

# **2022 STATE SOCCER COMPETITION**

## **EVENT DESCRIPTION**

### **OFFICIAL EVENTS OFFERED:**

#### **1. SOCCER**

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

### **ELIGIBILITY FOR SOCCER SEASON COMPETITION**

1. Valid Special Olympics Release Form and the Application For Participation in Special Olympics in the Headquarters office postmarked by **April 1, 2022** to remain valid through **the date of the State tournament**.
2. Completed COVID-19 Participant Release Form and Communicable Disease Waiver on file by **April 1, 2022**.
3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
4. Each Local Program must fill out the Intent to Play form for soccer and have it to their Regional Office by April 1, 2022.
5. Soccer teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for State Competition. The team roster must remain the same for the two qualifying games and State 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 Local Program. Forfeited games do not count toward the scrimmage requirement.

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

Plan A: Day Of: \$15.00 per athlete

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

#### **SOCCER**

Mukwonago, WI

Host: Region 8

Jason Blank

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

262-518-2313

262-241-5334 fax

# 2022 STATE SOCCER 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
<input type="checkbox"/> Forms and Fees Checklist	Male Athletes (w/o wheelchairs)		
<input type="checkbox"/> Registration Fees	Male Athletes w/ wheelchairs		<b>SUBTOTAL</b>
<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		<b>SUBTOTAL</b>
	Female Coaches / Chaperones		
	<b>TOTAL M + F DELEGATES</b>		

**Plan A:** Competition only

\$15.00 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

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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**Local Program Manager Signature**

**Date**

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**Regional Office Signature**

**Date**



