

# **2018 STATE OUTDOOR SPORTS TOURNAMENT**

## **EVENT DESCRIPTION**

**OFFICIAL EVENTS OFFERED:** Athletes can only be entered in one sport.

**1. BOCCE**

<i>Event Code</i>	<i>Event Description</i>
BCTEAM	Team Competition

**3. TENNIS**

<i>Event Code</i>	<i>Event Description</i>
TNSING	Singles

**2. SOFTBALL**

<i>Event Code</i>	<i>Event Description</i>
SBTEAM	Team Softball Competition

### **ELIGIBILITY FOR OUTDOOR SPORTS TOURNAMENT PARTICIPATION**

1. Valid Official Special Olympics Release Form, Application For Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2018** to remain valid through **August 4, 2018**.
2. Teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: a limited number of second and third place teams may advance to fill any spaces in the tournament field.
3. SOWI will issue a team State quota for each district tournament based on total 2017 participation statewide.

**LOCATION:**

Housing:	Carroll University
Housing Available:	Friday, August 3

**COMPETITION:**

Carroll University	Bocce, Tennis and Softball
Saratoga Softball Complex	Softball

**COST:**

**Delegates are all athletes, coaches and chaperones.**

Plan A	Housing:	\$56.00 per delegate	Friday housing, competition, all meals
Plan C	Day Of:	\$8.00 per delegate	Competition & Saturday lunch

\*\*Any Agencies looking for Saturday night housing, please contact the State Office

**\*\*\*AGENCIES MAY CHOOSE TO SPLIT THEIR DELEGATION INTO TWO PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATION 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:**

- Healthy Athletes
- Health Forum
- Opening Ceremony

# **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 OUTDOOR SPORTS TOURNAMENT REGISTRATION

## FORMS AND FEES CHECKLIST

**Please Print Clearly:**

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

Important: Material will only be sent to individual listed below. Be sure the address (no P.O. Box Numbers) is correct 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
<input type="checkbox"/>	Forms and Fees Checklist	Male Athletes (w/o wheelchairs)	
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs	<b>SUBTOTAL</b>
<input type="checkbox"/>	Chaperone Roster	Male Coaches / Chaperones	
<input type="checkbox"/>	Softball Entry Form(s)	Female Athletes (w/o wheelchairs)	
<input type="checkbox"/>	Bocce Entry Form(s)	Female Athletes w/ wheelchairs	<b>SUBTOTAL</b>
<input type="checkbox"/>	Tennis Entry Forms(s)	Female Coaches / Chaperones	
		<b>TOTAL M + F DELEGATES</b>	

**REGISTRATION FEES** – Agency may register for up to **TWO** plans 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 A:** Housing: Competition & all meals \$56.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

**Plan C:** No Housing: Competition & Sat. lunch \$8.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

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

\*\*\*If your delegation is providing its own housing at a hotel, please name: \_\_\_\_\_

### HOUSING & MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Friday Night	Males:		Friday Dinner	
	Females:		Saturday Breakfast	
			Saturday Lunch	

\*\*\*Please list any dietary restrictions on a Special Needs Form.\*\*\*

**"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 ration 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 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	HOUSING [X]	W/C [X]	AAC [X]
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHAPERONES		M / F	HOUSING [X]	W/C [X]
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

“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 OUTDOOR SPORTS TOURNAMENT**

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### **SOFTBALL TEAM REGISTRATION FORM**

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell Phone: (      ) \_\_\_\_\_

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

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

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

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	HOUSING [X]	TOP 12 (X)
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>

**TEAM EVALUATION COMMENTS:**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.

[illegible]



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## **TENNIS SINGLES ATHLETE ROSTER**

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Player Skill Ranking: Take from Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide.

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	HOUSING [X]	EVENT CODE	*PLAYER SKILL RATING
1.			<input type="checkbox"/>		
2.			<input type="checkbox"/>		
3.			<input type="checkbox"/>		
4.			<input type="checkbox"/>		
5.			<input type="checkbox"/>		
6.			<input type="checkbox"/>		
7.			<input type="checkbox"/>		
8.			<input type="checkbox"/>		
9.			<input type="checkbox"/>		
10.			<input type="checkbox"/>		
11.			<input type="checkbox"/>		
12.			<input type="checkbox"/>		
13.			<input type="checkbox"/>		
14.			<input type="checkbox"/>		
15.			<input type="checkbox"/>		

Athletes must be listed in alphabetical order by last name.

### **ATHLETE EVALUATION COMMENTS**

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

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