

2019 State Special Olympics Gymnastics Registration Form

Return these forms by March 1, 2019 via email hough@arrowheadschoools.org

Agency Name _____ Agency Number _____

Head Coach Name _____

Head Coach Contact Number _____ Email _____

Head of Delegation HOD while at the Games _____

Head of Delegation HOD Cell phone Contact number while Games _____

Delegation

Total Male athletes _____

Total Male athletes W wheel chair _____

Total Female athletes _____

Total Female athletes W wheel chair _____

Total Number of Athletes _____

Athlete entry fee 8.00 _____

Total Due SOWI _____ In House Account Funds will be automatically transferred

Concession will be available at your cost.

Certified Gymnastic Coaches _____

Certified Gymnastic Coaches _____

Certified Gymnastic Coaches _____

Chaperones _____

Chaperones _____

Chaperones _____

It is the Head coach's as listed with SOWI and on this forms responsibility to insure that all Athletes have participate in eight weeks of official Special Olympics training prior to competition. Athletes have a current medical on file with SOWI, all athletes/coaches have met all SOWI requirements are familiar with SOWI Gymnastics rules and regulations listed in the 2019 SOWI Gymnastics competition guide, **Head coach will proof entries for to ensure athletes are entered in the proper event and level.**

Agency Manager Signature

Head Coach Signature

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Women's Artistic Gymnastics Registration Form

Team Name _____

Coaches Names _____

Contact Phone # _____ Email _____

*(Please note the level in the box for each event the athletes will be doing. Example: A/1/2/3.
Athletes must compete at the same level for all events to be eligible for the all-around.
Please list the Gymnasts Agency number that their medical is listed with if different then your team.*

Name	Agency #	AGE	Vault	Bars	Beam	FLEX	AA
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

2019 Men's Artistic Gymnastics Registration Form

Team Name _____ **Agency #** _____

Men's Artistic Continued *Please note the level in the box for each event the athletes will be doing.*
 SOWI Events include: Men's Level 1 & 2 Bars. Level 1-3 Vault & Floor Ex.

Co-Ed Wide Beam Level A. **Please list the Gymnasts Agency number that their medical is listed with if different then your team.**

Name	Age	Vault	Bars	Floor Ex
1				
2				
3				
4				
5				
6				
7				

Co Ed Level A	Wide Beam	Vault
1.		
2.		
3.		

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Women's Rhythmic Gymnastics Registration Form

Team Name _____ Agency # _____

*(Please note the level in the box for each event the athletes will be doing. Example: A/1/2/3.
 SOWI Events include: Rhythmic Level Co-Ed Level A Include Ball, Hoop, Rope, and Ribbon. And All Around.
 Women's B, C & 1 Include Ball, Hoop, Rope, Ribbon, All Around
 Rhythmic Level 2 & 3 Include: Ball, Hoop, Clubs, Ribbon All Around
 Athletes must compete at the same level for all events to be eligible for the all-around.
Please list the Gymnasts Agency number that their medical is listed with if different then your team.*

Level A, B, C, 1

All

Name	Age	Ball	Hoop	Rope	Ribbon	All Around
1						
2						
3						
4						
5						
6						
7						
8						
Level 2	Age	Ball	Hoop	Clubs	Ribbon	All Around
1.						
2.						
3.						
4.						
Level 3	Age	Ball	Hoop	Clubs	Ribbon	All Around
1.						
2.						
3.						

