

2021 STATE TRACK TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. **ATHLETICS**

<i>Event Code</i>	<i>Event Description</i>		
AT025M	25m run	ATLNJP	Long Jump (Must be able to jump at least 1m)
AT050M	50m run	ATSTLJ	Standing Long Jump
AT100M	100m Run	ATSOBT	Softball Throw (cannot do with Mini Javelin)
AT200M	200m Run	ATJAVJR	Mini Javelin 8-15
AT400M	400m Run	ATJAVSR	Mini Javelin 16+
AT800M	800m Run	AT25WH	Wheelchair-25m
AT25MW	25m Walk	AT100WH	Wheelchair-100m
AT050W	50m Walk	AT200WH	Wheelchair-200m
AT100W	100m Walk	AT30WS	Wheelchair-30m Slalom
AT200W	200m Walk	AT50MS	Motor Wheelchair-50m Slalom
AT400W	400m Walk	AT30MS	Motor Wheelchair-30m Slalom
AT800W	800m Walk	ATWHOB	Motor Wheelchair-25m Obstacle

ELIGIBILITY FOR TRACK 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. 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).
4. An athlete in track may compete in a maximum of four individual events.
5. 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:

TRACK

Jason Blank
jblank@specialolympicswisconsin.org
262-518-2313
262-241-5334 fax

2021 STATE TRACK 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 THE TOURNAMENT DIRECTOR 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)		SUBTOTAL
<input type="checkbox"/> Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/> Chaperone Roster	Male Coaches / Chaperones		
<input type="checkbox"/> Athlete Roster	Female Athletes (w/o wheelchairs)		SUBTOTAL
	Female Athletes w/ wheelchairs		
	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

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.
- All chaperones/coaches must have a Communicable Disease Waiver on file
- 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, are Class A approved, and have a Communicable Disease Waiver on file. 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 TRACK MEET TRACK 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 [✓]	EVENT CODE			
				1 st Event	2 nd Event	3 rd Event	4 th Event
1.			<input type="checkbox"/>				
2.			<input type="checkbox"/>				
3.			<input type="checkbox"/>				
4.			<input type="checkbox"/>				
5.			<input type="checkbox"/>				
6.			<input type="checkbox"/>				
7.			<input type="checkbox"/>				
8.			<input type="checkbox"/>				
9.			<input type="checkbox"/>				

10.			<input type="checkbox"/>				
11.			<input type="checkbox"/>				
12.			<input type="checkbox"/>				
13.			<input type="checkbox"/>				
14.			<input type="checkbox"/>				
15.			<input type="checkbox"/>				
16.			<input type="checkbox"/>				
17.			<input type="checkbox"/>				
18.			<input type="checkbox"/>				
19.			<input type="checkbox"/>				
20.			<input type="checkbox"/>				
21.			<input type="checkbox"/>				
22.			<input type="checkbox"/>				
23.			<input type="checkbox"/>				
24.			<input type="checkbox"/>				

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in four individual events.