

# 2019 FALL STATE COMPETITIONS – FLAG FOOTBALL

## EVENT DESCRIPTION

### OFFICIAL EVENTS OFFERED:

#### 1. FLAG FOOTBALL

| <i>Event Code</i> | <i>Event Description</i>   |
|-------------------|----------------------------|
| FFTEAM            | Flag Football Team         |
| FFTEAMU           | Unified Flag Football Team |

### ELIGIBILITY FOR STATE FLAG FOOTBALL TOURNAMENT PARTICIPATION

1. Athletes must participate in eight weeks of training prior to competition.
2. Each team must have at least one certified Head Coach registered and in attendance with the team for the State Tournament.
3. A Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application must be on file in the Headquarters office postmarked by **September 15, 2019** and remain valid through **October 5, 2019** for traditional teams and **October 6, 2019** for unified teams.
4. A valid Class A Volunteer Form must be on file in the Headquarters office postmarked by the **registration date** for all Unified Partners.
5. Each Agency has filled out the Flag Football Intent to Play form and it is on file with their Regional office as of **August 15, 2019**.
6. Flag Football traditional teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, and competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.
7. The two game scrimmage requirement for registration will be waived for unified teams. While not required, we still encourage participating in scrimmage games to help with divisioning at the state tournament.

### **COST:FEES ARE CHARGED ONLY FOR ATHLETES ATTENDING**

Plan C: Day Of: \$8.00 per athlete  
Housing will be available for \$30 per delegate.

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

### **REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:**

#### FLAG FOOTBALL

Neenah, WI

Host: Region 4

Jody LaPlante

jlaplante@specialolympicswisconsin.org

920-731-1614

920-731-3691 fax

# 2019 STATE FLAG FOOTBALL 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)   |  | <b>SUBTOTAL</b> |
| <input type="checkbox"/> | Registration Fees               | Male Athletes w/ wheelchairs      |  |                 |
| <input type="checkbox"/> | Chaperone Roster                | Male Coaches / Chaperones         |  |                 |
| <input type="checkbox"/> | Flag Football Athlete Roster(s) | Female Athletes (w/o wheelchairs) |  | <b>SUBTOTAL</b> |
|                          |                                 | Female Athletes w/ wheelchairs    |  |                 |
|                          |                                 | 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 & Housing (no Meals)                      \$30.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_  
**Plan B:** No Housing: Competition only                                         \$8.00 x \_\_\_\_\_ Total Athletes = \$ \_\_\_\_\_  
Total=\$ \_\_\_\_\_

Fees will be taken out of the agency 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.

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

**HOUSING (MEALS WILL NOT BE PROVIDED)**

| HOUSING:       | TOTAL NUMBER |  |
|----------------|--------------|--|
| Saturday Night | Males:       |  |
|                | Females:     |  |

**“I have checked this information and found it to be complete and accurate.”**

\_\_\_\_\_ **Agency Manager Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Regional Office Signature** \_\_\_\_\_ **Date**

## COACH – Chaperone Roster (Overnight Stay only) 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 | W/C [X]                  | AAC [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"/> |

| CHAPERONES |  | M / F | W/C [X]                  |
|------------|--|-------|--------------------------|
| 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"/> |

**“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

# State Registration – Flag Football

AGENCY # \_\_\_\_\_

You do not have to list all the coaches and chaperones attending these games with your team(s) if not housing overnight. But please remember:

- You must adhere to an athlete/chaperone ratio that is between 3:1 and 4:1. Prior approval must be received from your Regional office for other athlete/coach ratios.
- Chaperones/Coaches must be 16 years of age or older.
- All chaperones/coaches must be approved, active SOWI Class A volunteers by the entry deadline date.
- The Athletes-As-Coaches 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).

**“I verify that all coaches and chaperones in attendance are 16 years of age or older and are Class A approved. All coaches are current on certification. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program.”**

**“I have checked all the above information and found it to be complete and accurate.”**

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Agency Manager Signature

Date

---

Regional Office Signature

Date



# 2019 STATE FALL COMPETITIONS – FLAG FOOTBALL

## FLAG FOOTBALL TEAM REGISTRATION FORM

**PLEASE PRINT CLEARLY:**

AGENCY NUMBER: \_\_\_\_\_ AGENCY NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

### LIST ALL FOOTBALL GAMES PLAYED THIS SEASON

(A MINIMUM OF **TWO GAMES** MUST BE DOCUMENTED **BEFORE** THE REGISTRATION DEADLINE DATE. **ONE** GAME MUST BE PLAYED AGAINST A TEAM FROM ANOTHER SPECIAL OLYMPICS AGENCY.)

| AGENCY NUMBER | OPPOSING TEAM OFFICIAL NAME | DATE OF MATCH | YOUR SCORE | THEIR SCORE |
|---------------|-----------------------------|---------------|------------|-------------|
|               |                             |               |            |             |
| Comments:     |                             |               |            |             |
|               |                             |               |            |             |
| Comments:     |                             |               |            |             |
|               |                             |               |            |             |
| Comments:     |                             |               |            |             |
|               |                             |               |            |             |
| Comments:     |                             |               |            |             |

# 2019 STATE FALL COMPETITIONS – FLAG FOOTBALL

## FLAG FOOTBALL TEAM REGISTRATION FORM

***PLEASE PRINT CLEARLY:***

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

\*\*Head Coach: \_\_\_\_\_ Cell phone # (\_\_\_\_) \_\_\_\_\_

BY SUBMITTING THIS FORM I VERIFY THAT THE ATHLETES ON THIS ROSTER COMPETED IN AT LEAST TWO OF THE DOCUMENTED QUALIFYING GAMES.

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

EACH TEAM MUST HAVE A UNIQUE NAME, UP TO **15 CHARACTERS LONG**. THE NAME MUST BE USED AT ALL COMPETITIONS.

New Team

Existing Team

Traditional Team

Unified Team

|     | ATHLETE NAMES<br><small>(ALPHABETICAL: LAST NAME, FIRST)</small> | M/F | UNIFIED PARTNER<br><small>[X]</small> |
|-----|--|-----|---------------------------------------|
| 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"/>              |

**RETURN THIS FORM TO THE TOURNAMENT HOST OFFICE BY THE PUBLISHED DEADLINE DATE!  
(OVER)**

UNIFIED PARTNER: UNIFIED PARTNERS MUST HAVE A CURRENT CLASS A VOLUNTEER APPLICATION FORM ON FILE WITH THE STATE OFFICE BY THE **REGISTRATION DEADLINE DATE.**

# 2019 STATE FALL COMPETITIONS – FLAG FOOTBALL FLAG FOOTBALL TEAM REGISTRATION FORM

**PLEASE PRINT CLEARLY:**

AGENCY NUMBER: \_\_\_\_\_ AGENCY NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

## LIST ALL FOOTBALL GAMES PLAYED THIS SEASON

(A MINIMUM OF **TWO GAMES** MUST BE DOCUMENTED **BEFORE** THE REGISTRATION DEADLINE DATE. **ONE** GAME MUST BE PLAYED AGAINST A TEAM FROM ANOTHER SPECIAL OLYMPICS AGENCY.)

| AGENCY NUMBER | OPPOSING TEAM OFFICIAL NAME | DATE OF MATCH | YOUR SCORE | THEIR SCORE |
|---------------|-----------------------------|---------------|------------|-------------|
|               |                             |               |            |             |
| Comments:     |                             |               |            |             |
|               |                             |               |            |             |
| Comments:     |                             |               |            |             |
|               |                             |               |            |             |
| Comments:     |                             |               |            |             |
|               |                             |               |            |             |
| Comments:     |                             |               |            |             |