



**2024 Fall Games  
Registration Checklist**

Completed paperwork is due to the SOGA Norcross Office by 4:15 pm on Friday, August 16, 2024. The mailing address is 6046 Financial Drive, Norcross, GA 30071  
Please put it to the attention of David Crawford or email it to [david.crawford@specialolympicsga.org](mailto:david.crawford@specialolympicsga.org) .  
Agencies will incur a \$250 Late Paperwork Fee for paperwork received after Friday, August 16th.  
Paperwork will not be accepted by SOGA after Wednesday, August 21, 2024!!

**\*\*Reminder – August 16<sup>th</sup> is the eligibility deadline for all Athletes & Unified Partners wanting to compete at Fall Games. This means that ALL Athletes & Unified Partners MUST be registered with an active medical certification in the SOGA GMS Database by August 16<sup>th</sup> or a Doctor signed hard copy of the Athlete’s Medical forms and/or Unified Partner Profile form MUST be included with the paperwork. Any Athlete and/or Unified Partner that is not in our GMS database or submitted within the paperwork, will be unable to compete at Fall Games. If Agencies submit late paperwork, the eligibility deadline for Athletes & Unified Partners is STILL August 16<sup>th</sup>, no exceptions.\*\***

***\*\*Faxed paperwork will not be accepted\*\****  
Completed paperwork packets include:

- REGISTRATION FEES** - with check attached (can’t process forms until fees received) If you can’t get the check by the deadline you must attached a copy of the request for the check.
  
- HEAD OF DELEGATION / ROSTER** – All delegations submit this form whether Housed or Day Only. If Day only, fill in all of delegates names & check “Day Only” at top of form. If Day only please make sure that you list everyone coming.
  
- HOUSING COMMITMENT FORM**
  
- Housing Policy Form**
  
- HOD Contact Information**
  
- 15 PASSENGER VAN POLICY-** Make sure the form is specific to Fall Games.
  
- VOLUNTEER PROFILE FORM FOR COACH / ASST. COACH / BUS DRIVER OR NURSE** attending games. If you already sent in a form and have been screened, you do not need to send in another one.
  
- SOGA COVID-19 PARTICIPANT CODE OF CONDUCT/ RISK ASSESSMENT FORM** All Delegates attending games MUST sign and submit this form in order to participate at Fall Games.
  
- REGISTRATION/EVENT ENTRY FORMS** for each athlete and team participating.
  
- VOLUNTEER/ COACH SCREENING CERTIFICATION FORM** – THIS FORM MUST LIST ALL VOLUNTEERS / COACHES / **UNIFIED PARTNERS** THAT ARE COMING TO GAMES.

I have enclosed or completed all of the requirements above.

Signature of Head of Delegation: \_\_\_\_\_

**2024 FALL GAMES**  
**REGISTRATION FEES**

**Special Olympics**  
Georgia



**AREA:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_

<b>Number of Athletes &amp; Partners</b>		<b>\$ 20 per person</b>	
<b>Number of Coaches</b>		<b>\$ 20 per person</b>	

**ADDITIONAL CHARGES:**

Extra Coaches not in Quota / Bus Drivers / Nurses (\$25 per extra person)  
(The \$25 fee includes all meals, credentials, insurance) **Extra Coaches do not receive housing.**

<b>Number of Extra's</b>		<b>\$ 25 per person</b>	
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**There will be NO EXTRA HOUSING provided by Special Olympics Georgia!**

**Enclose full payment to: Special Olympics Georgia**

**Check #** \_\_\_\_\_ **Total of above enclosed** = \_\_\_\_\_

STATE GAMES FEES SHEET:

If Games Fees are not paid in full by the problem sheet deadline, the entire agency will be scratched from games. If an agency scratches anyone from their agency after the games paperwork is due, no money will be reimbursed. In the case where fees are not paid by the paperwork deadline, the original fees (fees for the original number of agency members on paperwork) are still to be paid by the problem sheet deadline. In other words, if paperwork is turned in with no fees and an agency has scratches before fees are paid, original payment obligation cannot be decreased due to scratches. NO PARTIAL PAYMENTS WILL BE ACCEPTED. If any agency uses an old State Games Fee Sheet and not the current year's Fee Sheet, SOGA will NOT reimburse the agency for any overpayment. Please be sure to use the correct Fee Sheet when submitting your paperwork and payment.

Call David Crawford at (229) 292-5143 with any questions concerning fees.

## Head of Delegation & Roster Form – MALES ONLY

Head of Delegation		Area # & Agency Name:	
Mailing Address		Housing – Our Agency is DAY ONLY (check yes if day only)	
City, State & Zip		DAY ONLY YES:	<input type="checkbox"/>
Cell phone & Service Provider		Alternate Head of Delegation:	
Email Address		Cell Phone & Service Provider	

Males – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only	Males – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only
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List each Athlete, Unified Partner, Coach and (HOD) Head of Delegation that is in your quota & check the correct box indicating their role at this competition. If an athlete in a wheelchair or Level A athlete needs special housing on the ground floor, place an "S" in the box labeled Wheelchair or Level A. If a wheelchair athlete or level A athlete does not require ground floor housing, place a check in the box labeled wheelchair or level A. Only those listed on this housing form will have sleeping space reserved for them.

**NOTE: WE HOUSE 2 TO A ROOM IN DOUBLE ROOMS AND KING ROOMS WITH PULLOUT SOFAS.**

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City, State & Zip		DAY ONLY YES:	<input type="checkbox"/>
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Males – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only	Males – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only
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List each Athlete, Unified Partner, Coach and (HOD) Head of Delegation that is in your quota & check the correct box indicating their role at this competition. If an athlete in a wheelchair or Level A athlete needs special housing on the ground floor, place an "S" in the box labeled Wheelchair or Level A. If a wheelchair athlete or level A athlete does not require ground floor housing, place a check in the box labeled wheelchair or level A. Only those listed on this housing form will have sleeping space reserved for them.

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Males – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only	Males – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Head of Delegation & Roster Form – FEMALES ONLY

Head of Delegation		Area # & Agency Name:	
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City, State & Zip		DAY ONLY YES:	<input type="checkbox"/>
Cell phone & Service Provider		Alternate Head of Delegation:	
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Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only	Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only	Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## STATE FALL GAMES HOUSING COMMITMENT

Please check the housing option that applies to your agency for State Games and return this form with your completed State Games Paperwork packet.

Area #: \_\_\_\_\_ Agency: \_\_\_\_\_

- Our agency will need housing both Friday and Saturday nights (If you choose this option you must stay both nights or your agency will be charged for the rooms / nights not accounted for) **\*\*THIS IS SUBJECT TO CHANGE, AS IT WILL DEPEND ON THE NUMBER OF REGISTRATIONS, AS WE MAY FINISH COMPETITION ON SATURDAY, HAVING AGENCIES DEPART ON SATURDAY\*\***
- Our agency will need housing for Friday night only.
- Our agency will need NO housing.

---

Signature of Person completing this form

**\*\* Please note: Your agencies final room allotment will come from the number of athletes, unified partners, and coaches registered in GMS for the games. Please refer to your Games Report to see that information. Remember, Extra persons not in quota do not receive housing by SOGA. \*\***

# ***Special Olympics*** ***Georgia***



## HOUSING POLICY

Special Olympics, Inc. Protective Behaviors Policy states several Tips for Travel:

- Be sure to separate rooms by gender
- Try to assign roommates based on similar age, maturity and size
- Establish a plan for checking on each room / athlete and implement the plan
- Clearly explain rules and behavior expectations of both chaperones and athletes before each trip

Special Olympics Georgia provides housing for Athletes / Unified Partners and Coaches entered in each State Games per SOGA's housing allotment listed below. Many Special Olympics programs do not provide housing for their agencies to attend state games. Instead, rooms are blocked and agencies call, reserve rooms, and pay for individual housing. SOGA is not obligated to provide housing but chooses to do so in order to assist agencies with games costs.

Special Olympics Georgia totals the number of athletes / unified partners and coaches registered in the games. We then review the paperwork and the breakdown of males and females. We supply agencies allotted room numbers based on that quota. When determining allotted room numbers, due to COVID-19, we currently allocate and provide 2 persons per room for a Double / Double or a King with a pullout, 1 person per room for a King, 2 persons per room for a Queen / Queen with a pullout. In dorm rooms, we allot one bed per person. **This housing allotment is subject to change after the COVID-19 Pandemic. Athletes/partners/coaches and general volunteers may not share a room with athletes/partners/coaches and general volunteers of the opposite sex.**

It is the responsibility of the agency to call the community hotels and secure additional housing.

I, \_\_\_\_\_, acknowledge that I have read and understand the Special Olympics Georgia Housing Policy on the date: \_\_\_\_\_.



## HOD Contact Information

Delegation \_\_\_\_\_

HOD Name \_\_\_\_\_

Cell Number \_\_\_\_\_

HOD Cell Provider \_\_\_\_\_

Alternate Person \_\_\_\_\_

Alternate Person's Cell Number \_\_\_\_\_

Alternates Cell Provider \_\_\_\_\_

HOD Signature \_\_\_\_\_

*Please be sure your alternate contact will be at Games the entire weekend in case of emergency.*



### Special Olympics Georgia 15 Passenger Van Policy and Release

Special Olympics Georgia is implementing a revised 15 passenger van policy and release effective 11-23-2009. The SOI policy states the following.

**Special Olympics Programs are prohibited from using 15 passenger vans to transport athletes or other individuals to and from Special Olympics events, and Special Olympics strongly discourages other organizations from using 15 passenger vans to transport people to or from Special Olympics events.**

Special Olympics recognizes that it is up to each non-Special Olympics organization to determine whether to use 15 passenger vans. A non-Special Olympics organization could be defined as one of the following: School Systems, Parks and Recreation Departments, Group Homes, Workshops and Mental Retardation Service Centers. By using 15 passenger vans, a non-Special Olympics organization understands that:

1. Anyone operating a 15 passenger van owned or that is rented by a non-Special Olympics organization for the purpose of transporting Special Olympics athletes or other persons to or from Special Olympics activities is acting as the employee or volunteer of the organization and not on behalf of Special Olympics.
2. The driver's operation of the 15 passenger van is considered to be in the course and scope of the driver's employment or volunteer responsibilities for the non-Special Olympics organization, and should not be on behalf of Special Olympics.
3. Non-Special Olympics organizations that operate 15 passenger vans should comply with the applicable safety standards promulgated by the National Highway Traffic Safety Administration (NHTSA).
- 4.

The U.S. Risk Management and Insurance Task Force strongly urge all U.S. Programs to discontinue use of 15-passenger vans for the transportation of athletes, volunteers, or staff. Programs should no longer rent or lease 15-passenger vans, and Programs that own 15-passenger vans should discontinue use of the vans to transport registered athletes and registered volunteers. This policy excludes the use of 15-passenger vans driven by specially trained drivers to transport equipment.

Although we cannot mandate the type of vehicles used by other organizations to transport athletes, Programs are encouraged to work with such organizations to avoid or at least to minimize the use of these vans. Neither Special Olympics Georgia nor any of its affiliates/agencies can attend any sanctioned Special Olympics event in a 15 passenger van.

**15 passenger vans may be used to transport athletes and coaches to sanctioned events by a Non-Special Olympics organization and a Non-Special Olympics volunteer as the driver. In other words the driver cannot be a Special Olympics Georgia registered volunteer, coach, assistant coach or staff member who is an official participant in:**

\_\_\_\_\_ (Name of Event).

\_\_\_\_\_ (Name of Agency).

\_\_\_\_\_ (Name of individual filling out this form)

**Will your agency be using a 15 Passenger Van?**

**Please check the appropriate box.  YES or  NO.**

**If you checked NO then you do not need to fill out any information below. If you checked YES you must fill out the remaining items listed below.**

If the agency decides to use a third party driver then the agency Director and the third party driver must sign below acknowledging that they are releasing Special Olympics Incorporated, Special Olympics North America and Special Olympics Georgia from any and all liability and that they will not be covered under any Special Olympics insurance while loading, driving, parking and operating the 15 passenger van. **This form must be signed and returned to SOGA by the problem sheet deadline for each event. If you do not sign this release form prior to attending this event and you drive a 15 passenger van to this event SOGA reserves the right to deny your agency the opportunity to attend or participate in this event.**

I, the Director, (Name of Director) \_\_\_\_\_ understand the above policy and agree to its content on the following date \_\_\_\_\_.

I, the Van Driver, (Name of Driver) \_\_\_\_\_ understand the above policy and agree to its content on the following date \_\_\_\_\_.

**\*\*Note – SOGA will not issue any assistance awards to agencies using 15 Passenger Vans in the transporting of athletes or luggage per the SOGA 15 Passenger Van Policy.\*\***

**\*\* Any Agency that misrepresents themselves regarding bringing a 15 Passenger Van to a Special Olympics Event will be dismissed as ineligible to compete at that Special Olympics Event and will not be allowed to participate at any other Special Olympics Event for a six month period from the date of the event in which the violation occurred.\*\***

### Volunteer Screening Certification Form

**Definitions:** Please check the appropriate column(s) for each individual. **ANY** individual responsible for athletes overnight, **MUST** be screened and complete online protective behaviors, coach code of conduct and concussion training. **\*\*Please note if they are under 18\*\***

**Head Coach:** Individual that has trained the athletes in a specific sport prior to Games and is accompanying the athletes to Games.

**HOD:** Head of Delegation (The individual that will be responsible for the entire delegation during Games.)

**Medical/Nurse:** Individual that is required to attend Games with your delegation. Not all delegations have this requirement.

**Assistant Coach:** Individuals that assist the Head Coach in a specific sport.

**Other:** Individuals to include: bus driver, chaperone, parent, etc. (Please specify)

All of these individuals must complete a Volunteer Coach & Unified Profile form, online protective behaviors, coach code of conduct and the concussion training, and send with the Games paperwork.

**AREA:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

### SOGA USE ONLY IN THIS SECTION

Full Name	Head Coach	HOD	Medical	Asst. Coach	Other (Specify)	Screened	Not Screened	Protective Behaviors	Coach Code of Conduct	Concussion Training
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

HOD Signature: \_\_\_\_\_







### BOCCE TEAM ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Team Name:		Junior Age (8-15) <input type="checkbox"/>	Senior Age (16-21) <input type="checkbox"/>	Masters Age (22 & Older) <input type="checkbox"/>
Bocce Event:	Unified Team (2 Athletes & 2 Unified Partners) <input type="checkbox"/>		Traditional Team (4 Athletes) <input type="checkbox"/>	
Role	Entrants Name	Gender	DOB	Bocce Division Score

Team Name:		Junior Age (8-15) <input type="checkbox"/>	Senior Age (16-21) <input type="checkbox"/>	Masters Age (22 & Older) <input type="checkbox"/>
Bocce Event:	Unified Team (2 Athletes & 2 Unified Partners) <input type="checkbox"/>		Traditional Team (4 Athletes) <input type="checkbox"/>	
Role	Entrants Name	Gender	DOB	Bocce Division Score

**\*\*Please make sure to enter your team name, select the proper age group, and select the correct Bocce Event for EACH team in EACH section\*\***

### CYCLING ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Entrants Name	Gender	DOB	1 <sup>st</sup> Event (500M TT, 1K TT, 5K TT, 10K TT)	1 <sup>st</sup> Event Qualifying Time	2 <sup>nd</sup> Event (500M TT, 1K TT, 5K TT, 10K TT)	2 <sup>nd</sup> Event Qualifying Time

**\* Cyclist may enter two (2) events. All bikes & helmets MUST be inspected and in proper working condition prior to Fall Games. There will NOT be a bike inspection at Fall Games \***

## GOLF HOLE PLAY ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Role	Entrants Name	Gender	DOB	Level 2 (9-hole Unified)	Level 3 (9-hole Individual)	Level 4 (18-hole Individual)	Level 5 (18-hole Unified)

\* If you have more than one golf team (Level 2 or 5), please list teammates together on roster above.  
 \* For 9 & 18 Hole competitors, please list the average score from the latest 6 rounds of golf for divisioning purposes.

### SOFTBALL SKILLS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Entrants Name	Gender	DOB	ISC Score	Wheelchair (check box if yes)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**\*Athletes must be able to perform skills independently. If an athlete is in a wheelchair, the athlete must be able to maneuver their own wheelchair. Any skill the athlete is unable to perform independently, the athlete will take a score of "0" for that skill.\***

### SOFTBALL TEAM ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

<b>Softball Team Event:</b>	Modified <input type="checkbox"/>	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	Team Name (enter below)
<b>Age Group:</b>	Junior (8-15) <input type="checkbox"/>	Senior (16-21) <input type="checkbox"/>	Masters (22 & up) <input type="checkbox"/>	
Role	Entrants Name	Gender	DOB	Softball Rating

<b>Modified Team ONLY:</b>	Pitching Coach #1 Name:		Pitching Coach #2 Name:	
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\*Rosters should consist of 12 Athletes for Modified & Traditional Softball Team Play.  
 \*Rosters should consist of 7 Athletes & 7 Unified Partners for Unified Softball Team Play. (14 total)  
 \*Age of the oldest participant determines what Age Group the team will be divisioned with.