

2019 STATE SUMMER GAMES

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED: Athletes can only be entered in one sport at the Summer Games.

1. SWIMMING

<i>Event Code</i>	<i>Event Description</i>
SW25MDEV	Assisted Swim (District only)
SW15WK	15m Walk (District only, if depths permit)
SW15KB	15m Kickboarding (District only)
SW15US	15m Unassisted Swim
SW25MF	25m Freestyle
SW50MF	50m Freestyle
SW100MF	100m Freestyle
SW200MF	200m Freestyle
SW400MF	400m Freestyle
SW25BS	25m Breaststroke
SW50BS	50m Breaststroke
SW100BS	100m Breaststroke
SW25BK	25m Backstroke
SW50BK	50m Backstroke
SW100BK	100m Backstroke
SW25BF	25m Butterfly
SW50BF	50m Butterfly
SW100BF	100m Butterfly
SW100IM	100m Individual Medley
SW4X25MF	4x25m Freestyle Relay
SW4X50MF	4x50m Freestyle Relay
SW4X1CMF	4x100m Freestyle Relay
SW4X25MR	4x25m Medley Relay
SW4X50MR	4x50m Medley Relay

2. SOCCER

<i>Event Code</i>	<i>Event Description</i>
FBTEAM	Five-A-Side Team Soccer

3. ATHLETICS

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

ELIGIBILITY FOR SUMMER SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **April 1, 2019** to remain valid through **June 8, 2019**.
2. 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). An athlete in swimming may compete in a maximum of two individual events and two relay event. Athletes registered for two relays may only be entered once in each relay event.
3. Wheelchair athletes may enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events and vice versa. Bicycles, scooters, tricycles or any gear/pedal-powered vehicles are not legal in any wheelchair competition.
4. Soccer 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.
6. SOWI will issue to each Agency a quota for State Summer Games athletics and swimming participation separately, based on the current year of Regional involvement. Refer to the General Information section of the Competition Guide for more information on advancement. Soccer teams (eligible by district finish) will not count as part of agencies' Summer Games quotas.

HOUSING:

Housing Available:

UW – Stevens Point Residence Halls

Thursday, June 6 and Friday, June 7, 2019

LOCATION:

UW-Stevens Point Campus

MEALS:

Thursday, June 7:

Dinner

Friday, June 8:

Breakfast, Lunch and Dinner

Saturday, June 9:

Breakfast

Lunch – Separate fee

COST:

Delegates are all athletes, coaches and chaperones.

Plan A	Housing:	\$60.00 per delegate	Housing, competition, all meals except Sat. lunch
Plan B	No housing:	\$33.00 per delegate	Competition & all meals except Sat. lunch
Plan C	Day Of:	\$ 8.00 per delegate	Competition & Friday lunch
	Lunch: Saturday	\$ 8.00 per delegate	

*Agencies located within 30 miles of Stevens Point must choose Plan B or C.

*****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.**

SPECIAL EVENTS:

- Opening Ceremony, Closing Ceremony/Dance
- Victory Village
- Healthy Athletes

2019 STATE SUMMER GAMES 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 is correct (**no P.O. box Numbers**) and the is 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 AREA OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Forms and Fees Checklist	Male Athletes (w/o wheelchairs)		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	Chaperone Roster	Male Coaches / Chaperones		SUBTOTAL
<input type="checkbox"/>	Swimming Roster	Female Athletes (w/o wheelchairs)		
<input type="checkbox"/>	Athletics Roster	Female Athletes w/ wheelchairs		SUBTOTAL
<input type="checkbox"/>	Soccer Team Entry Forms	Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

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 (except Sat. lunch)	\$ 60.00 x _____	Total Delegates = \$ _____
Plan B: No Housing: Competition & all meals (except Sat. lunch)	\$ 33.00 x _____	Total Delegates = \$ _____
Plan C: Day Of: Competition & Friday lunch	\$ 8.00 x _____	Total Delegates = \$ _____
Saturday lunch (not included w/registration)	\$ 8.00 x _____	Total Delegates = \$ _____
		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 AND MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Thursday Night	Males:		Thursday Dinner	
	Females:		Friday Breakfast	
Friday Night	Males:		Friday Lunch	
	Females:		Friday Dinner	
			Saturday Breakfast	
			Saturday Lunch – Separate Fee	

Please list any dietary restrictions on a Special Needs Form and include with your registration.

“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

2019 STATE SUMMER GAMES SWIMMING 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!

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	HOUSING	WCH [X]	IN WATER START √	EVENT CODE			
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"/>				
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
15.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in a maximum of two individual events and two relays.

2019 STATE SUMMER GAMES ATHLETICS 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!

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	HOUSING	WCH [X]	EVENT CODE		
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"/>			

Athletes in relays must also be entered on the relay team forms.

2019 STATE SUMMER GAMES SOCCER 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**. This name will be used at all competitions.

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	HOUSING [X]
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

TEAM EVALUATION COMMENTS:

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