

# **2021 FALL STATE COMPETITIONS – PUNT PASS & KICK** **EVENT DESCRIPTIONS**

## **OFFICIAL EVENTS OFFERED:**

### **1. PUNT PASS & KICK**

<i>Event Code</i>	<i>Event Description</i>
FFPPK	Punt Pass and Kick Competition

## **ELIGIBILITY FOR INDOOR SPORTS SEASON PARTICIPATION**

1. Valid Special Olympics Release Form, Application For Participation in Special Olympics, COVID-19 Release Form, and Communicable Disease Waiver on file in the Headquarters office postmarked by **September 15, 2021**.
2. To be eligible to compete, an athlete's Application for Participation must remain valid through **October 9, 2021**.

## **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:**

### **FLAG FOOTBALL**

Neenah, WI

Host: Region 4

Curt Evans

[cevanas@specialolympicswisconsin.org](mailto:cevanas@specialolympicswisconsin.org)

920-659-5911

920-731-3691 fax

**PLEASE READ FORMS CAREFULLY**

# 2021 STATE PUNT PASS & KICK 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
<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)		
	Female Athletes w/ wheelchairs		1. <b>SU BT OT AL</b>
	Female Coaches / Chaperones		
	<b>2. TOTAL M + F DELEGATES</b>		

**REGISTRATION FEES**

**Plan A:** No Housing: 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.”**

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

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

# State Registration – PUNT PASS & KICK 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).
- All chaperones/coaches must have a completed COVID-19 Participant Release Form and Communicable Disease Waiver on file.

**“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**

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**Regional Office Signature**

**Date**



	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	PUNT			PASS			PASS		
		ATTEMPT #1	ATTEMPT #2	ATTEMPT #1	ATTEMPT #1	ATTEMPT #1	ATTEMPT #3	ATTEMPT #1	ATTEMPT #2	ATTEMPT #3
10.										
11.										
12.										
13.										
14.										
15.										
16.										
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27.										
28.										
29.										
30.										

\*\*\* Registered information for this state event will be sent to the person listed as the head coach