

2019 SUMMER GAMES SEASON OVERVIEW - SOCCER

EVENT DESCRIPTIONS

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, 2019** to remain valid through **the date of the District tournament you are attending.**
2. To be eligible to advance to the State Summer Games, an athlete's Application for Participation must remain valid through **June 8, 2019.**
3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
4. At Regional tournaments and State Summer Games, athletes are eligible to compete in only one of the four 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).
5. Each Agency must fill out the Intent to Play form for soccer and have it mailed to their Regional office postmarked by **March 1, 2019** to be eligible.
6. Soccer teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, district competition 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 Agency. Forfeited games do not count toward the scrimmage requirement.
7. Soccer teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: A limited number of second and third place teams may advance to fill any spaces in the tournament field.

PLEASE READ FORMS CAREFULLY!

2019 DISTRICT TEAM SOCCER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: _____

Total Agency number of coaches and chaperones that will be attending this district tournament: _____

Reminder: athlete to coach/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament? Yes No

LIST ALL SOCCER GAMES PLAYED THIS SEASON.

(A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				