**2021 STATE SWIM TOURNAMENT**

# EVENT DESCRIPTION

**OFFICIAL EVENTS OFFERED:**

1. **SWIMMING**

***Event Code Event Description***

SW25MF 25m Freestyle

SW50MF 50m Freestyle

SW100MF 100m Freestyle

SW200MF 200m Freestyle

SW25BS 25m Breaststroke

SW50BS 50m Breaststroke

SW25BK 25m Backstroke

SW50BK 50m Backstroke

SW100BK 100m Backstroke

SW25BF 25m Butterfly

SW50BF 50m Butterfly

**ELIGIBILITY FOR SWIMMING SEASON COMPETITION**

Valid Special Olympics Release Form and the Application For Participation in Special Olympics in the Headquarters office postmarked by **April 15, 2021** to remain valid through **the date of the State tournament.**

Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.

State Summer Games local program 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 swimming may compete in a maximum of three individual events.

SOWI will issue to each Local Program a quota for State Summer Games athletics and swimming participation separately, based on the current year’s regional involvement.

**COST: fees are charged only for athletes attending**

Plan A: Day Of: $10.00 per athlete

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

SWIMMING

Kenosha, WI

Jason Blank

jblank@specialolympicswisconsin.org

262-518-2313

262-241-5334 fax

**2021 STATE SWIM TOURNAMENT REGISTRATION**

# FORMS AND FEES CHECKLIST

**Please Print Clearly:**

Local Program Number:       Local Program 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** |
|  | Forms and Fees Checklist |  | Male Athletes (w/o wheelchairs) |  |  |
|  | Registration Fees |  | Male Athletes w/ wheelchairs |  | **Subtota**l |
|  | Chaperone Roster |  | Male Coaches / Chaperones |  |  |
|  | Athlete Roster |  | Female Athletes (w/o wheelchairs) |  |  |
|  |  |  | Female Athletes w/ wheelchairs |  | Subtotal |
|  |  |  | Female Coaches / Chaperones |  |  |
|  |  |  | Total M + F Delegates | |  |

**Plan A:** Competition only $10.00 x      Total Athletes = $

Total=$

Fees will be taken out of the local program 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.

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

**Local Program Manager Signature Date**

**Regional Office Signature Date**

**State Registration – SWIM LOCAL PROGRAM #**

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.”**

**Local Program Manager Signature Date**

**Regional Office Signature Date**

**2021 STATE SWIM TOURNAMENT**

**SWIMMING ATHLETE ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

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

**RETURN THIS FORM TO THE TOURNAMENT DIRECTOR LISTED ABOVE BY DEADLINE DATE!**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ATHLETE NAME**  (LAST NAME, FIRST NAME) | **M/F** | **WHEEL**  **CHAIR**  [✓] | **IN WATER START**  [✓] | **EVENT CODE** | | |
| **1st Event** | **2nd Event** | **3rd Event** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |  |

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in three individual events.