

Graduating Athletes

As you take your next steps, make sure you continue your athletic careers with Special Olympics Georgia!



Special Olympics Georgia (SOGA) serves over 17,429 athletes. Our goal is to provide year round sports programs for all children and adults with intellectual disabilities. We also seek to provide opportunities to develop physical fitness, demonstrate courage, as well as to participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.



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As you, your loved one, or athlete you know nears graduation from high school, please remember Special Olympics Georgia wants to provide you the opportunity to stay involved with our local programs. Please take a few moments to fill out the attached form and return it to us.

WHY SHOULD ATHLETES STAY INVOLVED WITH SOGA?

- I**mproves physical fitness and athletic ability
- N**ourishes friendships and family relationships
- S**trengthens teamwork
- P**rovides skills for independent living
- I**ncreases ability to make personal decisions
- R**aises self-confidence and social competency
- E**nhances skills that can be used at a job



SOGA SPORTS

- | | |
|----------------------|-----------------|
| Alpine Skiing | Ice Skating- |
| Athletics | Figure or Speed |
| Badminton | Kayaking |
| Basketball | Powerlifting |
| Bocce | Roller Skating |
| Bowling | Sailing |
| Cheerleading | Softball |
| Cycling | Table Tennis |
| Equestrian | Tennis |
| Flag Football | Soccer |
| Floor Hockey | Snowboarding |
| Golf | Swimming |
| Gymnastics- | Volleyball |
| Artistic or Rhythmic | |

STATE GAMES

Indoor Winter Games
January 26-28

Summer Games
May 24-26

Fall Games
October 18-20



HOW TO STAY INVOLVED

- Fill out the form attached to this flyer
- Once SOGA receives your form, a Program Manager from your area will contact you
- You and your Program Manager will work together to find ways to continue participation



Special Olympics
Georgia





2024 Transition Flyer



Name of Athlete: _____

Male____ Female____ Ethnicity (optional)_____

Contact Person: _____

Relationship to Athlete: _____

E-Mail Address: _____

Daytime Phone: _____

Mailing Address: _____

City _____, GA Zip Code _____

Current SOGA Agency: _____

**Please complete and send this form to the attention of
Meredith-Elizabeth Crum via mail, e-mail, or fax:**

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**For more information, please visit our website:
www.specialolympicsga.org**



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Georgia