

FORMS FOR DUPLICATION

Important: Be sure to make multiple copies of these forms for continued use.

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**SPECIAL OLYMPICS WISCONSIN
DVD ORIENTATION & REGISTRATION FORM
GENERAL ORIENTATION**

PLEASE PRINT OR TYPE CLEARLY:

DATE: _____ Region: _____

SITE: _____ CITY: _____ STATE: _____

SOWI REPRESENTATIVE: _____ SIGNATURE: _____

TITLE: SOWI General Orientation _____ DATE: _____

	NAME	ADDRESS	CITY	STATE	ZIP	AGENCY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Agency Number: _____



Application for Sports Certification

One form per certification

Instructions: Please print clearly or type information below and return to the Headquarters office.

List **permanent** mailing address and telephone number (not college address):

Name:	Email:
Address:	Home Phone:
City:	Cell Phone:
State: _____ Zip: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Class A Volunteer ID #(optional) :	Occupation:

If you are an SOWI athlete becoming a coach, check this box.

If your address changed since your Class A registration or last certification, please check this box.

I am a Class A registered volunteer with SOWI and have completed the required SOWI General Orientation	YES / NO
I am a Class A registered volunteer with SOWI and have completed the required SOI Protective Behaviors	YES / NO

I am applying for CERTIFICATION in one of the following areas:

	Location of Course:	Date Completed:
Sports Skills: _____		
Coaching Special Olympic Athletes		
Principles of Coaching		
Coaching Unified Sports		
Athlete Leadership: Coach / Official		
Athlete Leadership: Global Messenger I // II		
Athlete Leadership: Governance		
Games Management		
Official, Sport: _____		
Other: _____		

Coaching/Officiating experience at the high school/college levels (circle Coach or Official): Yes No

Playing experience at high school or college levels: Yes No

Sport(s) you played: _____

Other Information:

How many SO sports do you coach? _____ How many sports are you certified in? _____

Highest level of education achieved: _____

Do you have any relatives with an intellectual disability? Yes No If yes, relationship: _____

I have read the SOWI/SOI/NGB sports rules for the sport listed above, I am familiar with the SOWI Competition Guide and current rule changes, and will comply with the **Certified Coach Code of Conduct**.

Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above.

Signature of Applicant

Date

Signature of Agency Manager

Date

Office use only

	Initials	Date
BB Check		
Email AM		
BB Entry		

Updated 05/13/2014

Process to Become a Special Olympics Wisconsin Certified Coach

1. Person completing an Application for Sports Certification must be a registered Class A Volunteer, have completed the online General Orientation, and completed an SOWI Certified Training School (CTS).
2. After attending a CTS, application forms must be received by the Headquarters office within one year of the date of attendance – forms received after a year will be void.
****If certification is needed for advancement to State Games, this application must be completed and submitted along with or prior to State Games registration forms.****
3. All lines on the Application for Sports Certification must be filled in:
 - a. Agency number in the top left corner
 - b. Personal contact information in the boxes – please use the full name used on your Class A Volunteer form (i.e. Michelle instead of Shelly)
 - c. Completion status of the *SOWI General Orientation* must be checked YES or NO
Completion status of *SOI Protective Behaviors* must be checked YES or NO
 - d. Check the certification category applying for. If checking *Sport Skills*, please write the specific sport you are applying for (one sport per application)
 - e. Coaching/Officiating experience must be completed
 - f. Education and family background information must be completed
4. The application must be signed by the applying coach and Agency Manager.
5. It is encouraged that applicants and/or Agency Manager make a copy of the form before it is mailed to the Headquarters office.
6. Once the completed form is received and approved, it is entered into the SOWI volunteer database. Coaches will receive a confirmation letter informing them of their new certification and date of expiration. ***All certifications expire on December 31st of the third calendar year from the date of the CTS.*** Before a certification expires, letters are mailed to the coach informing them of the upcoming expiration.
7. If you have any questions, please contact the Director of Training & Competition at 1-800-552-1324, ext. 5679.
8. Please mail, email, or fax the application to the address below:
Special Olympics Wisconsin
Attn: Director of Training & Competition
2310 Crossroads Drive, Suite 1000
Madison, WI 53718

Email: alillethun@specialolympicswisconsin.org

Fax: 608-222-3578

Agency Number: _____



Application for Sports Re-Certification

INSTRUCTIONS: Please print clearly or type information below and return to the Headquarters office.

List permanent mailing address and telephone number (not college address).

Name _____ Male Female

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Class A Volunteer ID#(optional) _____ Occupation _____

If your address above is different from the address shown on your last certification application, please check the box.

I have successfully completed the required SOWI on-line Sports Assessment(s) and I am applying for re-certification in the following sport(s) _____

Additionally, to maintain my sports certification for SOWI, I have completed one of the following educational components:

	Location of Course:	Date Completed:
Sports Skills: _____		
Coaching Special Olympic Athletes		
Principles of Coaching		
Coaching Unified Sports		
Athlete Leadership: Coach / Official		
Athlete Leadership: Global Messenger I // II		
Athlete Leadership: Governance		
Games Management		
Official, Sport: _____		
USA/World Games:(date) _____		
Other: _____		

I have read the SOWI/SOI/NGB sports rules for the sport listed above, I am familiar with the SOWI Competition Guide and current rule changes, and will comply with the *Certified Coach Code of Conduct*. Having satisfactorily completed all requirements, I hereby request Special Olympics re-certification in the area identified above.

Signature of Applicant

Date

Signature of Agency Manager (Optional)

Date

For Office Use Only

	Initials	Date
RE Check		
SA Check		
Email AM		
BB Entry		



Special Olympics Wisconsin

Process to Maintain Sports Certification

Follow the steps below to maintain your sports certifications. Please note that **ONE** educational course component will re-certify you in all sports if you **also** complete the online sports assessment for **each sport**. If you have other questions about coaching certifications, please visit the FAQs on the website under the volunteer – coaches training tab.

STEP 1: Complete one educational course component – examples include:

- Certified Training School or advanced skills course – must be sport-specific to the certification
- Principles of Coaching or Coaching Special Olympic Athletes (may only be taken one time for re-certification)
- SOWI online course, Coaching Philosophy ****Please include a copy of a completed exercise*
- SONA online courses: Principles of Coaching, Coaching Special Olympics Athletes, Coaching Unified Sports ****Please include a copy of the completion certificate*
- Online courses through the National Federation of State High School Association (NFHS): www.nfhs.org
- Online courses through American Sport Education Program (ASEP): www.asep.com ****Please include a copy of completion certificate from any online course.*
- First Aid/ CPR Certification ****Please attach a copy of the certification card*
- SOWI Conference or Health Forum (only if topics are relevant)
- Non-SOWI educational course—i.e. educational or professional in-services, conferences or seminars that pertain to working with people with disabilities, coaching, communication, conflict-resolution, etc. ****SOWI Educational Course Reporting Form must be completed after attendance and submitted with the Re-Certification Application to the Headquarters office.*

STEP 2: Complete SOWI online Sports Assessment – **for each sport you wish to recertify in**. Sport Assessments are found on our website under the *Volunteer Tab*.

STEP 3: Complete the Application for Sports Re-Certification; Sign and date application and mail, fax, or email directly to the Headquarters office:

Mailing Address: Special Olympics Wisconsin
Attn: Director of Training & Competition
2310 Crossroads Drive, Suite 1000
Madison, WI 53718

Email: alillethun@specialolympicswisconsin.org

Fax: 608-222-3578

*****Note:** The Agency Manager signature is optional; Agency Managers will receive an email notification once the application is received and processed.

*****Note:** Application for Sports Re-Certification **must be received at the Headquarters office prior to a sports certification expiration date**. If a Re-Certification Application is received after a sports expiration date, it will **not** be accepted.

If you have any questions pertaining to the re-certification process or non-SOWI educational course options, please contact the Director of Training & Competition at 1-800-552-1324, ext. 5679 or alillethun@specialolympicswisconsin.org



Agency Number: _____

SOWI Educational Course Reporting Form for Re-Certification

INSTRUCTIONS: Please print clearly or type information below and return to the Headquarters office.
To maintain my Sports Certification for SOWI, I have completed the following non-SOWI educational course:

Title: _____

Date: ____ / ____ / ____ City: _____

Facilitated by: _____

Please explain the purpose of this course: _____

Please explain how the course applies to your Special Olympic coaching: _____

Please list three to five things you learned from the course that you will apply to your Special Olympics coaching:

1. _____
2. _____
3. _____
4. _____
5. _____

Having satisfactorily completed all requirements, I hereby request Special Olympics re-certification for coaching.

Applicant Name – print _____

Date _____

Applicant Signature _____

Please mail this form with a Re-Certification Application to:

Special Olympics Wisconsin
Attn: Director of Training & Competition
2310 Crossroads Drive, Suite 1000
Madison, WI 53718

Or E-mail: alillethun@specialolympicswisconsin.org

Or Fax: 608-222-3578

For Office Use Only

	Initials	Date
Dir. of Training & Competition		

Updated 11/1/2012

Special Olympics Wisconsin Training Site Safety Checklist

The new Accreditation standards require that all training facilities and equipment are safe with a first aid kit, athlete emergency contacts and a phone and/or transportation available in case of an emergency.

The checklist below is not intended to cover every possible situation, but acts as a guideline for areas which could constitute injury hazards.

Acceptable?

Yes

No

Playing Surfaces – Indoor

- Irregular floor surfaces (wood separations, splinters, etc.)?
- Surfaces clean and free of dust, gum, wet or greasy areas, loose pieces of paper, etc.
- Electrical floor plate and outlet coverings fixed properly in position?
- Electrical cords away from participant area and taped securely?
- All extra equipment removed?
- Sufficient buffer zone between spectators?

Playing Surfaces – Outdoor

- Condition of turf (pot-holes, mud, etc.)?
- Puddles drained off?
- Trash, glass, sharp objects, sharp-edged rocks, etc. removed off the the field?
- Obvious and hidden grates well-secured?
- Sufficient buffer zone between spectators?
- Goal posts, goalie cages, baseball bases, etc. installed properly?

Walls

- Hanging ropes or electrical lines?
- Moveable equipment flush or appropriately fastened to wall?
- Protruding handles or cranks?

Lighting

- All areas adequately lighted?

Equipment

- Personal equipment (i.e., clothing, footwear, protective equipment) appropriate to the sport?
- Activity equipment (i.e., sticks, balls, goals, nets, bats, poles, whistles, cones, padding and mats) can meet the demands of the sport?
- Athletes have removed jewelry?

Emergency

- A first aid kit is available on site?
- A copy of athletes' Application for Participation in Special Olympics Forms with emergency contacts, insurance and medical information is on site?
- Telephones within easy access?
- Vehicle within easy access?



In-Kind Contribution Receipt

In-kind contributions are services and materials donated in place of cash contributions. In-kind contributions are recorded at fair market value. Fair market value should be established on an objective and clearly measurable basis, i.e., normal rent charge for a facility, advertised costs for equipment and the posted price for food or beverage.

Date of Contribution: / /

Contributor

Name: _____
 Business/Organization: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

The information below is required for internal recordkeeping. Per IRS guidelines, Special Olympics Wisconsin is prohibited from establishing monetary values for gifts of real or personal property or stating a value on donor receipts for gifts in-kind. Should you have questions, refer to www.irs.gov publications 526 & 561, and consult your tax advisor. Please retain a copy of this form for your records.

<u>Item/Service</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Total Estimated Value</u> <small>(Provided by Contributor)</small>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
GRAND TOTAL:			\$

Signature of Contributor: _____ (required)

To be completed by Special Olympics Wisconsin Representative

Purpose of Contribution: _____

SOWI Staff or Agency Manager: _____
Signature Print Name Date

In-Kind to be used by (check one):

- | | |
|---|--|
| <input type="checkbox"/> Headquarters <input type="checkbox"/> Region # _____
Fund #: 4009- _____
Appeal: _____
Package: _____
Soft Cr: _____
Event Cr: <u>n/a</u> _____
Ref: _____ | <input type="checkbox"/> Agency # _____
Account #: _____
Reference: _____ |
|---|--|

Return to: **Special Olympics Wisconsin** (Specific return address)



Special Olympics Wisconsin Manual Receipt Form

Name of Payee: _____

Agency Number: _____

Amount: _____

Agency Manager Approval: _____

Purpose (be specific): _____

Expense Code: _____

: _____

Date Paid: _____

Why is original receipt missing?: _____

Check Number: _____

Date of Purchase: _____

Name of Payee: _____

Agency Number: _____

Amount: _____

Agency Manager Approval: _____

Purpose (be specific): _____

Expense Code: _____

: _____

Date Paid: _____

Why is original receipt missing?: _____

Check Number: _____

Date of Purchase: _____

****Please note: This form is invalid if Agency Manager has not signed for approval.**



Invoice Approval Form

Name of Payee: _____	Agency Number: _____
Amount: _____	Agency Manager Approval Signature: _____ _____ Print name
Purpose (be specific – tell who, what, where, when and why): _____ _____ _____ _____ _____	*Witness Approval Signature: _____ _____ Print name *MUST be signed by member of Agency Management Team who is a Class A volunteer without financial restrictions and is not a family member of the manager Expense Code: _____ Date to be Paid by: _____ Date of Purchase: _____

***Please Note: This form is invalid if the Agency Manager has not signed for approval.**

Agency In-House Petty Cash Request

Agency Number _____

Agency Name _____

Petty Cash Amount Requested \$ _____

Petty Cash for: (Please check one) Agency Fund or Special Event

If Special Event: Name of Special Event _____

Date Needed _____

Designated Class A Volunteer _____

This is the person who will be responsible for the petty cash and should have no financial restrictions.
The check will be made out in this persons name.

Address to send check to _____

Approval Signature _____

Agency Manager Signature

Approval Signature _____

Class A Volunteer Signature

AGENCY DEPOSIT TICKET

Use this form to submit deposits to the Program Office.

If deposit includes taxable items such as Admissions, Auction, Concessions, Games & Entertainment or Souvenirs) attach Sales Tax Summary form.

Date		All deposit forms can be found under "Agency Forms & Tools" on our website: www.specialolympicswisconsin.org/agency Contact the Program Office if you need assistance logging in.
Deposit Total		
Total Items for Deposit		
Agency #		
Agency Name		
Submitted by		
Email Address		

Attachments:	<input type="checkbox"/> Sales Tax Summary Form <input type="checkbox"/> Bank Deposit Receipt(s)
	(For cash deposits made at Johnson Bank. List breakouts - Amount, Account Number & Reference in comments section below)

Comments:

AGENCY DEPOSIT LEDGER TEMPLATE

-Use this form to keep an in-house agency record of the deposit.

Date	First	Last	Org/Bus Name	Address	City	State	Zip	Phone	Check #	Amt	Acct #	Ref
	Total											

SALES TAX REPORTING FORM



- Use this form to track taxable items sold at fundraisers and special events.
- **Submit completed form with deposit. Taxable items on form must match taxable items in deposit Revenue must be deposited in the month items were sold.**

Sales Date:	
Submitted by:	
Sales Event Name:	
Sales Event County:	
Comments:	

Item Description	Sales Tax Category: <small>Admissions, Auction, Concessions, Games & Entertainment or Souvenirs)</small>	Unit Price x	Quantity Sold	= Sales Total
Total				\$

I verify the accuracy and completeness of information listed above:

Signature _____ **Date** _____



2310 Crossroads Drive, Suite 1000
Madison, WI 53718
(608) 222-1324
(800) 552-1324 (toll-free)
(608) 222-3578 (fax)

Money Handling ACCOUNTABILITY

The following procedures will occur at all SOWI fundraising events:

1. At least two people will count money and both individuals will sign off on the counts in order to be held accountable.
 - a. These individuals will be Class A volunteers with no financial restrictions
 - b. These individuals will not be related to each other.
2. This completed form will be forwarded to the Headquarters office with the deposit information.

Event: _____

Date: _____

Region: _____

Total Cash: _____

Total Checks: _____

Total Credit Card: _____

Total Collected: _____

Signature

Printed Name

Signature

Printed Name

Mutual Respect, Positive Attitude, Accountability, Teamwork and Dedication
Values SOWI lives by to create an environment of integrity where winning is more than coming in first.

Created by the Joseph P. Kennedy Jr. Foundation for the benefit of individuals with intellectual disabilities. Authorized and Accredited by Special Olympics, Inc.

**Special Olympics Wisconsin, Inc
Volunteer Expense Reimbursement Form**

Agency Number: _____

Name: _____

Address: _____

Mileage Reimbursement:

Date	Trip/Purpose Explanation	Number of Miles	Allowance (miles x .14)	Account/Cost Center
Totals				

Other Travel Reimbursement:

Date	Trip/Purpose Explanation	Airfare	Room	Meals	Car Rental/Cab	Account/Cost Center
Totals						

- Original receipts must be attached

Miscellaneous Expense Reimbursement:

Date	Purpose Explanation	Items to be Reimbursed	Amount	Account/Cost Center
Totals				

- Original receipts must be attached

Approval: _____ Grand Total: _____
Agency Manager

Approval: _____ Date: _____
Class A Volunteer



WISCONSIN DEPARTMENT OF REVENUE
 2135 RIMROCK RD
 PO BOX 8949
 MADISON, WI 53708-8949

State of Wisconsin • DEPARTMENT OF REVENUE

2135 RIMROCK RD PO BOX 8949 MADISON, WI 53708-8949
 PHONE: 608-266-2776 FAX: 608-267-1030 TTY: 608-267-1049
 EMAIL: sales10@dor.state.wi.us WEBSITE: www.revenue.wi.gov

April 14, 2011

Letter ID: L1060708032

Batch Index: 1160464896-466

SPECIAL OLYMPICS WISCONSIN INC
 2310 CROSSROADS DR STE 1000
 MADISON WI 53718-7600

This is your Wisconsin Sales and Use Tax Certificate of Exempt Status (CES). Purchases made by your organization or entity are taxable unless you provide a properly completed Wisconsin Sales and Use Tax Exemption Certificate (Form S-211), listing the CES number shown below, to your supplier(s).

If your organization makes sales, they may be subject to sales tax collection and you may be required to obtain a Seller's Permit. Information regarding registration requirements can be found in our Publication 206, Sales Tax Exemption for Nonprofit Organizations.

Forms and Publications can be obtained through our web site at www.revenue.wi.gov or through our forms ordering line at (608) 266-1961. Many questions can be answered by reviewing the FAQ pages on our web site. You may also contact us by telephone at (608) 266-2776 or by email at sales10@revenue.wi.gov.

**WISCONSIN SALES AND USE TAX
 CERTIFICATE OF EXEMPT STATUS (CES)**
 (Governmental, Religious, Charitable, Scientific or Educational Organization)

Sales to this organization or entity are exempt from Wisconsin sales and use tax under sec. 77.54(9a) and 77.55(1), Wis. Stats.

This certificate is valid unless cancelled by the Wisconsin Department of Revenue.

SPECIAL OLYMPICS WISCONSIN INC
 2310 CROSSROADS DR STE 1000
 MADISON WI 53718-7600

CES NUMBER	012517
DATE ISSUED	12/18/1973

IMPORTANT:

Purchases made by your organization are taxable unless you furnish your supplier with the CES number shown above.

Sales by your organization may be subject to tax. If your organization makes taxable sales, it may be required to obtain a seller's permit and remit sales tax to the Department of Revenue.

Questions: Contact the Department of Revenue by telephone at (608) 266-2776, FAX (608) 267-1030, E-mail sales10@revenue.wi.gov, or at our Web site www.revenue.wi.gov

WINPAS - atL015(R.01/08)

Agency to Agency Funds Transfer

Agency Holding Event							
Event							
Date							
Reason for transfers:							
<i>By signing this form on behalf of my Agency, I authorize the transfer of funds to cover this event.</i>							
						Class A Volunteer	
Agency Number	Agency Name	Item	Number of Items	Cost Per Item	Total Cost	Print Name	Signature



**Investment Options for Agencies
Account /Amount Designation Form**

Date _____

Agency Number _____

Agency Name _____

Deposit \$ _____ into the Special Olympics Money Market Savings Account

Deposit \$ _____ into the Special Olympics 1year Certificate of Deposit.

Agency Manager Signature & date 1 _____

Class A volunteer Signature & date 1 _____

Mutual Respect, Positive Attitude, Accountability, Teamwork and Dedication—Values SOWI lives by to create an environment of integrity where winning is more than coming in first.



Investment Options for Agencies

Transfer Form

Use this form when you wish to transfer money between accounts for your Agency.

This transfer will be made on the 1st business day of the month.

Date _____

Agency Number _____

Agency Name _____

Choose One:

Transfer \$ _____ from my Agency savings account to my Agency checking account.

Transfer \$ _____ from my Agency checking account to my Agency savings account.

Agency Manager Signature 2 _____

Class A volunteer Signature 2 _____

Mutual Respect, Positive Attitude, Accountability, Teamwork and Dedication—Values SOWI lives by to create an environment of integrity where winning is more than coming in first.



SPECIAL OLYMPICS FIRST REPORT OF ACCIDENT / INCIDENT



U.S. PROGRAM/AREA: _____ **Date of Incident:** _____ **INJURED PARTY:**

Injured Person/Party Information Date of Birth: ____/____/____ Age: _____

Name: _____

(Last) (First) (MI)

Address: _____

(Street) (City) (State) (Zip)

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Gender: Male Female Social Security Number: _____ - _____ - _____

- TYPE OF INJURY/ ACCIDENT:**
- Bodily Injury
 - Property Damage
 - Automobile
 - Other: _____
- INJURED PARTY:**
- Athlete
 - Volunteer
 - Coach
 - Employee
 - Spectator
 - Unified Partner
 - Property Owner
 - Other: _____

Description of Accident (If automobile accident occurred, please attach a copy of the police report).
Describe how the accident occurred (Attach a separate sheet if necessary): _____

Site / event where accident occurred: _____

<p>ACCIDENT OCCURRED DURING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Training/Practice <input type="checkbox"/> Competition <input type="checkbox"/> Traveling to or from SO event <input type="checkbox"/> Other: _____ <p>TYPE OF INJURY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe cut w/ bleeding <input type="checkbox"/> Less serious bruise or cut <input type="checkbox"/> Break/fracture <input type="checkbox"/> Concussion <input type="checkbox"/> Paralysis <input type="checkbox"/> Fatality <input type="checkbox"/> Other: _____ 	<p>DISPOSITION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Released to parent <input type="checkbox"/> Refusal of care <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Refer to hospital or clinic <input type="checkbox"/> Medical attention <input type="checkbox"/> EMS transport <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Released to personal vehicle <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Report only <input type="checkbox"/> Other: _____ 	<p style="text-align: center;">SPORT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alpine Skiing <input type="checkbox"/> Aquatics <input type="checkbox"/> Athletics <input type="checkbox"/> Badminton <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Bowling <input type="checkbox"/> Cheerleading <input type="checkbox"/> Cross Country Ski <input type="checkbox"/> Cycling <input type="checkbox"/> Equestrian <input type="checkbox"/> Figure Skating <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastics <input type="checkbox"/> Kickball <input type="checkbox"/> Power Lifting <input type="checkbox"/> Relay Game <input type="checkbox"/> Roller Skating <input type="checkbox"/> Sailing <input type="checkbox"/> Snowboarding <input type="checkbox"/> Snowshoe <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Speed Skating <input type="checkbox"/> Swimming <input type="checkbox"/> Table Tennis <input type="checkbox"/> Team Handball <input type="checkbox"/> Tennis <input type="checkbox"/> Track & Field <input type="checkbox"/> Volleyball <input type="checkbox"/> Other: _____ 	<p>BODY PART INJURED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Hand (L / R) <input type="checkbox"/> Finger (L / R) <input type="checkbox"/> Elbow (L / R) <input type="checkbox"/> Shoulder (L / R) <input type="checkbox"/> Leg (L / R) <input type="checkbox"/> Knee (L / R) <input type="checkbox"/> Thigh (L / R) <input type="checkbox"/> Shin (L / R) <input type="checkbox"/> Toe (L / R) <input type="checkbox"/> Other: _____
--	---	---	--

Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify the care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: _____ **Employer Name:** _____

Name: _____ **Employer Address:** _____

Address: _____ **Work Phone:** (____) _____ - _____

Home Phone: (____) _____ - _____

Does the injured person have medical insurance? Yes No

If yes, insurance is provided by: Injured Person Care Provider/Responsible Party

Please provide name of Company and Policy Number: _____

Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: _____ Daytime Phone: (____) _____ - _____

Witness #2 Name: _____ Daytime Phone: (____) _____ - _____

Special Olympics Official / Representative (other than claimant)

Name: _____ Daytime Phone: (____) _____ - _____

Signature: _____

SEND COMPLETED FORM TO:
AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. Jefferson Blvd., Suite 150
Fort Wayne, Indiana 46804-4133 | Fax: 260.969.4729

IF INJURY WAS SERIOUS OR A FATALITY:
IMMEDIATELY NOTIFY AMERICAN SPECIALTY
AT 800.566.7941, 24 hours a day/7 days a week

**SPECIAL OLYMPICS
REQUEST FOR CERTIFICATE OF INSURANCE**

(This form is only utilized when a facility/organization requires a certificate of insurance.)

- 1) Date: _____ Person Completing this Form: _____
- 2) U.S. Program/Area: _____
- 3) U.S. Program/Area Address: _____
- 4) U.S. Program/Area Phone No: _____ Fax _____
E-mail _____
- 5) Name of Event: _____ Date(s) of Event: _____
- 6) Site or Location of Event: _____
- 7) Is Event a Fundraising Activity? YES NO If the event is a Fundraising Activity, please provide answers to the following:
- a. Will the event last more than 7 consecutive days? YES NO
- b. Will more than 5,000 spectators/participants be in attendance of the event? YES NO
- c. Are participants required to sign a Release of Liability Waiver? YES NO

Please attach any pertinent information regarding fundraising activities (brochure, advertisement, specific details)

Note: If the event involves any of the following, please contact Jina Doyle at jdoyle@amerspec.com or (260)673-1127 immediately, as the policy either specifically **EXCLUDES** coverage for these events or requires the U.S. Program to meet certain underwriting requirements. Coverage is not provided for the following activities unless approved in advance by the Insurer.

- | | |
|---|--|
| <ul style="list-style-type: none">• Alcohol• Rock Climbing Walls• Aircraft (other than a Plane Pull)• Animals (other than Equestrian practices/competitions)• Firearms• Fundraising Events lasting more than 7 consecutive days• Inflatable Devices | <ul style="list-style-type: none">• Mechanical Rides• Golf Ball Drops• Fireworks• Rodeos• Fundraising Events with more than 5,000 people (including spectators and participants) in attendance |
|---|--|

- 8) Is Event Exclusively for Special Olympics Athletes? YES NO
- 9) Is Event Sponsored by a Special Olympics Program? YES NO
- 10) Is the Event Conducted by a Special Olympics Program? YES NO
- 11) Is Alcohol Being Served at the Event? YES NO

If so, please provide additional details (such as alcohol is included in ticket price, cash bar, donated): _____

- 12) Certificate Holder (entity requiring certificate): _____
- 13) Does the Certificate Holder require Additional Insured status*? YES NO
- a. If so, please outline the requested Additional Insured wording: _____
- b. If so, please outline the Additional Insured's role in the event (such as sponsor, location of event, etc. _____
- _____

- 14) Certificate Holder Contact Person: _____
- 15) Certificate Holder Address: _____
- 16) Certificate Holder Phone No.: _____ Fax: _____
E-mail: _____

***ADDITIONAL INSURED STATUS SHOULD BE CHECKED ONLY IF IT IS A REQUIREMENT OF THE CERTIFICATE HOLDER.**

- 17) Are you required to enter into an agreement/contract/permit with another party relative to the above-referenced event that contains assumption of liability, indemnification, or hold harmless language? YES NO
- If so, please send a copy of the contract with the Certificate Request Form.**

Original Certificate should be sent to: Certificate Holder U.S. Program

SEND TO:
ATTN: RENE WATERSON E-MAIL: rwatson@amerspec.com
AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
P.O. BOX 309
ROANOKE, IN 46783-0309 TELEPHONE: (800) 245-2744 FAX: (260) 672-8835

Special Olympics Wisconsin Contract Review Checklist

Purpose of Checklist

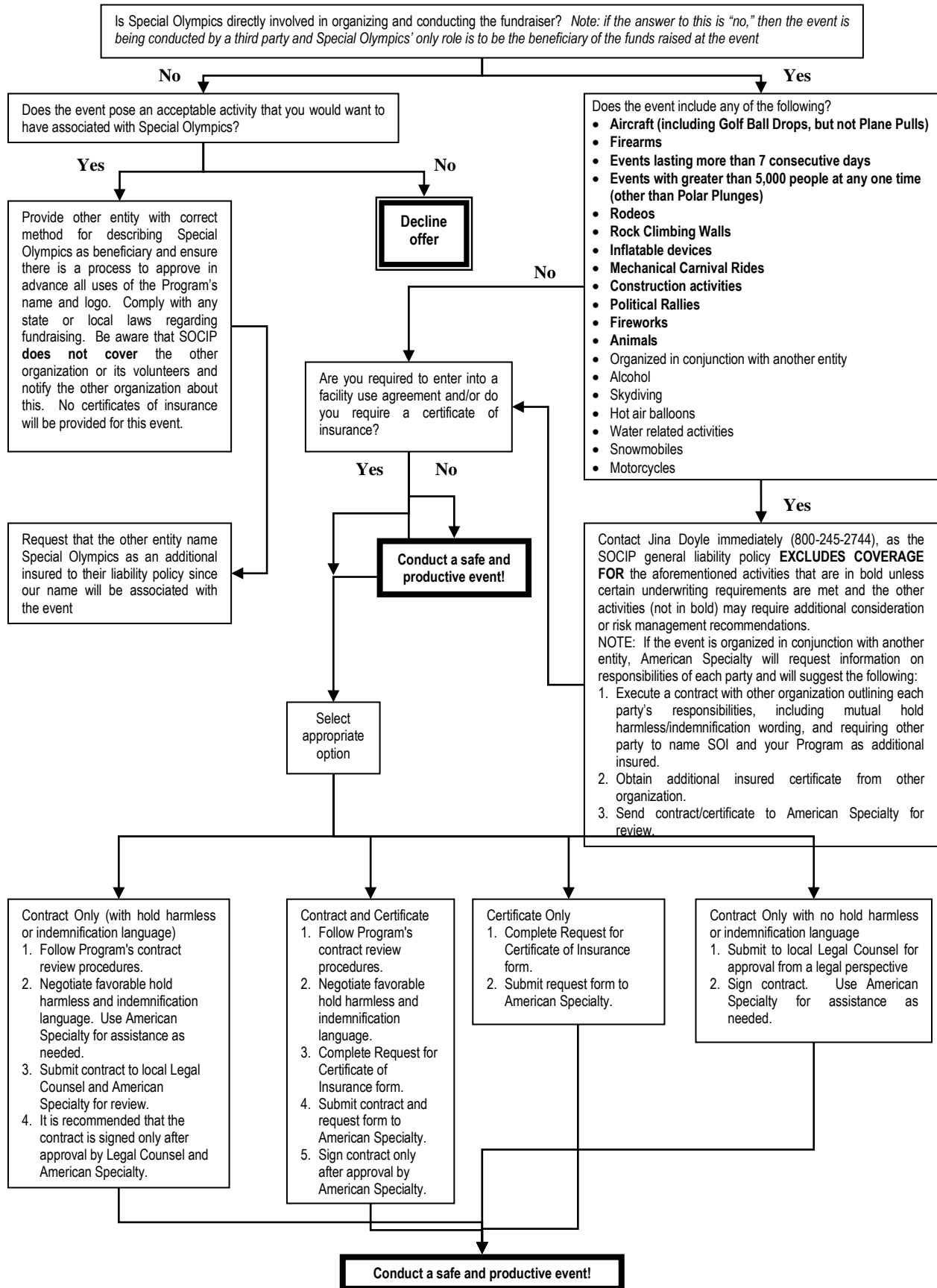
The following checklist is provided as a tool to help Special Olympics U.S. Programs when determining whether to sign a contract/agreement with a venue or facility. This checklist focuses on risk management issues and applies primarily to facility or venue use agreements/contracts. Although some of the same principles may apply, this checklist is not intended to be used for contracts such as hotel agreements, sponsorship agreements, long-term building leases, etc. A U.S. Program should always follow its own protocol relative to the contract review process and should work with legal counsel and insurance representatives (American Specialty or local broker) as appropriate.

Using the Checklist

If the answer to any of the questions below is "no," separate action is recommended prior to signing. Also, please utilize the Event Flowchart to help identify any additional steps that may need to be taken relative to insurance.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a complete, legible copy of the contract?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all parties listed by their formal legal names?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the effective dates and times of the agreement accurately stated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the individuals to sign the agreement authorized representatives of each party?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the indemnification and hold harmless provision "acceptable"?</p> <p>Acceptable:</p> <ul style="list-style-type: none"> • Other party indemnifies and holds Program harmless for losses, and Program doesn't indemnify or hold other party harmless; or • Each party is responsible for its own negligence - mutual indemnification and hold harmless; or • Program indemnifies and holds other party harmless but not for losses arising from other party's negligence (or other party's sole or gross negligence). This is acceptable although above options are preferable. <p>Not Acceptable</p> <ul style="list-style-type: none"> • Program indemnifies other party and holds them harmless for any and all losses (including those arising from other party's own negligence), and other party doesn't indemnify or hold Program harmless.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Program carry the insurance coverage required in the contract?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the additional insured requirement consistent with the indemnification and hold harmless provision?</p> <p>For example:</p> <ul style="list-style-type: none"> • If there is mutual hold harmless and indemnification, the parties should name each other as additional insured. • If the Program must hold harmless and indemnify the other party for losses arising out of the Program's negligence only, then the Program should be required to name the other entity as an additional insured only with respect to losses arising out of the Program's negligence.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the cancellation requirements acceptable (for example, they do not place an undue financial burden on the Program if the Program needs to cancel)?

Insurance Needs Fundraising Event Flowchart



SPECIAL NEEDS ATHLETE FORM

Completed Special Needs Forms can be copied, but must be submitted at the registration deadline for ALL levels of competition.

Coaches who have athletes with special needs (i.e. communication limitation, hearing or visual impairment, special equipment adaptations or behavioral needs) can relay important information to the event volunteer as to how to best work with the athlete. In some cases, a coach may be allowed to be in the competition area for consultation with the volunteer(s) working with the athlete. It is important in this situation for the coach to introduce the athlete to the volunteer(s) and advise the volunteer(s) on how to work with the athlete. The coach will not be allowed to remain in competition area. **Special needs forms are intended to be an aid for the volunteer in working with the athlete and are not to be used for performance-related instructions or coaching tips.**

If you have a "Special Needs" athlete please complete the following form (one per athlete). If necessary, this information will be included on the event card. If you do not complete this form, it may be more difficult to accommodate the "Special Needs" for your athlete.

Athlete Name:
Agency Number and Name:
Coach Name:

- REQUEST 1:1 Volunteer needed in competition area**
 - Must obtain prior approval from Event Director (not all requests can be approved).
 - Check reason(s) and provide a brief explanation below

- REQUEST 1:1 State Games Housing Chaperone** (non-competition related) – provide a brief explanation below
1:1 Class A Chaperone Name: _____ (must match your Coach/Chaperone Roster)

- General Volunteer assistance at the venue** – check reason(s) or provide a brief explanation below

General Special Needs: (check all that apply)			
<input type="checkbox"/> Guide to/from event/start	<input type="checkbox"/> Non Verbal		
<input type="checkbox"/> Behavior issues	<input type="checkbox"/> Hearing Impaired		
<input type="checkbox"/> Wanders	<input type="checkbox"/> Visually Impaired		
<input type="checkbox"/> Unsteady on feet	<input type="checkbox"/> Seizures		
<input type="checkbox"/> Special Equipment – explain below:	<input type="checkbox"/> Medical condition that may require the administration or consumption of medication, food or liquids <u>during competition.</u> – provide a <u>brief</u> explanation below.		
<input type="checkbox"/> Other – explain below:			

Explanation: (Please be as brief as possible):



ATHLETE MEDICAL INFORMATION

Agency: _____ Coach: _____

Athlete Name: _____ Sex: M F

Address: _____

Date of Birth: _____ S.S. #: _____

Doctor: _____ Phone: _____

Specialty _____

Doctor: _____ Phone: _____

Specialty _____

EMERGENCY CONTACTS

1) Name: _____ Phone: _____

Address: _____

2) Name: _____ Phone: _____

Address: _____

Able to Make Own Medical Decisions Y / N

MEDICAL INSURANCE

Company Name: _____

Policy Number: _____

Company Name: _____

Policy Number: _____

GENERAL HEALTH INFORMATION

Pain Tolerance: Low Normal High

Last Tetanus Shot _____

If applicable:

Last Influenza Shot _____ Last Pneumococcal Shot _____

MEDICAL DATA AS OF: Month _____ Year _____

MEDICAL HISTORY (Check all that exist)

No known medical conditions

Asthma

Diabetes

Seizure Disorder

Hypertension

- Coronary Artery Disease
- Bleeding/Clotting Disorder
- Stroke
- Hearing Impaired

- Pacemaker
- Sickle Cell Anemia
- Dementia
- Vision Impaired

Other/Details _____

ALLERGIES (Please describe reaction)

No known allergies Environmental

Insect Stings

Latex

Aspirin

Ibuprofen

Tylenol

Penicillin

Other Allergies _____

Reaction Description(s) _____

MEDICATIONS

Name	Dose	Frequency	Indication

Athlete Medical Information Instructions

The following are additional questions/clarification to assist you in providing the most accurate and relevant medical information to Special Olympics-WI coaches and medical staff, in addition to emergency medical personnel, if needed. Please feel to provide sensitive information via other methods.

Emergency Contact

Is the athlete able to make own medical decisions?

If no, please indicate on form and list who is able to make such decisions, i.e. guardian/Power of Attorney for Healthcare, as Emergency Contact #1.

General Health Information: Please see below and the back of this sheet for a list of questions.

Medical History: Please check/list all current medical problems, major surgery/illness, and medical conditions that may alter evaluation or treatment. In addition, please see below and back side of this sheet for questions about certain conditions.

Allergies: Please check/list any allergies (medication, food, latex, other). Include type of reaction [Anaphylactic (trouble breathing, throat swelling), rash, GI problems, other]

Medications: Please list all medications, vitamins and supplements taken. In addition, list any recent medication changes and medication side effects that need to be watched for (sun sensitivity, dehydration, etc) in the General Health Information Section. Also, please include if and what over-the-counter medications the athlete may have for minor pain, etc.

General Medical Information Questions: Please indicate answers in the General Health Information or Medical History Sections (only need to provide information if answer is different than "normal")

General Information

- Is the athlete unable to answer the following?
 - Date, Place, Date of Birth
- Does the athlete have any significant weakness, paralysis, decreased sensation, deformity, spasticity, or rigidity?
- Does the athlete have any hearing, eye or vision problems, especially unequal pupils?
 - Any communicative disabilities?
- Does the athlete have any chronic skin conditions?
- Any "missed" immunizations?
- Any significant family history (heart disease, diabetes, cancer)?
- Any medical dietary restrictions? Please indicate reason for restriction.

Female Specific

- Does the athlete have heavy menstrual bleeding or cramping?
- Does she know her menstrual cycle?
- Any possibility of pregnancy?

Behavioral/Disability Conditions

- Does the athlete need assistance with personal cares, meals, daily activities, etc.?
- Any behavioral problems or psychiatric diagnoses?
 - Triggers? Interventions? Medications?

Heart/Lung Conditions

- Does the athlete have a heart or lung condition that places them at higher risk of illness or injury? [determined by a physician]
- Does the athlete have high blood pressure, irregular heart rhythm, heart murmur, or bleeding problems?
 - Do they take medication?

Gastrointestinal Conditions

- Does the athlete have chronic over/under eating, heartburn, constipation, diarrhea, or abdominal pain?
 - Medication?
 - Treatment (foods to avoid, etc)

Headaches/Migraines

- Does the athlete often get headaches/migraines?
- How severe are they?
 - Complications: vomiting, visual changes, etc?
- How long do they last?
- What treatment is most effective?

Urinary Conditions

- Does the athlete have frequent urinary tract/bladder infections?
 - Signs/Symptoms?
 - Frequency of infections?
 - Usual Medication (antibiotic prescribed by a physician)

Specific Medical Condition Questions

Seizures

- Are they true seizures, pseudo-seizures, fake/behavioral seizures?
- Please describe in detail a typical seizure, including frequency, duration, body movements, staring, post-seizure recovery behavior/duration, reasons for going to the emergency department.
- Recent medication changes?

Diabetes

- Do they have a glucometer? Are they able to check their own blood sugar? How often do they check their blood sugar levels?
- Is there any medication that needs to be adjusted for missed meals or increased activity? If so, which medications and how?
- Do they often have episodes of low blood sugar?

Asthma

- Do they have asthma?
- Triggers?
- How severe is their asthma?
 - How often do they have an attack?
 - How severe is their attack?
 - Recent ED visits/hospitalizations?
History of ICU visits/intubations?

MOTOR ACTIVITIES TRAINING PROGRAM (MATP) SANCTION FORM

This form must be completely filled out and submitted to the Program office at least eight weeks prior to the scheduled training day activity. Challenge award ribbons will be mailed out to MATP programs two weeks prior to the event.

PLEASE PRINT OR TYPE

MATP Coordinator: _____

Phone: Daytime: _____ Evening: _____

E-mail Address: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Estimated number of MATP Special Olympics athletes participating: _____

Estimated coach-to-athlete ratio: _____

Training Dates: _____

Training Site: _____
(Location) (City)

Training Day Activity Site (if different): _____
(Location) (City)

Mail eight weeks prior to training day activity to:

**Special Olympics Wisconsin
2310 Crossroads Dr. Ste. 1000
Madison, WI 53718
Attn: Director of Training and Competition**

MOTOR ACTIVITIES TRAINING PROGRAM (MATP)

The Special Olympics Motor Activities Training Program (MATP) is designed for persons with the most severe handicaps who do not yet possess the physical and/or behavioral skills necessary to participate in Official Special Olympics Sports. The program provides a comprehensive motor activity and recreation training curriculum for these participants that can be administered by a variety of trainers (e.g., physical educators, re-creators, and therapists). In addition, direct care workers, parents, and volunteers will find the MATP helpful in developing appropriate motor programs for individuals with severe handicaps.

The Motor Activities Training Program emphasizes training and participation rather than competition. The MATP utilizes goals, short term objectives, task analyzed activities, assessments, and teaching suggestions for individualizing motor activity instruction so that persons with severe handicaps can participate in appropriate recreation activities geared to their ability levels. These activities can be conducted in schools and large residential facilities, as well as in community-based settings.

GOALS AND OBJECTIVES

LONG – TERM GOAL – The long-term goal is a global statement about what you feel your participant can accomplish in a one-or two-year time period.

The participant will demonstrate motor and sensory-motor skills, appropriate behavior, and an understanding of the skills and rules of the Motor Activities Training Program that will enable him/her to successfully take part in training day activities and official Special Olympics sports.

SHORT TERM OBJECTIVES – Choose two to four short-term objectives that you feel your participant can achieve in an 8- to 16-week training program:

1. Given demonstration and practice, the participant will warm-up properly (with assistance as needed) before performing motor activities.
2. Given demonstration and practice, the participant will demonstrate an awareness of visual, auditory, and/or tactile stimulation.
3. Given demonstration and practice, the participant will successfully perform mobility activities.
4. Given demonstration and practice, the participant will successfully perform dexterity activities.
5. Given demonstration and practice, the participant will successfully perform striking activities.
6. Given demonstration and practice, the participant will successfully perform kicking activities.
7. Given demonstration and practice, the participant will successfully perform activities using a manual wheelchair.
8. Given demonstration and practice, the participant will successfully perform activities using an electric wheelchair (when appropriate).
9. Given demonstration and practice, the participant will successfully take part in aquatics activities.
10. Given demonstration and practice, the participant will successfully participate in age-appropriate modified group games and sports.
11. Given that the participant has successfully completed a six-to-eight-week training program, the participant will take part in a training day.
12. Based on the participant's motor skills, he/she will take part in official Special Olympics sports, training day activities, and/or community- based sport and recreation activities.

The MATP is being introduced to Special Olympics Wisconsin (SOWI) programs through a series of coaches certified training schools. SOWI strongly encourages each program interested in developing the MATP to have at least one of their coaches become certified as a MATP coach. Coaches' certification is not a requirement, but will greatly aid in delivering a quality MATP program to the Special Olympics athletes.

To assist programs with implementing the MATP program, SOWI will provide cost-free challenge award ribbons. Special Olympics athletes who complete an eight-week training session and participate in training day activities are eligible to receive a ribbon. In order to be sanctioned as an official SOWI MATP program and receive the challenge award ribbons, a program must submit a sanction form at least eight weeks prior to the scheduled training day. (NOTE: This is to insure an adequate supply of challenge award ribbons are on hand.)

Questions on MATP can be answered by contacting the SOWI Sports Department at (800) 222-1324 or visit www@specialolympicswisconsin.org.

SPORTS COMPETITION EVENT GRANT FORM

INTENT:

To support registered Agencies of Special Olympics Wisconsin in their efforts to organize, promote and implement multi-Agency team competitions in sports offered by Special Olympics Wisconsin.

APPLICATIONS:

Grants for competitions may be used only to offset officials' fees, facility costs, equipment rental fees, and crucial event costs. (NOTE: Awards, travel, mementos, etc. are not applicable costs for grant expenditures.)

REQUIREMENTS:

1. Grant applications are to be submitted by a representative of a registered (current) SOWI Agency.
2. The competition (i.e., tournament, meet, etc.) must involve a minimum of three different SOWI Agencies.
3. The competitive event in question must utilize properly certified/current sport officials and follow applicable SOI, SOWI and National Governing Body rules.
4. SOI and SOWI awards policies must be followed.
5. Each grant application must be accompanied by a rough draft of the organizational aspects of the event schedule in question; i.e., competition format, numbers of teams to be involved, any committee structure, site, date, etc.
6. Each grant must include a budget listing overall tournament expenses and how grant money will be allocated, plus overall expenses.
7. A grant application must be received at your SOWI **Area office** a minimum of thirty (30) days in advance of the date of the event.

RESTRICTIONS:

1. A registered SOWI Agency may receive more than one grant per program year and multiple grant applications are encouraged.
2. A maximum award of \$400.00 is available for each grant application.
3. Grants are not applicable toward SOWI-sponsored area, district, regional or state events.
4. Grants will be issued on a "first-come, first-served" basis; forms received will be date-stamped, awarded by merit and in order of receipt. (When grant money is no longer available, agencies will be notified.)

REVIEW PROCESS/AWARDS:

All grants will be reviewed as soon as possible after receipt and any follow-up contacts will be made at that time. Final notification of grant approval and amounts to be received will be as expeditious as possible to facilitate the applicant's event planning processes.

FILING PROTESTS AT EVENTS

1. Protests to the games rules committee may only be made concerning games presentation, structure and conduct.
2. Protests to the sports rules committee may only be made concerning competition of athletes within a venue, where within that competition, rulings are determined in regard to the fairness and equity of the competition.
3. All protests must be initiated prior to the presentation of awards.
4. Protests must be presented to the head official of the event immediately in an oral fashion so that the event officials may be made aware of the appeal.
5. The head official may rule on appeals immediately, but if the response of the head official does not resolve the protest, a formal protest may follow.
6. All formal protests must be submitted within a half hour of the event in question.
7. All protests must be made on this official form.
8. All protests will be brought to the attention of the sports rules committee for final resolution. The decision of this committee shall be final and binding unless this committee concludes that the protest concerns games presentation, structure and/or conduct, at which time the committee will refer the protest to the games rules committee.

PROTEST FORM

Date: _____ Time Submitted: _____

Sport: _____ Event: _____

Age Group: _____ Division (Heat): _____

Athlete or Team Name: _____

Identification Number: _____ Agency Number: _____

Reason For Protest: _____

Signature of Sport Head Coach: _____

DECISION BY SPORTS RULES COMMITTEE

Protest Approved: _____ Protest Denied: _____

Signed: _____

Date: _____ Time: _____

DISQUALIFICATIONS

All Special Olympics Wisconsin (SOWI) athletes who do not conform to the rules and regulations of the sport in which they are competing are subject to disqualification. All disqualifications are made by the judge or official responsible for each event. All disqualified athletes will be officially signaled as such at the time of the infraction. The judge or official declaring the disqualification will fill out an official event disqualification report and submit it to the sports rules committee.

Below is a sample of the form the official will use for disqualifications. Please note that aquatics uses a separate form.

OFFICIAL EVENT DISQUALIFICATION REPORT

1. Event: _____ 2. Division: _____ 3. Lane: _____

4. Athlete Number: _____

5. Athlete Name: _____

6. Reason For Disqualification: _____

7. **Judge's Signature:** _____

8. Time: _____ Date: _____



SPECIAL OLYMPICS WISCONSIN PROPOSED RULE CHANGE FORM

Name of Sport: _____ Date of Submission: _____

Mail form to: **Special Olympics Wisconsin Sports Rules**
2310 Crossroads Dr
Suite 1000
Madison, WI 53718

Submit by: **May 1st Annually**

Or, e-mail to: kbergmann@specialolympicswisconsin.org

Recommended change to: General Sports Rules/ Policies
 Sport Specific Rules/ Policies
Sport: _____

Official Special Olympics Sports Rules Version you are reading from for this change: _____

Rule Reference (i.e. General Information Section – Competition Guide, or Athletics — Section E-Rules of Competition, 1.b.)

Page Number _____

Rule as it Reads: _____

Recommendation: (Check the Box of the action proposed)

Delete rule Add new rule Change to read as follows:

Reason for Proposed Rule Change:

Person Submitting Rule Change: _____

Address: _____

Agency: _____

Daytime Telephone Number: _____ E-mail Address: _____

For Rules Committee Use Only

- APPROVE AS PROPOSED
- NOT APPROVED
- REFER TO SPORTS RESOURCE TEAM FOR ADDITIONAL INFORMATION
- APPROVED WITH THE FOLLOWING REVISIONS:

INTERNATIONAL RULE CHANGE FORM

Name of Sport _____ Date of Submission: _____

Mail form to: **Sports Rules Advisory Committee (SRAC)**
c/o Sports Department
Special Olympics Inc.
1133 19th Street, NW
Washington, DC 20036
USA

Or, e-mail to: sportsrules@specialolympics.org

Official Special Olympics Sports Rules version you are reading from for this change: _____

Rule reference (i.e. Cycling — Section E-Rules of Competition, 1.b.)

Please see attached file. New events, etc are outlined in red. _____

Page number _____

Rule as it reads: _____

Recommendation: (Check the box of the action proposed)

- Delete rule
- Add new rule
- Change to read as follows:

Reason for proposed rule change:

Addition of developmental events for athletes who do not have the ability to compete in novice, intermediate and advanced levels. In addition, additional rules for addition of a snowboard cross event.

Has this rule change been field tested/ utilized? If so, where and with what results?

Affiliated Special Olympics Program: _____

Rule change submitted on behalf of Special Olympics Program:

- YES
- NO

Person submitting rule change: _____

Address: _____

Daytime telephone number: _____

.....

For Rules Committee Use Only

- APPROVE AS PROPOSED
- NOT APPROVED
- REFER TO SPORTS RESOURCE TEAM FOR ADDITIONAL INFORMATION

MEDICAL REFUND REQUEST

Directions:

- Complete this form and attach a doctor's explanation.
- Mail To:

SPECIAL OLYMPICS WISCONSIN
2310 CROSSROADS DRIVE, SUITE 1000
MADISON, WI 53718

The request and doctor's report must be received within 10 days of the conclusion of the event. Late or incomplete requests will be denied. If approved, the refund check will be mailed in the Agency's name to the Agency manager.

Athlete Name: _____

Agency Number: _____ Agency Name: _____

Event: _____

A medical refund is requested for the athlete above. The doctor's explanation is attached.

Contact Name: _____

Signed: _____

Date: _____

SPECIAL OLYMPICS WISCONSIN – USE ONLY

Approved: _____ \$ _____

Denied: _____ Coding Expense: _____

Signed: _____

Chief Operating Officer (COO)

Check Number: _____ Date: _____

Special Olympics Wisconsin FUNDRAISING PROJECT APPLICATION

Name of project: _____

This project is on behalf of: _____
Local Agency

Individuals or Organizations involved in project: _____

Project date(s): _____

Give a brief description of the project: _____

Is a raffle being held in conjunction with this event? No Yes*
*If yes, see raffle requirements in Fund Raising section of the Agency Manager Handbook

Will the Special Olympics name or logo be used?
 No Yes (If yes, attach a sample of material(s))

Estimated dollars to be raised (gross income): \$ _____

Estimated expenses: \$ _____

Estimated dollars to local Agency: \$ _____

Submitted by: _____

Name Title

Mailing Address Telephone

Email Address

RETURN TO REGIONAL OFFICE 30-60 DAYS PRIOR TO EVENT

Approved: _____

Regional Director of Development Date

Special Event Summary

Agency/Region: _____ Agency/Region Staff Time Involved: _____

Event: _____ Number of Volunteers: Prior to Event _____

Dates: _____ Day of Event _____

List of Corporate Sponsors

- | <u>Name</u> | <u>Cash Actuals</u> | <u>In-Kind Actuals</u> |
|-------------|---------------------|------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Expenditures		Income		
	Cash Actuals	Source (pledges, auction, etc.)	In-Kind	Cash Actuals
Prizes		1.		
Event Food		2.		
Printing/Photography		3.		
Facilities		4.		
Appreciation/Hospitality		5.		
Administrative		6.		
(Insurance)		7.		
(Permits)		8.		
(Postage)		9.		
Incentives/Souvenirs		10.		
		11.		
		12.		
Sales Tax		13.		
Miscellaneous		14.		
Total Expense	\$	Total Income	\$	\$
Net (Income - Expense)	\$			
Cost to Raise a Dollar : (Total Expense ÷ Total Income)				
Intangible assets of doing this event:				