

2021 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 15, 2021** to remain valid through **the date of the State tournament**.
2. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
3. At Regional tournaments and State Summer Games, athletes are eligible to compete in only one of the three sports offered. Agency 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).
4. **Adjustment for 2021:** In order to limit contact between programs from around the state, scrimmage games will not be required for the 2021 State Soccer Tournament. Coaches are to submit FSAT scores on their registrations forms (see end of rules). These assessments and previous years' team data will be used to determine divisioning for competition.

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:

SOCCER

Mukwonago, WI

Host: Region 8

Jason Blank

jblank@specialolympicswisconsin.org

262-518-2313

262-241-5334 fax

2021 STATE SOCCER TOURNAMENT 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 (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		SUBTOTAL
<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		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 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.

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

Agency Manager Signature Date

Regional Office Signature Date

State Registration – SOCCER

AGENCY # _____

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.”

Agency Manager Signature

Date

Regional Office Signature

Date

