

# 2018 SUMMER GAMES SEASON OVERVIEW - ATHLETICS

## EVENT DESCRIPTIONS

### OFFICIAL EVENTS OFFERED:

#### 1. ATHLETICS

<i>Event Code</i>	<i>Event Description</i>		
AT50MDEV	Assisted Run (Regional only, non-advancing)	ATSPIW	Shot Put-Female: 8-11
AT050M	50m run	ATSP2W	Shot Put-Female: 12+
AT100M	100m Run	ATSOBT	Softball Throw (cannot do with Mini Javelin)
AT200M	200m Run	ATJAVJR	Mini Javelin 8-15
AT400M	400m Run	ATJAVSR	Mini Javelin 16+
AT800M	800m Run	AT4X100W	4x100m Walking Relay
AT1500M	1500m Run	AT4X100WU	4x100m Unified Walking Relay
AT3000M	3000m Run	AT4X100M	4 x 100m Relay
AT25MW	25m Walk	AT4X200M	4 x 200m Relay
AT100W	100m Walk	AT4X400M	4 x 400m Relay
AT200W	200m Walk	AT4X100U	4 x 100m Unified Relay
AT400W	400m Walk	AT25WH	Wheelchair-25m
AT800W	800m Walk	AT100WH	Wheelchair-100m
AT1500W	1500m Walk	AT200WH	Wheelchair-200m
ATLNJP	Long Jump (Must be able to jump at least 1m)	AT30WS	Wheelchair-30m Slalom
ATSTLJ	Standing Long Jump	AT50MS	Motor Wheelchair-50m Slalom
ATSP2M	Shot Put-Male: 8-11	AT30MS	Motor Wheelchair-30m Slalom
ATSP4M	Shot Put-Male: 12+	ATWHOB	Motor Wheelchair-25m Obstacle
		AT4X25M	4 x 25 Wheelchair Shuttle Relay
		ATWSP1M	Wheelchair Shot Put-Male
		ATWSP1W	Wheelchair Shot Put-Female

### ELIGIBILITY FOR SUMMER GAMES SEASON COMPETITION

- Valid Special Olympics Release Form and the Application For Participation in Special Olympics in the Headquarters office postmarked by **April 1, 2018** to remain valid through **June 9, 2018**.
- Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
- At Regional tournaments and State Summer Games, athletes are eligible to compete in only one of the four sports offered. Agency quota will be based on the number of participating athletes, and advancement will be conducted according to Article I of the General Rules (see General Competition Policies).
- An athlete in athletics may participate in a **maximum** of three events (three individual, two individual and one relay, or one individual and two relays).
- Wheelchair athletes can enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events (and vice versa). Note: Bicycles or tricycles [i.e., gear/pedal powered vehicles] are not legal in wheelchair competitions.
- SOWI will issue to each Agency a quota for State Summer Games athletics and swimming participation separately, based on the current year's Regional involvement. Every Agency must follow the advancement policies described in the General Information section of the Competition Guide to determine which athletes advance.

**PLEASE READ FORMS CAREFULLY!**

# **Regional/District/Sectional 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
- Name and phone number for main contact at tournament
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Athlete Rosters:**

- Fill out rosters for the sport you will be competing in.
- Confirm
  - All athlete names entered and all events they will be participating entered
  - All times/scores/distances are correctly entered
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
  - Scores for qualifying games entered for team sports.
    - If played more than the minimum number of games, please list all games played. This will help provide information when divisioning.
  - Team names and Relay names are correct
- 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.*

## **Coach/Chaperone Roster:**

- 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.

## **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 REGIONAL ATHLETICS REGISTRATION

## ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_ W: ( \_\_\_\_\_ ) H: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

Address: \_\_\_\_\_

(City) (State) (Zip)

E-mail: \_\_\_\_\_ Cell phone contact number while at the Tournament: ( \_\_\_\_\_ )

Additional email you would like games information sent to: \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers  (check ).

Number of coaches and chaperones that will attend the Regional tournament: \_\_\_\_\_ **Reminder:** athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament?  Yes  No

\*\*Registration information for this Regional event will be sent to the person listed as head coach.

\*Use best performance for qualifying score.

\*Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

<b>MAXIMUM: THREE EVENTS</b> • 3 INDIVIDUAL • 2 INDIVIDUAL & 1 RELAY • 1 INDIVIDUAL & 2 RELAY	CATEGORY LETTER	1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE
		EVENT CODE	MIN: SEC. 1/10 M . CM	EVENT CODE	MIN: SEC. 1/10 M . CM	EVENT CODE	MIN: SEC. 1/10 M . CM
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)				RELAY TEAM NAME (15 CHAR. MAX)			
<i>Example, John</i>	<i>D</i>	<i>AT100M</i>	<i>1:09.3</i>	<i>ATLNJP</i>	<i>1.12</i>	<i>AT4X100M</i>	<i>2:45.2</i>
				<i>R1.</i>		<i>R2. Road Runners</i>	

(OVER)

\*Use best performance for qualifying score.

\*Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

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ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)			RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)			
1					R1.		R2.	
2					R1.		R2.	
3					R1.		R2.	
4					R1.		R2.	
5					R1.		R2.	
6					R1.		R2.	
7					R1.		R2.	
8					R1.		R2.	
9					R1.		R2.	
10					R1.		R2.	

\*Use best performance for qualifying score.

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			EVENT CODE	MIN: SEC. 1/10 M . CM	EVENT CODE	MIN: SEC. 1/10 M . CM	EVENT CODE	MIN: SEC. 1/10 M . CM
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)			RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)			
11					R1.		R2.	
12					R1.		R2.	
13					R1.		R2.	
14					R1.		R2.	
15					R1.		R2.	
16					R1.		R2.	
17					R1.		R2.	
18					R1.		R2.	
19					R1.		R2.	
20					R1.		R2.	