

# 2011 – 2012 EVENT CODES

## FALL SPORTS SEASON

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### BOWLING

BOSING	Singles (one person)
BODBLE	Bowling Doubles (two person)
BOSINR	Ramp Bowling Singles (one person)
BOTEAM	Team Bowling (four person)
BWLDEV	Developmental Singles & Ramp (one person)

### VOLLEYBALL

VBTEAM	Team Competition
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## WINTER SPORTS SEASON – See Section E State Forms

## INDOOR SPORTS SEASON

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### GYMNASTICS-ARTISTIC & RHYTHMIC

See Section E State Forms

#### GYMNASTICS – ARTISTIC

GYAVAU	Vaulting – Level A
GYAWBM	Wide Beam – Level A
GYAFLX	Floor Exercise – Level A
GYMFLX1	Men's Floor Exercise – Level 1
GYMFLX2	Men's Floor Exercise – Level 2
GYMFLX3	Men's Floor Exercise – Level 3
GYMVAU1	Men's Vaulting – Level 1
GYMVAU2	Men's Vaulting – Level 2
GYMVAU3	Men's Vaulting – Level 3
GYMHBR1	Men's Horizontal Bars – Level 1
GYMHBR2	Men's Horizontal Bars – Level 2
GYWVAU1	Women's Vaulting – Level 1
GYWVAU2	Women's Vaulting – Level 2
GYWVAU3	Women's Vaulting – Level 3
GYWUNB1	Women's Uneven Bars – Level 1
GYWUNB2	Women's Uneven Bars – Level 2
GYWUNB3	Women's Uneven Bars – Level 3
GYWBBM1	Women's Balance Beam – Level 1
GYWBBM2	Women's Balance Beam – Level 2
GYWBBM3	Women's Balance Beam – Level 3
GYWFLX1	Women's Floor Exercise – Level 1
GYWFLX2	Women's Floor Exercise – Level 2
GYWFLX3	Women's Floor Exercise – Level 3
GYWALL1	Women's All Around – Level 1
GYWALL2	Women's All Around – Level 2
GYWALL3	Women's All Around – Level 3

#### GYMNASTICS – RHYTHMIC

GYRROPA	Rope – Level A
GYRHOOA	Hoop – Level A
GYRRIBA	Ribbon – Level A
GYRBALA	Ball – Level A
GYRALLA	All Around – Level A
GYRROPB	Rope – Level B
GYRHOOB	Hoop – Level B
GYRRIBB	Ribbon – Level B
GYRBALB	Ball – Level B
GYRALLB	All Around – Level B
GYRROP1	Rhythmic Rope – Level 1
GYRCLB2	Rhythmic Club – Level 2
GYRROP3	Rhythmic Rope – Level 3
GYRHOO1	Rhythmic Hoop – Level 1
GYRHOO2	Rhythmic Hoop – Level 2
GYRCLB3	Rhythmic Club – Level 3
GYRBAL1	Rhythmic Ball – Level 1
GYRBAL2	Rhythmic Ball – Level 2
GYRBAL3	Rhythmic Ball – Level 3
GYRRIB1	Rhythmic Ribbon – Level 1
GYRRIB2	Rhythmic Ribbon – Level 2
GYRRIB3	Rhythmic Ribbon – Level 3
GYRALL1	Rhythmic All Around – Level 1
GYRALL2	Rhythmic All Around – Level 2
GYRALL3	Rhythmic All Around – Level 3

#### BASKETBALL

BBINSC1	Individual Skills Competition <b>Level 1</b>
BBINSC2	<b>Individual Skills Competition Level 2</b>
BBTEAM	Team Basketball

## SUMMER SPORTS SEASON

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### POWERLIFTING

PLBHPR	Bench Press
PLDEAD	Deadlift
PLSQAT	Squat
PLCOMB2	Bench/Deadlift/Combination Lift
PLCOMB3	Bench/Deadlift/Squat Combo Lift

### SOCCER

FBTEAM	Five-A-Side Team Soccer
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### AQUATICS

AQ25MDEV	Assisted Swim
AQ25MF	25m Freestyle
AQ50MF	50m Freestyle
AQ100MF	100m Freestyle
AQ200MF	200m Freestyle
AQ400MF	400m Freestyle
AQ25BS	25m Breaststroke
AQ50BS	50m Breaststroke
AQ100BS	100m Breaststroke
AQ25BK	25m Backstroke
AQ50BK	50m Backstroke
AQ100BK	100m Backstroke
AQ25BF	25m Butterfly
AQ50BF	50m Butterfly
AQ100BF	100m Butterfly
AQ100IM	100m Individual Medley
AQ4X25MF	4x25m Freestyle Relay
AQ4X50MF	4x50m Freestyle Relay
AQ4X1CMF	4x100m Freestyle Relay
AQ4X25MR	4x25m Medley Relay
AQ4X50MR	4x50m Medley Relay
AQ15WK	15m Walk (Area and district only)
AQ15US	15m Unassisted Swim

### ATHLETICS

AT50MDEV	Assisted Run
AT50MR	50m Run
AT100M	100m Run
AT200M	200m Run
AT400M	400m Run
AT800M	800m Run
AT1500M	1500m Run
AT3000M	3000m Run
AT25MW	25m Walk
AT100W	100m Walk
AT400W	400m Walk
AT800W	800m Walk
AT1500W	1500m Walk (Regional level only)
AT3000W	3000m Walk
ATHIJP	High Jump
ATLNJP	Long Jump
ATSTLJ	Standing Long Jump
ATSP4M	Shot Put-Male: 12 years and older
ATSP2M	Shot Put-Male: 8-11 years of age
ATSP2W	Shot Put-Female: 12 years and older
ATSPIW	Shot Put-Female: 8-11 years of age
ATSOBT	Softball Throw
ATTJJR	Turbo Jav 15 years and under
ATTJSR	Turbo Jav 16 years and older
ATPENT	Pentathlon
AT4X100W	4x100m Walking Relay
AT4X100M	4 x 100m Relay
AT4X200M	4 x 200m Relay
AT4X400M	4 x 400m Relay
AT25WH	Wheelchair-25m
AT100WH	Wheelchair-100m
AT200WH	Wheelchair-200m
AT30WS	Wheelchair-30m Slalom
AT50MS	Motor Wheelchair-50m Slalom
AT30MS	Motor Wheelchair-30m Slalom
ATWHOB	Motor Wheelchair-25m Obstacle
AT4X25M	4 x 25 Wheelchair Shuttle Relay
ATWSP1M	Wheelchair Shot Put-Male
ATWSP1W	Wheelchair Shot Put-Female

## OUTDOOR SPORTS SEASON

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### BOCCE

BCTEAM	Team Competition
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### GOLF

GFASTM	Alternate Shot Team Play – Level 2
GOUNIF	Unified Sports® Team (9 Hole) – Level 3
GFSING9	Individual Stroke Play (9 Hole) – Level 4
GFSING18	Individual Stroke Play (18 Hole) – Level 5

### SOFTBALL

SBTEAM	Team Competition
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### TEEBALL

SBTEEB	Team Competition
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### TENNIS

See Section E State Forms

# 2011 FALL SPORTS SEASON OVERVIEW

## EVENT DESCRIPTION

### OFFICIAL EVENTS OFFERED:

1. BOWLING
  - a. Ramp (Singles)
  - b. Individual (Singles)
  - c. Doubles – no ramps
  - d. Team – no ramps
  - e. Developmental Individual & Ramp (Regional-level only, non-advancing)
  
2. VOLLEYBALL
  - a. Team Competition (Any combination of males/females)

### ELIGIBILITY FOR FALL SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office prior to **October 1, 2011** and remain valid through **Saturday, December 3, 2011**
2. Athletes must participate in eight weeks of training prior to competition.
3. A bowling scratch score is based on a 15-game average submitted to the Regional office along with any other registration information prior to the deadline date for a Regional tournament. (The 15-game average can be based on any documented games which have taken place since the competition of last year's state bowling tournament.)
4. Athletes must place first, second or third at a Regional tournament to be eligible to advance to the regional bowling tournaments.
5. Athletes must place first, second or third at sectional tournaments to be eligible for bowling at the State Fall Sports Tournament. (There is **no** quota!) Teams missing a player may not advance.
6. Each agency has filled out the Intent to Play form and it is on file with their Regional office as of **September 1, 2011**.
7. Volleyball 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.
8. Volleyball 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.
9. Refer to Section B of the Competition Guide for State bowling assignment.

**PLEASE READ FORMS CAREFULLY!**

## 2011 REGIONAL BOWLING REGISTRATION ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_ W: ( \_\_\_\_\_ ) H: ( \_\_\_\_\_ )

Address: \_\_\_\_\_  
(City) (State) (Zip)

Fax: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_

**Cell phone contact number while at the Tournament:** ( \_\_\_\_\_ )

**RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

Number of coaches and/or chaperones who will attend this tournament: \_\_\_\_\_

**I have verified that all chaperones attending the tournament are  
approved SOWI Class A certified volunteers  (check ).**

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

Will you be taking qualified athletes to the sectional tournament? Yes \_\_\_\_\_ No \_\_\_\_\_

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHICH [X]
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"/>

Athletes must attend previous level of competition to qualify for State.

Athletes can be entered in only one event.

Doubles and team bowlers must also be listed on those additional registration forms.

\*\*Registration information for this regional event will be sent to the person listed as head coach.







# 2011 VOLLEYBALL SEASON

**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 coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying teams to the State Fall Sports Tournament?  Yes  No

## LIST ALL VOLLEYBALL MATCHES PLAYED THIS SEASON

(A minimum of **TWO MATCHES** must be documented here **before** the registration deadline date. **ONE** match must be played against a team from another Special Olympics agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				

# 2011 FALL SPORTS SEASON SECTIONAL BOWLING ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_ W: ( \_\_\_\_\_ ) H:( \_\_\_\_\_ )

Address: \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_ (City) (State) (Zip)

**Cell phone contact number while at the Tournament:** ( \_\_\_\_\_ )

**RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

Number of coaches and/or chaperones that will attend this sectional tournament: \_\_\_\_\_

**I have verified that all chaperones attending the tournament are  
approved SOWI Class A certified volunteers  (check ).**

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

Will you be taking qualifying athletes to the State Fall Sports Tournament?  Yes  No

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	WHEELCHAIR [X]
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"/>

Athletes can participate in only one event.

\*\*Registration materials for this event will be sent to the person listed as head coach.

# 2012 INDOOR SPORTS SEASON OVERVIEW

## EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT

### OFFICIAL EVENTS OFFERED:

1. BASKETBALL – Athletes can enter only one of the three events listed below.
  - a. Team Basketball (Full Court) -- Event Code: BBTEAM
  - b. Individual Basketball Skills Contest Level 1 – **Event Code: BBINSC1**
    - 1) Target Pass
    - 2) 10m Dribble
    - 3) Spot Shot
  - c. Individual Basketball Skills Contest Level 2 – **Event Code: BBINSC2**
    - 1) Low Post Turn & Shoot
    - 2) Perimeter Shooting
    - 3) Dribbling
  
2. GYMNASTICS – **STATE LEVEL ONLY**
  - a. Athletes can enter only one of the three categories listed below. No levels above 3 are offered.
    - a. Men's Artistic
      - 1) Floor Exercise
      - 2) Vault
      - 3) Horizontal Bar – Level 1 and 2 only
    - b. Women's Artistic
      - 1) Vault
      - 2) Uneven Bars
      - 3) Balance Beam
      - 4) Floor Exercise
      - 5) All Around
    - c. Level A Women's or Men's Artistic
      - 1) Level A Floor Exercise
      - 2) Level A Vault
      - 3) Level A Balance Beam
    - d. Women's Rhythmic
      - 1) Hoop
      - 2) Ribbon
      - 3) Ball
      - 4) Rope
      - 5) Clubs
      - 6) All Around
      - 7) Level A or B Hoop
      - 8) Level A or B Ribbon
      - 9) Level A or B Ball
      - 10) Level A or B Rope
      - 11) Level A or B All Around

# 2012 INDOOR SPORTS SEASON

## ELIGIBILITY FOR INDOOR SPORTS SEASON PARTICIPATION

1. Valid Special Olympics Release Form, Application For Participation in Special Olympics on file in the Program office prior to **February 1, 2012** to remain valid through **April 8, 2012**
2. 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, regional 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.
3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
4. Individual basketball skills state participation will be based on a quota.
5. Teams placing first and second in their assigned district competition qualify to advance to sectional competition.
6. Teams must place first in their assigned sectional 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.
7. Each agency must fill out an Intent to Play form and have it on file with the Regional office by **December 1, 2011**.
8. SOWI will issue a quota to each Area for state basketball skills and gymnastics participation based on the current year of Area involvement. Each Area in turn will give a quota of participants to the agency. Every agency must follow the advancement criteria as described on the General Rules section of the Competition Guide for determination of which athletes to advance.

**PLEASE READ FORMS CAREFULLY!**



## 2012 DISTRICT TEAM BASKETBALL

**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 coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying team(s) to the sectional tournament?  Yes  No

### LIST ALL BASKETBALL GAMES PLAYED THIS SEASON.

(A minimum of **TWO GAMES** must be documented here **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 GAME	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				

# 2012 DISTRICT BASKETBALL SKILLS REGISTRATION ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*\*Head Coach: \_\_\_\_\_ W: ( \_\_\_\_\_ ) H: ( \_\_\_\_\_ )

Address: \_\_\_\_\_  
(City) (State) (Zip)

Fax: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_

**Cell phone contact number while at the Tournament:** ( \_\_\_\_\_ )

**RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

I have verified that all chaperones attending the tournament are  
approved SOWI Class A certified volunteers  (check .

Number of coaches and chaperones that will attend this district tournament: \_\_\_\_\_

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

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	*QUALIFYING SCORE	BASKETBALL HOOP HEIGHT*	BASKETBALL SIZE MEN/WOMEN**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

\*Refer to basketball skills rules to calculate final score to use as qualifying score.

\*\*Skills competition rules allow for female athletes and athletes age 15 and under the option of using a women's size basketball for all three skill contests. In addition, athletes age 15 and under may utilize an eight-foot hoop for the spot shot. The eight-foot hoop rule does not apply to female athletes over age 15.

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



# 2012 SECTIONAL TEAM BASKETBALL

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Total agency number of coaches and chaperones that will be attending this sectional tournament: \_\_\_\_\_

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

Will you be taking qualifying team(s) to the State tournament?  Yes  No

**Please list all of the teams you have played:**

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME (BE SPECIFIC)	DATE OF GAME	YOUR SCORE	THEIR SCORE
1.				
2.				
3.				
4.				
<b>DISTRICT COMPETITION</b>				
1.				
2.				

**MUST HAVE AT LEAST TWO DOCUMENTED GAMES PLUS DISTRICT COMPETITION UPON REGISTRATION FOR STATE GAMES. LIST ADDITIONAL GAMES BELOW.**

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**TEAM EVALUATION COMMENTS:**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.

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# **2012 SUMMER GAMES SEASON OVERVIEW**

## **EVENT DESCRIPTIONS**

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT FOR DISTRICT AND STATE SUMMER GAMES

### **OFFICIAL EVENTS OFFERED:**

#### **ATHLETICS**

1. 50m Assisted Run (Regional-level only, non-advancing)
2. Meter Run: 50, 100, 200, 400, 800, 1500, 3000
3. Meter Walk [on track]: 25, 100
4. Meter Walk [may be off track]: 400, 800, 3000
5. High Jump
6. 4x100m Walking Relay
7. 4 x 100m Relay
8. 4 x 200m Relay
9. 4 x 400m Relay
10. Long Jump [Athletes must record a jump minimum of one meter for entry]
11. Standing Long Jump
12. Shot Put
  - a. Men [12 years and older] – 4kg/8.13lbs
  - b. Men [8 – 11 years old] – 2.72kg/6lbs
  - c. Women [12 years and older] – 2.72kg/6lbs
  - d. Women [8 – 11 years old] – 1.8kg/4lbs
13. Softball Throw
14. Turbo Jav [15 & under – 300 grams, 16 & over – 400 grams]
15. Pentathlon [100 Meters, Long Jump, Shot Put, High Jump, 400 Meters]
16. 25m Non-Motorized Wheelchair Race – No bicycles or tricycles
17. 100 & 200m Non-Motorized Wheelchair Race – No bicycles or tricycles
18. 30m Non-Motorized Wheelchair Slalom Race – No bicycles or tricycles
19. 4 x 25m Non-Motorized Wheelchair Shuttle Relay – No bicycles or tricycles
20. 30 and 50m Motorized Wheelchair Slalom – No bicycles or tricycles
21. 25m Motorized Wheelchair Obstacle Race – No bicycles or tricycles
22. Wheelchair Shot Put
  - a. Men – 1.81kg/4lbs
  - b. Women – 1.81kg/4lbs

#### **AQUATICS**

1. Assisted Swim (Regional-level only, non-advancing)
2. Freestyle: 25, 50, 100, 200, 400
3. Breaststroke: 25, 50, 100
4. Backstroke: 25, 50, 100
5. Butterfly: 25, 50, 100
6. Individual Medley: 100
7. Freestyle Relay: 4 x 25, 4 x 50, 4 x 100
8. Medley Relay: 4 x 25, 4 x 50
9. 15m Unassisted Swim (if water depths permit)
10. 15m Walk (District-level only – if water depths permit)

#### **FOOTBALL SOCCER**

1. Five-A-Side Team Competition

## POWERLIFTING: STATE LEVEL ONLY

Enter only one combination deadlift category in addition to a maximum of three individual lifts

1. Bench Press
2. Deadlift
3. Squat
4. Bench, and Deadlift Combination Lift
5. Bench, Deadlift and Squat Combination Lift

## 2012 SUMMER SPORTS SEASON

### ELIGIBILITY FOR SUMMER GAMES SEASON COMPETITION

1. Valid Special Olympics Release Form and the Application For Participation in Special Olympics in the Program office prior to **April 1, 2012** to remain valid through **Saturday, June 9, 2012**
2. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
3. At district 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). Soccer teams will be eligible by winning first place at district play; however, additional quota slots may be offered depending on space availability.
4. An athlete in athletics may participate in a maximum of three events (three individual, two individual and one relay, or one individual and two relays). An athlete in aquatics may compete in a maximum of two individual events and two relay events as long as he or she has successfully qualified for each event. Athletes registered for two relays may only be entered once in each relay event.
5. Pentathlon athletes cannot enter any other individual event but can compete in a maximum of one relay event.
6. Wheelchair athletes can enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events (and vice versa). Note: Bicycles or tricycles [i.e., gear/pedal powered vehicles] are not legal in wheelchair competitions.
7. 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.
8. 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.
9. Each Agency must fill out the Intent to Play form for a team event and have it mailed to their Regional office postmarked by **March 1, 2012** to be eligible.
11. SOWI will issue to each Region a quota for State Summer Games athletics and aquatics participation based on the current year's Regional involvement. Each Region in turn will give a quota of participants

to each Agency. Every Agency must follow the advancement policies described in the General Rules section of the Competition Guide to determine which athletes advance. Soccer teams (eligible by district finishes) and powerlifting (eligible by training) will **NOT** count as part of the Agency's Summer Games quotas.

**PLEASE READ FORMS CAREFULLY!**

# 2012 REGIONAL ATHLETICS REGISTRATION ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_ W: ( ) H: ( )

Address: \_\_\_\_\_

(City) (State) (Zip)

Fax: ( ) E-mail: \_\_\_\_\_

**Cell phone contact number while at the Tournament:** ( ) \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers  (check .

Number of coaches and chaperones that will attend the Regional tournament: \_\_\_\_\_

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

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

Please list measurements in **meters**. Example: 1 meter, 2 centimeters is 1:02 meters.

<b>MAXIMUM:</b> THREE EVENTS (3 INDIVIDUAL, 2 INDIVIDUAL & 1 RELAY, 1 INDIVIDUAL & 2 REALY)		<b>CATEGORY</b>	<b>FIRST EVENT</b> *QUALIFYING TIME/DISTANCE		<b>SECOND EVENT OR RELAY</b> *QUALIFYING TIME/DISTANCE		<b>THIRD EVENT OR RELAY</b> *QUALIFYING TIME/DISTANCE	
<b>ATHLETE NAME</b> (ALPHABETICAL: LAST NAME, FIRST)	<b>LETTER</b>		<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> M CM	<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> M CM	<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> M CM
1.								
2.								
3.								
4.								
5.								
6.								

(OVER)

<b>MAXIMUM:</b> THREE EVENTS (3 INDIVIDUAL, 2 INDIVIDUAL & 1 RELAY, 1 INDIVIDUAL & 2 REALY)		<b>CATEGORY</b>	<b>FIRST EVENT</b> *QUALIFYING TIME/DISTANCE		<b>SECOND EVENT OR RELAY</b> *QUALIFYING TIME/DISTANCE		<b>THIRD EVENT OR RELAY</b> *QUALIFYING TIME/DISTANCE	
	<b>ATHLETE NAME</b> (ALPHABETICAL: LAST NAME, FIRST)	<b>LETTER</b>	<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> <b>M CM</b>	<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> <b>M CM</b>	<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> <b>M CM</b>
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

\*\*Registration information for this Regional event will be sent to the person listed as head coach.

List the Category Letter each athlete is competing in. **ATHLETES MUST CHOOSE EVENTS BY CATEGORY ONLY.**

**CATEGORIES ARE LISTED IN THE COMPETITION GUIDE UNDER GENERAL RULES FOR ATHLETICS.**

An athlete in athletics may participate in a maximum of three events (three individual, two individual and one relay, or one individual and two relays).

Wheelchair athletes may be entered in a maximum of three events.

\*Use best performance for qualifying score. \*Enter all distances in meters.

Athletes in relays must also be entered on the relay team forms.

Fill out the starting height or approach distance on the high jump/long jump form



## 2012 REGIONAL ATHLETICS REGISTRATION HIGH JUMP/LONG JUMP & PENTATHALON FORM

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**RETURN THIS FORM ALONG WITH YOUR ATHLETE ROSTER TO YOUR REGIONAL OFFICE!**

Please use this form to indicate your athlete's high jump starting height (minimum one meter) or long jump approach distance, measured from the front of the board (end of the board nearest the sand pit). Example: 1 meter, 2 centimeters is 1:02 meters. Please list measurements in **meters**.

1.	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	START HEIGHT METERS. CM	START DISTANCE METERS. CM	ADDITIONAL COMMENTS
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

## 2012 DISTRICT AQUATICS REGISTRATION ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_ Phone W: ( \_\_\_\_\_ ) H: ( \_\_\_\_\_ )

Address: \_\_\_\_\_  
(City) (State) (Zip)

Fax: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_

**Cell phone contact number while at the Tournament:** ( \_\_\_\_\_ )

**RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers  (check ).

Number of coaches and chaperones that will attend the district tournament? \_\_\_\_\_

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

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

These times were taken in a pool with length measured in (check one)  Meters  Yards

Place a check [] next to the athletes who start in the water.

<b>MAXIMUM:</b> TWO INDIVIDUAL & TWO RELAY EVENTS		<b>WATER START</b> √	<b>FIRST EVENT</b> *QUALIFYING TIME/DISTANCE		<b>SECOND EVENT</b> *QUALIFYING TIME/DISTANCE		<b>EVENT CODES</b>	
	<b>ATHLETE NAME</b> (ALPHABETICAL: LAST NAME, FIRST)		<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> M CM	<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> M CM	<b>1<sup>ST</sup> RELAY</b>	<b>2<sup>ND</sup> RELAY</b>
1.		<input type="checkbox"/>						
2.		<input type="checkbox"/>						
3.		<input type="checkbox"/>						
4.		<input type="checkbox"/>						

(OVER)

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REGIONAL, DISTRICT & SECTIONAL EVENT INFORMATION

<b>MAXIMUM:</b> TWO INDIVIDUAL & TWO RELAY EVENTS			<b>FIRST EVENT</b> *QUALIFYING TIME/DISTANCE		<b>SECOND EVENT</b> *QUALIFYING TIME/DISTANCE		<b>EVENT CODES</b>	
	<b>ATHLETE NAME</b> (ALPHABETICAL: LAST NAME, FIRST)	<b>WATER START</b> √ <input type="checkbox"/>	<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> <b>M CM</b>	<b>EVENT CODE</b>	<b>MIN: SEC. 1/10</b> <b>M CM</b>	<b>1<sup>ST</sup> RELAY</b>	<b>2<sup>ND</sup> RELAY</b>
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"/>						

**NOTES:**

Fill in relay times and team names on the relay registration form.

\*Use best performance for the qualifying score.

\*\*Registration information for this district event will be sent to the person listed as head coach.

Other events can be offered only at the district level; check with the host Regional office for details.

# 2012 DISTRICT AQUATICS REGISTRATIONS RELAY TEAMS

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**RETURN THIS FORM ALONG WITH YOUR ATHLETE ROSTER TO THE HOST REGIONAL OFFICE!**

**Important:** *Each relay can have up to six athletes entered per relay team. Any four of the six may swim at the district event. Only those (maximum) same six names can appear on the entry for the State Summer Games.*

**An athlete may not switch teams or relay events for any reason.**

\*Each team must have a unique name up to **15 characters** long. Names will be used at all competitions.

<b>Event Code:</b> _____ <b>Event Name:</b> _____
<b>*Team Name:</b>  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
<b>**Athlete Names</b> (Last Name, First)
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
<b>***Qualifying Time:</b> _____ : _____ . _____ Min.           Sec.           Tenth

<b>Event Code:</b> _____ <b>Event Name:</b> _____
<b>*Team Name:</b>  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
<b>**Athlete Names</b> (Last Name, First)
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
<b>***Qualifying Time:</b> _____ : _____ . _____ Min.           Sec.           Tenth

\*\*These names must also appear on the athlete roster.

\*\*\*Use best performance time.



## 2012 DISTRICT TEAM FOOTBALL (SOCCER) ATHLETE ROSTER

**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:				

# 2012 OUTDOOR SPORTS TOURNAMENT SEASON OVERVIEW

## EVENT DESCRIPTIONS

**OFFICIAL EVENTS OFFERED:** Athletes shall compete in only one of the five sports offered.

1. SOFTBALL (12" Slow Pitch)
  - a. Team
2. TEE BALL
  - a. Team
3. TENNIS
  - a. Singles
4. GOLF [An athlete may only be in one level.]
  - a. Level 2 -- Alternate Shot
  - b. Level 3 -- Unified Sports Team Play 9 Hole
  - c. Level 4 -- 9 Hole Stroke Play
  - d. Level 5 -- 18 Hole Stroke Play

Golf Alternate Shot Partners do not function in the same role as Unified Sports® Partner Athletes. Golf Alternate Shot Partners and Unified 9-Hole Partners must have a valid Unified Sports® Partner Application for Participation form on file with the Program office by the Outdoor Sports Tournament medical deadline.
5. BOCCE
  - a. Team (Four Person)

### **ELIGIBILITY FOR OUTDOOR SPORTS SEASON PARTICIPATION**

1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Program office prior to **July 1, 2012** and remain valid through **August 5, 2012**.
2. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition.
3. 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.
4. 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.
5. SOWI will issue a tee ball & softball quota for each district tournament based on 2012 statewide participation.
6. Bocce districts will be held and a minimum of all first place team finishers will advance to the State tournament.
7. Golf district competition will have quota based on the current year's registration.
8. All agencies must submit an Intent to Play form for team events to their Regional office by **May 1, 2012**.
9. Advancement of athletes in individual sports must comply with the policies listed in the General Rules section of the Competition Guide.

**PLEASE READ FORMS CAREFULLY!**

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REGIONAL, DISTRICT & SECTIONAL EVENT INFORMATION



# 2012 DISTRICT TEAM SOFTBALL

**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 team(s) to the State tournament?  Yes  No

## LIST ALL SOFTBALL 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:				



# 2012 DISTRICT TEAM TEE BALL

**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 bringing qualifying athletes to the State tournament?  Yes  No

### LIST ALL TEE BALL GAMES YOU HAVE 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:				

# 2012 DISTRICT GOLF REGISTRATION ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_ W: ( \_\_\_\_\_ ) H: ( \_\_\_\_\_ )

Address: \_\_\_\_\_  
(City) (State) (Zip)

Fax: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_

**Cell phone contact number while at the Tournament:** ( \_\_\_\_\_ ) \_\_\_\_\_

Number of coaches and chaperones that will attend this district tournament: \_\_\_\_\_

***Reminder:*** athlete to coach/chaperone ratio is minimum of 4:1 (do not include alternate shot partners in total)

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

**RETURN THIS FORM TO YOUR HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

I have verified that all chaperones attending the tournament are  
approved SOWI Class A certified volunteers  (check  $\checkmark$ ).

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	UNIFIED ATHLETE [x]	EVENT CODE	*AVERAGE SCORE
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"/>		

\*Average of six scores recorded on following pages

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

Unified Sports® Medical Form: Partner athletes must correctly complete the Unified Sports® Partner Application Form and mail to the Program office postmarked by the July 1<sup>st</sup> medical deadline date.



# 2012 DISTRICT GOLF ATHLETE REGISTRATION

## LEVEL 4 – 9 HOLE

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**\*THESE NAMES MUST ALSO APPEAR ON YOUR GOLF ATHLETE ROSTER.**

Two of the six required scores must be completed on courses of 2,400 yards or longer. Also list the six most recent scores since the last Outdoor Sports Tournament for the athlete below.

<p>*Athlete Name (Last Name, First)            1. _____ Average _____            Six most recent nine-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>
<p>*Athlete Name (Last Name, First)            2. _____ Average _____            Six most recent nine-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>
<p>*Athlete Name (Last Name, First)            3. _____ Average _____            Six most recent nine-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>
<p>*Athlete Name (Last Name, First)            4. _____ Average _____            Six most recent nine-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>
<p>*Athlete Name (Last Name, First)            5. _____ Average _____            Six most recent nine-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>

# 2012 GOLF ATHLETE DISTRICT REGISTRATION

## LEVEL 5 – 18 HOLE

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**\*THESE NAMES MUST ALSO APPEAR ON YOUR GOLF ATHLETE ROSTER.**

Two of the six required scores must be completed on courses of 4,800 yards or longer. Also list the six most recent scores since the last Outdoor Sports Tournament for the athlete below.

<p>*Athlete Name (Last Name, First)            1. _____ Average _____            Six most recent 18-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>
<p>*Athlete Name (Last Name, First)            2. _____ Average _____            Six most recent 18-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>
<p>*Athlete Name (Last Name, First)            3. _____ Average _____            Six most recent 18-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>
<p>*Athlete Name (Last Name, First)            4. _____ Average _____            Six most recent 18-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>
<p>*Athlete Name (Last Name, First)            5. _____ Average _____            Six most recent 18-hole scores: _____                                              Course Par: _____                                              Course Length (yards): _____</p>



