SUMMER GAMES**

**ATHLETICS ATHLETE ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Head Coach:         Cell #:         Email:

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**(Last Name, First Name) | **PLAN** | **M/F** | **WCH****[X]** | **Event Code** | **Relay Team Name** (if applicable) |
| 1. |       | Select |       |[ ]        |       |       | R1.       |
| 2. |       | Select |       |[ ]        |       |       | R1.       |
| 3. |       | Select |       |[ ]        |       |       | R1.       |
| 4. |       | Select |       |[ ]        |       |       | R1.       |
| 5. |       | Select |       |[ ]        |       |       | R1.       |
| 6. |       | Select |       |[ ]        |       |       | R1.       |
| 7. |       | Select |       |[ ]        |       |       | R1.       |
| 8. |       | Select |       |[ ]        |       |       | R1.       |
| 9. |       | Select |       |[ ]        |       |       | R1.       |
| 10. |       | Select |       |[ ]        |       |       | R1.       |
| 11. |       | Select |       |[ ]        |       |       | R1.       |
| 12. |       | Select |       |[ ]        |       |       | R1.       |
| 13. |       | Select |       |[ ]        |       |       | R1.       |
| 14. |       | Select |       |[ ]        |       |       | R1.       |
| 15. |       | Select |       |[ ]        |       |       | R1.       |
| 16. |       | Select |       |[ ]        |       |       | R1.       |
| 17. |       | Select |       |[ ]        |       |       | R1.       |
| 18. |       | Select |       |[ ]        |       |       | R1.       |

Athletes in relays must also be entered on the relay team forms.

**2024 STATE SUMMER GAMES**

**ATHLETICS RELAY TEAM ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program 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 Alphabetically

|  |
| --- |
| **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 Alphabetically

|  |
| --- |
| **ATHLETE NAME** (Last Name, First Name) |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |
| 6. |       |

Each relay can have up to six athletes entered per relay team. Any four of the six can run at the summer games. An athlete may not switch teams or relay events for any reason at district or State.

**2024 STATE SUMMER GAMES**

**CORNHOLE REGISTRATION FORM**

**Please Print Clearly:**

Local Program Number:      Local Program Name:

Head Coach:       Cell Phone: (     )

**Important**: *Teams shall consist of 2 or 3 players; however only 2 players may compete at one time. Substitution rules will regulate the use of the 3rd player.*

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

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

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.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **DELEGATE Name**(Last Name, First Name) | **PLAN** | **M/F** | **WCH****[X]** | **Event Code** | **INDIVIDUAL CORNHOLE QUALIFICATION SCORE** |
| 1. |       | Select |       |[ ]        |       |
| 2. |       | Select |       |[ ]        |       |
| 3. |       | Select |       |[ ]        |       |

|  |
| --- |
| **Cornhole Qualification Assessment Team Average:**  (only top two scores) **\*\*\* Rank:**  (your teams from your Program)  |

\*\*\*If registering multiple teams, please rank them utilizing 1 to indicate the top team, 2 for second best, etc.

**2024 STATE SUMMER GAMES**

**POWERLIFTING ATHLETE ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Head Coach:         Cell #:         Email:

Check the box for each lift the athlete will compete in. If the athlete will compete in the Combination Lift, enter the appropriate event code.

(PLCOMB2 = Bench/Deadlift; PLCOMB3 = Bench/Deadlift/Squat)

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**(Last Name, First Name) | **PLAN** | **M/F** | **WCH****[X]** | **BENCH PRESS**(PLBHPR) | **DEADLIFT**(PLDEAD) | **SQUAT**(PLSQAT) | **COMBO LIFT EVENT CODE** |
| 1. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 2. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 3. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 4. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 5. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 6. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 7. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 8. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 9. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 10. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 11. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 12. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 13. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 14. |       | Select |       |[ ] [ ] [ ] [ ]        |
| 15. |       | Select |       |[ ] [ ] [ ] [ ]        |

**2024 STATE SUMMER GAMES**

**SOCCER REGISTRATION FORM**

**Please Print Clearly:**

Local Program Number:      Local Program Name:

Head Coach:       Cell Phone: (     )

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

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

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) | **PLAN** | **M/F** |
| 1. |       | Select |       |
| 2. |       | Select |       |
| 3. |       | Select |       |
| 4. |       | Select |       |
| 5. |       | Select |       |
| 6. |       | Select |       |
| 7. |       | Select |       |
| 8. |       | Select |       |
| 9. |       | Select |       |
| 10. |       | Select |       |
| 11. |       | Select |       |
| 12. |       | Select |       |

**TEAM EVALUATION – QUALIFYING GAMES & TEAM COMMENTARY:**

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

**2024 STATE SUMMER GAMES**

**TENNIS REGISTRATION FORM**

**Please Print Clearly:**

Local Program Number:      Local Program Name:

Head Coach:       Cell Phone: (     )

\*QUALIFYING SCORE:

* For Tennis Singles competition, Qualifying Score should come from the Player Skill Ranking taken from the Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide.
* For Tennis Individual Skills competition, Qualifying Score should be the Final Score taken from the Tennis Skills Competition Scoresheet in Rules Section of Competition Guide.

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**(Last Name, First Name) | **PLAN** | **M/F** | **Event Code** | **\*qUALIFYING SCORE** |
| 1. |       | Select |       |       |       |
| 2. |       | Select |       |       |       |
| 3. |       | Select |       |       |       |
| 4. |       | Select |       |       |       |
| 5. |       | Select |       |       |       |
| 6. |       | Select |       |       |       |
| 7. |       | Select |       |       |       |
| 8. |       | Select |       |       |       |
| 9. |       | Select |       |       |       |
| 10. |       | Select |       |       |       |
| 11. |       | Select |       |       |       |
| 12. |       | Select |       |       |       |

**ATHLETE EVALUATION COMMENTS**

Briefly provide input on the ability of your athletes to help with divisioning: