



2025 Summer Games
Registration Checklist

Completed paperwork is due to the SOGA Office by 4:00 pm on March 21, 2025. The mailing address is 6046 Financial Drive, Norcross, GA 30071.

Please put it to the attention of David Crawford.

You may also attach your paperwork and email it to david.crawford@specialolympicsga.org. Agencies will incur a \$250 Late Paperwork Fee for paperwork received after March 21, 2025.

Paperwork will not be accepted by SOGA after Wednesday, March 26, 2025.

**Reminder – March 21st is the eligibility deadline for all Athletes & Unified Partners wanting to compete at Summer Games. This means that ALL Athletes & Unified Partners MUST be registered with an active medical certification in the SOGA GMS Database by March 21st or a doctor signed hard copy of the Athlete's Medical form 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 scratched and not registered to compete at Summer Games. If Agencies submit late paperwork, the eligibility deadline for Athletes & Unified Partners is STILL March 21st 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
- SUMMER GAMES MEALS RESERVATION FORM
- Housing Policy Form
- HOD Contact Information
- 15 PASSENGER VAN POLICY- Make sure the form is specific to Summer 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/ COMMUNICABLE DISEASE WAVIER – All Delegates attending games MUST sign and submit this form
- 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 the requirements above.

Signature of Head of Delegation: Signature

2025 SUMMER GAMES
REGISTRATION FEES



AREA: _____

AGENCY: _____

Number of Athletes & Partners		\$ 20 per person	
Number of Coaches		\$ 20 per person	

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.**

Number of Extra's		\$ 25 per person	
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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.

2025 Summer Games Meals Reservations

SOGA will be providing meals at Summer Games. To receive meal(s) you **MUST** have a reservation turned in with State Games Paperwork.

If your agency would like to receive meal(s) please select which meal(s) your agency will need **AND Input the number of delegates for EACH of those meals**. If you **DO NOT** wish to have **ANY** meals for your agency, you will need to select the option to opt out of all meals.

Please check and input the total number of delegates needing meal(s).

Friday Night Dinner _____ Total number of delegates

Saturday Morning Breakfast _____ Total number of delegates

Saturday To Go Lunch _____ Total number of delegates

(Required to have a coach come pick meals up from dining area)

Sunday To Go Breakfast _____ Total number of delegates

(Only if you will have housing Saturday night)

Our agency will not need meals. (By selecting this option, you understand you WILL NOT receive any meals provided by SOGA at the 2025 Summer Games. This means you are responsible for providing meals for your agency.)

By signing, you understand you will only receive meal(s) for the option(s) you have selected above. If it is not selected, you are responsible for providing meals for your agency.

Signature of Person completing this form

Date

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

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.

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

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.

Head of Delegation & Roster Form – FEMALES 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	

Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only	Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only

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.

Head of Delegation & Roster Form – FEMALES 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	

Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only	Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only

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.

Head of Delegation & Roster Form – FEMALES 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	

Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only	Females – Name	Athlete	Partner	Coach/ Chaperone	HOD	Wchair	Level A	Day Only

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.



STATE SUMMER 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 for Friday night only.
- Our agency will need housing for Friday & 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)
- 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 their 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, we allocate and provide 2 persons per room for a Double / Double or a King with a pullout, 1 person per room for a King, 3 persons per room for a Queen / Queen with a pullout. In dorm rooms, we allot one bed per person. 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 if desired and at their own expense.

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

2/19/25



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	Covid Forms
	<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"/>							
	<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: _____

TRADITIONAL ATHLETICS ENTRY FORM

Area #	Click or tap here to enter text.	Agency	Click or tap here to enter text.
Certified Coach Name	Click or tap here to enter text.	Phone #	Click or tap here to enter text.
Email Address	Click or tap here to enter text.		

** If an Athlete chooses a running event, their second event CANNOT be a walking event. It has to be either another running event or a field event only! If you choose one event from this page, the second event MUST be from this page**

	Entrants Name	Gender	DOB	Dashes	Runs	Race Walks	Throws	Jumps
1				<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 200 M Time:	<input type="checkbox"/> 400 M Time: <input type="checkbox"/> 800 M Time:	<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 400 M Time:	<input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> RL Jump Meters:
2				<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 200 M Time:	<input type="checkbox"/> 400 M Time: <input type="checkbox"/> 800 M Time:	<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 400 M Time:	<input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> RL Jump Meters:
3				<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 200 M Time:	<input type="checkbox"/> 400 M Time: <input type="checkbox"/> 800 M Time:	<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 400 M Time:	<input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> RL Jump Meters:
4				<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 200 M Time:	<input type="checkbox"/> 400 M Time: <input type="checkbox"/> 800 M Time:	<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 400 M Time:	<input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> RL Jump Meters:
5				<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 200 M Time:	<input type="checkbox"/> 400 M Time: <input type="checkbox"/> 800 M Time:	<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 400 M Time:	<input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> RL Jump Meters:
6				<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 200 M Time:	<input type="checkbox"/> 400 M Time: <input type="checkbox"/> 800 M Time:	<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 400 M Time:	<input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> RL Jump Meters:
7				<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 200 M Time:	<input type="checkbox"/> 400 M Time: <input type="checkbox"/> 800 M Time:	<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 400 M Time:	<input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> RL Jump Meters:
8				<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 200 M Time:	<input type="checkbox"/> 400 M Time: <input type="checkbox"/> 800 M Time:	<input type="checkbox"/> 100 M Time: <input type="checkbox"/> 400 M Time:	<input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> RL Jump Meters:

ATHLETICS 4 X 100 M. RELAY ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

** Enter the name of each entrant on the relay team. Please put them in order according to the "leg" they will run the race in **

Team Name:				
Unified Team (check) <input type="checkbox"/>	Traditional Team (check) <input type="checkbox"/>	Junior Age (check) <input type="checkbox"/>	Senior Age (check) <input type="checkbox"/>	Masters Age (check) <input type="checkbox"/>
Leg	Entrants Name	Age	Gender	Time
1 st Leg				
2 nd Leg				
3 rd Leg				
4 th Leg				

Team Name:				
Unified Team (check) <input type="checkbox"/>	Traditional Team (check) <input type="checkbox"/>	Junior Age (check) <input type="checkbox"/>	Senior Age (check) <input type="checkbox"/>	Masters Age (check) <input type="checkbox"/>
Leg	Entrants Name	Age	Gender	Time
1 st Leg				
2 nd Leg				
3 rd Leg				
4 th Leg				

Team Name:				
Unified Team (check) <input type="checkbox"/>	Traditional Team (check) <input type="checkbox"/>	Junior Age (check) <input type="checkbox"/>	Senior Age (check) <input type="checkbox"/>	Masters Age (check) <input type="checkbox"/>
Leg	Entrants Name	Age	Gender	Time
1 st Leg				
2 nd Leg				
3 rd Leg				
4 th Leg				

LEVEL A ATHLETICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	Entrants Name	Gender	DOB	Throws	Walks	Dash/Jump
1				<input type="checkbox"/> Softball Meters: <input type="checkbox"/> Tennis Ball Meters:	<input type="checkbox"/> 10 M Time: <input type="checkbox"/> 25 M Time: <input type="checkbox"/> 50 M Time:	<input type="checkbox"/> 50 M Dash Time: <input type="checkbox"/> Standing Long Jump Meters:
2				<input type="checkbox"/> Softball Meters: <input type="checkbox"/> Tennis Ball Meters:	<input type="checkbox"/> 10 M Time: <input type="checkbox"/> 25 M Time: <input type="checkbox"/> 50 M Time:	<input type="checkbox"/> 50 M Dash Time: <input type="checkbox"/> Standing Long Jump Meters:
3				<input type="checkbox"/> Softball Meters: <input type="checkbox"/> Tennis Ball Meters:	<input type="checkbox"/> 10 M Time: <input type="checkbox"/> 25 M Time: <input type="checkbox"/> 50 M Time:	<input type="checkbox"/> 50 M Dash Time: <input type="checkbox"/> Standing Long Jump Meters:
4				<input type="checkbox"/> Softball Meters: <input type="checkbox"/> Tennis Ball Meters:	<input type="checkbox"/> 10 M Time: <input type="checkbox"/> 25 M Time: <input type="checkbox"/> 50 M Time:	<input type="checkbox"/> 50 M Dash Time: <input type="checkbox"/> Standing Long Jump Meters:
5				<input type="checkbox"/> Softball Meters: <input type="checkbox"/> Tennis Ball Meters:	<input type="checkbox"/> 10 M Time: <input type="checkbox"/> 25 M Time: <input type="checkbox"/> 50 M Time:	<input type="checkbox"/> 50 M Dash Time: <input type="checkbox"/> Standing Long Jump Meters:

**** Athletes can choose 1 walking/dash event and 1 throw/jump event. They CANNOT be entered in 2 walking events or 2 throwing events. For example, if you choose the 50 M Walking Event, you CANNOT be in the 50 M Dash event. The second event must be a throw or jump. If you choose one event from this page, the second event MUST be from this page****

WHEELCHAIR ATHLETICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	Entrants Name	Gender	DOB	Throws	Motorized W.C. SL – Slalom OC - Obstacle	Manual W.C.
1				<input type="checkbox"/> Softball Meters: <input type="checkbox"/> Tennis Ball Meters: <input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> 25 M OC Time: <input type="checkbox"/> 30 M SL Time: <input type="checkbox"/> 50 M SL Time:	<input type="checkbox"/> 10 M Time: <input type="checkbox"/> 25 M Time: <input type="checkbox"/> 30 M Time: <input type="checkbox"/> 100 M Time:
2				<input type="checkbox"/> Softball Meters: <input type="checkbox"/> Tennis Ball Meters: <input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> 25 M OC Time: <input type="checkbox"/> 30 M SL Time: <input type="checkbox"/> 50 M SL Time:	<input type="checkbox"/> 10 M Time: <input type="checkbox"/> 25 M Time: <input type="checkbox"/> 30 M Time: <input type="checkbox"/> 100 M Time:
3				<input type="checkbox"/> Softball Meters: <input type="checkbox"/> Tennis Ball Meters: <input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> 25 M OC Time: <input type="checkbox"/> 30 M SL Time: <input type="checkbox"/> 50 M SL Time:	<input type="checkbox"/> 10 M Time: <input type="checkbox"/> 25 M Time: <input type="checkbox"/> 30 M Time: <input type="checkbox"/> 100 M Time:
4				<input type="checkbox"/> Softball Meters: <input type="checkbox"/> Tennis Ball Meters: <input type="checkbox"/> Shot Put Meters: <input type="checkbox"/> Turbo Jav. Meters:	<input type="checkbox"/> 25 M OC Time: <input type="checkbox"/> 30 M SL Time: <input type="checkbox"/> 50 M SL Time:	<input type="checkbox"/> 10 M Time: <input type="checkbox"/> 25 M Time: <input type="checkbox"/> 30 M Time: <input type="checkbox"/> 100 M Time:

****All wheelchair athletes must be able to control their own wheelchair. NO ONE may push an athlete in a wheelchair during competition****

LONG DISTANCE RUNNING ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

**** If entrants are competing in Unified 3K or 5K, please be sure to list the Athlete and Partner in order within the entry form below so we can place them on the correct team ****

Athlete or Partner	Entrant Name	Gender	DOB	3 K Write qualifying time below	3 K Unified Write qualifying time below	5 K Write qualifying time below	5 K Unified Write qualifying time below	1 Mile Write qualifying time below

- All 3K's will compete together. All 5K's will compete together.
- Separate awards will be given for traditional and unified divisions. Divisioning will be based on scores provided on this form.
- The Honest Effort Rules will be enforced. (15%)
- 3K is equal to 1.86 miles and 5K is equal to 3.1 miles.
- Athletes may enter two (2) events.

LONG DISTANCE WALKING ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

**** If entrants are competing in Unified 3K or 5K, please be sure to list the Athlete and Partner in order within the entry form below so we can place them on the correct team ****

Athlete or Partner	Entrant Name	Gender	DOB	3 K Write qualifying time below	3 K Unified Write qualifying time below	5 K Write qualifying time below	5 K Unified Write qualifying time below	1 Mile Write qualifying time below

- All 3K's will compete together. All 5K's will compete together.
- Separate awards will be given for traditional and unified divisions. Divisioning will be based on scores provided on this form.
- The Honest Effort Rules will be enforced. (15%)
- 3K is equal to 1.86 miles and 5K is equal to 3.1 miles.
- Athletes may enter two (2) events.
- This is not Race-Walking, this is Fitness Walking Athletes will be disqualified for running during any part of their event.

Cheerleading – Individual Skills Competition

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	Entrants Name	M or F	DOB
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Cheerleading – Small Traditional Team

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Team Age Group (Circle one): Youth Age 8 to 12 Junior Age 12 to 16 Senior Age 16 to 22 Masters Age 22 & Older Open Age 8 to Older

Team Skill Level (Circle One): Introductory Beginner Novice Intermediate

	Entrants Name	M or F	DOB
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



Cheerleading – Small Team GAME DAY

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Team Age Group (Circle one): Youth Age 8 to 12 Junior Age 12 to 16 Senior Age 16 to 22 Masters Age 22 & Older Open Age 8 to Older

Team Skill Level (Circle One): Introductory Beginner Novice Intermediate

	Entrants Name	M or F	DOB
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Cheerleading – Large Traditional Team

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Team Age Group (Circle one): Youth Age 8 to 12 Junior Age 12 to 16 Senior Age 16 to 22 Masters Age 22 & Older Open Age 8 to Older

Team Skill Level (Circle One): Introductory Beginner Novice Intermediate

	Athletes Name	M or F	DOB
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

Cheerleading – Small Unified Team

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Team Age Group (Circle one): Youth Age 8 to 12 Junior Age 12 to 16 Senior Age 16 to 22 Masters Age 22 & Older Open Age 8 to Older

Team Skill Level (Circle One): Introductory Beginner Novice Intermediate

	Entrants Name	M or F	DOB
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



Cheerleading – Small Unified GAME DAY

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Team Age Group (Circle one): Youth Age 8 to 12 Junior Age 12 to 16 Senior Age 16 to 22 Masters Age 22 & Older Open Age 8 to Older

Team Skill Level (Circle One): Introductory Beginner Novice Intermediate

	Entrants Name	M or F	DOB
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Cheerleading – Large Unified Team

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Team Age Group (Circle one): Youth Age 8 to 12 Junior Age 12 to 16 Senior Age 16 to 22 Masters Age 22 & Older Open Age 8 to Older

Team Skill Level (Circle One): Introductory Beginner Novice Intermediate

	Athlete or Unified Partner Name	Role	Gender	DOB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				



FLAG FOOTBALL TEAM ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Traditional Team (10 Athletes per team)	Unified Team (5 Athletes, 5 Partners per team)	Team Name:
<input type="checkbox"/> Junior (age 8-15)	<input type="checkbox"/> Junior (age 8-15)	
<input type="checkbox"/> Senior (age 16-21)	<input type="checkbox"/> Senior (age 16-21)	
<input type="checkbox"/> Masters (ages 22 & over)	<input type="checkbox"/> Masters (ages 22 & over)	

	Role	Entrants Name	Gender	DOB	Age	Rating
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

SOCCKER TEAM ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Traditional Team (10 Athletes per team)	Unified Team (5 Athletes, 5 Partners per team)	Team Name:
<input type="checkbox"/> Junior (age 8-15)	<input type="checkbox"/> Junior (age 8-15)	
<input type="checkbox"/> Senior (age 16-21)	<input type="checkbox"/> Senior (age 16-21)	
<input type="checkbox"/> Masters (ages 22 & over)	<input type="checkbox"/> Masters (ages 22 & over)	

	Role	Entrants Name	Gender	DOB	Age	Rating
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

SOCCKER SKILLS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	Athletes Name	Gender	DOB	Dribbling	Shooting	Run & Kick	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

⇒ Record the scores from each of the skills contest in the spaces provided. Record the total scores by adding the scores from the three skills.

TENNIS DOUBLES ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Important Reminders for filling out the Tennis Entry Form:

Athletes competing in Level 1 skills may NOT participate in Singles or Doubles events. They can ONLY compete in Level 1 Skills.

Athletes in Level's 3 & 5 Singles can participate in a Doubles event as their second event. However, it must be the same Level for both events.

Unified Partners can participate in 2 Doubles events. However, they CANNOT be in the same Level for both events.

For Doubles Teams, please use this format when typing in the team name in the space provided: **Delegation Name – Last name of Athlete/Last name of Partner**

Please Check One:		Please Check One:		Team Name:	
<input type="checkbox"/> Junior (age 8 – 15)		<input type="checkbox"/> Level 2 Short Court Unified Doubles			
<input type="checkbox"/> Senior (age 16 – 21)		<input type="checkbox"/> Level 3 Short Court Unified Doubles			
<input type="checkbox"/> Masters (age 22 – older)		<input type="checkbox"/> Level 5 Full Court Unified Doubles			
		<input type="checkbox"/> Level 5 Full Court Traditional Doubles			
Role	Entrants Name	Gender	DOB	Tennis Rating	

Please Check One:		Please Check One:		Team Name:	
<input type="checkbox"/> Junior (age 8 – 15)		<input type="checkbox"/> Level 2 Short Court Unified Doubles			
<input type="checkbox"/> Senior (age 16 – 21)		<input type="checkbox"/> Level 3 Short Court Unified Doubles			
<input type="checkbox"/> Masters (age 22 – older)		<input type="checkbox"/> Level 5 Full Court Unified Doubles			
		<input type="checkbox"/> Level 5 Full Court Traditional Doubles			
Role	Entrants Name	Gender	DOB	Tennis Rating	

LEVEL A, B & C RHYTHMIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	ENTRANTS NAME	GENDER	DOB	Floor	Rope	Hoop	Ball	Clubs	Ribbon	Stick	Rings
				A/B/C	A/B/C	A/B/C	A/B/C	A/B/C	A/B/C	A/B/C	A/B/C
1											
2											
3											
4											
5											
6											
7											

⇒ Both males and females are eligible for level A, B & C.

⇒ Below are the List of events per Level:

- Level A (Mixed Gender) – Floor, Rope, Hoop, Ball, Ribbon, Clubs (May enter 3 routines)
- Level B (Mixed Gender) – Floor, Rope, Hoop, Ball, Ribbon, Clubs (May enter 3 routines)
- Level C –(Females) Floor (Required) Rope, Hoop, Ball, Ribbon, Clubs (May enter 2 apparatus routines) & (Males) Rope, Clubs, Stick, Rings. (May enter 3 routines)

LEVEL A, B & C UNIFIED RHYTHMIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

CHECK ROLE	ENTRANTS NAME	GENDER	DOB	Floor A / B / C	Rope A / B / C	Hoop A / B / C	Ball A / B / C	Clubs A / B / C	Ribbon A / B / C	Stick A / B / C	Rings A / B / C
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>											
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>											
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>											
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>											
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>											
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>											
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>											

⇒ Both males and females are eligible for level A, B & C.

⇒ Below are the list of events per Level:

- Level A (Mixed Gender) – Floor, Rope, Hoop, Ball, Ribbon, Clubs (May enter 3 routines)
- Level B (Mixed Gender) – Floor, Rope, Hoop, Ball, Ribbon, Clubs (May enter 3 routines)
- Level C (Females) Floor (Required), Rope, Hoop, Ball, Ribbon, Clubs (May enter 2 apparatus routines) & (Males) Rope, Clubs, Stick, Rings. (May enter 3 routines)

LEVEL 1,2,3,4 RHYTHMIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	ENTRANTS NAME	GENDER	DOB	Floor 1,2,3,4	Rope 1,2,3	Hoop 1,2,3,4	Ball 1,2,3,4	Clubs 1,2,3,4	Ribbon 1,2,3,4	Stick 1	Rings 1	All Around 1,2,3,4
1												
2												
3												
4												
5												
6												
7												

⇒ If your Gymnast is performing all events in her level, also check the "All Around" event box.

⇒ Here is the list of the events that are offered for each level:

- Level 1 – Mixed Gender - (Females) Floor (Required), Rope, Hoop, Ball, Ribbon, Clubs (May enter Hoop or Clubs, but not both) & (Males) Rope, Clubs, Stick, Rings
- Level 2 – Female Only – Floor (Required), Rope, Hoop, Ball, Ribbon, Clubs (May enter Rope or Ball, but not both)
- Level 3 – Female Only – Floor (Required), Rope, Hoop, Ball, Ribbon, Clubs (May enter Hoop or Ribbon, but not both)
- Level 4 – Female Only – Floor (Required), Hoop, Ball, Clubs, Ribbon

LEVEL 1,2,3,4 UNIFIED RHYTHMIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

CHECK ROLE	ENTRANTS NAME	GENDER	DOB	Floor 1,2,3,4	Rope 1,2,3	Hoop 1,2,3,4	Ball 1,2,3,4	Clubs 1,2,3,4	Ribbon 1,2,3,4	Stick 1	Rings 1	All Around 1,2,3,4
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>												
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>												
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>												
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>												
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>												
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>												
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>												

⇒ If your Gymnast is performing all events in her level, also check the "All Around" event box.

⇒ Here is the list of the events that are offered for each level:

- Level 1 – Mixed Gender - (Females) Floor (Required), Rope, Hoop, Ball, Ribbon, Clubs (May enter Hoop or Clubs, not both) & (Males) Rope, Clubs, Stick, Rings
- Level 2 – Female Only – Floor (Required), Rope, Hoop, Ball, Ribbon, Clubs (May enter Rope or Ball, not both)
- Level 3 – Female Only – Floor (Required), Rope, Hoop, Ball, Ribbon, Clubs (May enter Hoop or Ribbon, not both)
- Level 4 – Female Only – Floor (Required), Hoop, Ball, Clubs, Ribbon

SWIMMING ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Entrant Name	Gender	DOB	Freestyle	Backstroke	Breaststroke	Butterfly	Medley	Block Deck Water
			25M : . 50M : . 100M : . 200M : .	25M : . 50M : . 100M : .	25M : . 50M : .	25M : . 50M : .	100M : .	
			25M : . 50M : . 100M : . 200M : .	25M : . 50M : . 100M : .	25M : . 50M : .	25M : . 50M : .	100M : .	
			25M : . 50M : . 100M : . 200M : .	25M : . 50M : . 100M : .	25M : . 50M : .	25M : . 50M : .	100M : .	
			25M : . 50M : . 100M : . 200M : .	25M : . 50M : . 100M : .	25M : . 50M : .	25M : . 50M : .	100M : .	
			25M : . 50M : . 100M : . 200M : .	25M : . 50M : . 100M : .	25M : . 50M : .	25M : . 50M : .	100M : .	
			25M : . 50M : . 100M : . 200M : .	25M : . 50M : . 100M : .	25M : . 50M : .	25M : . 50M : .	100M : .	

- ⇒ Athlete can enter two (2) events. Record the scores for the events the athlete is entering.
- ⇒ Individuals with Down syndrome who have Atlantoaxial instability may NOT participate in Diving, Diving starts off the blocks, Butterfly, or the Individual Medley with out a physician's Atlantoaxial Release.
- ⇒ Personal Escort..... If you feel your athlete needs additional assistance, please indicate with specific need.

SWIMMING 4 X 25 M. RELAY ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

** Enter the name of each entrant on the relay team. Please put them in order according to the "position" they will swim the race in **

Team Name:				
Unified Team (check) <input type="checkbox"/>	Traditional Team (check) <input type="checkbox"/>	Junior Age (check) <input type="checkbox"/>	Senior Age (check) <input type="checkbox"/>	Masters Age (check) <input type="checkbox"/>
Position	Entrants Name	Age	Gender	Time
1 st Position				
2 nd Position				
3 rd Position				
4 th Position				

Team Name:				
Unified Team (check) <input type="checkbox"/>	Traditional Team (check) <input type="checkbox"/>	Junior Age (check) <input type="checkbox"/>	Senior Age (check) <input type="checkbox"/>	Masters Age (check) <input type="checkbox"/>
Position	Entrants Name	Age	Gender	Time
1 st Position				
2 nd Position				
3 rd Position				
4 th Position				

Team Name:				
Unified Team (check) <input type="checkbox"/>	Traditional Team (check) <input type="checkbox"/>	Junior Age (check) <input type="checkbox"/>	Senior Age (check) <input type="checkbox"/>	Masters Age (check) <input type="checkbox"/>
Position	Entrants Name	Age	Gender	Time
1 st Position				
2 nd Position				
3 rd Position				
4 th Position				

LEVEL A SWIMMING ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Entrant Name	Gender	DOB	15 M Walk	15 M Flotation	25 M Flotation	10 M Assisted	15 M Unassisted
			15M : .	15M : .	25M : .	10M : .	15M : .
			15M : .	15M : .	25M : .	10M : .	15M : .
			15M : .	15M : .	25M : .	10M : .	15M : .
			15M : .	15M : .	25M : .	10M : .	15M : .
			15M : .	15M : .	25M : .	10M : .	15M : .
			15M : .	15M : .	25M : .	10M : .	15M : .
			15M : .	15M : .	25M : .	10M : .	15M : .
			15M : .	15M : .	25M : .	10M : .	15M : .
			15M : .	15M : .	25M : .	10M : .	15M : .
			15M : .	15M : .	25M : .	10M : .	15M : .

- ⇒ Athlete can enter two (2) events. Select the events from the drop-down choices that the athlete is entering.
- ⇒ In entering the score for the 15 Meter Walk, enter in the following format (Example 0:31.32 is 0 minutes, 31 seconds, 32 tenths of a second).

VOLLEYBALL TEAM ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Modified Team (10 Athletes per team)	Traditional Team (10 Athletes per team)	Unified Team (5 Athletes, 5 Partners per team)
<input type="checkbox"/> Junior (age 8-15)	<input type="checkbox"/> Junior (age 8-15)	<input type="checkbox"/> Junior (age 8-15)
<input type="checkbox"/> Senior (age 16-21)	<input type="checkbox"/> Senior (age 16-21)	<input type="checkbox"/> Senior (age 16-21)
<input type="checkbox"/> Masters (ages 22 & over)	<input type="checkbox"/> Masters (ages 22 & over)	<input type="checkbox"/> Masters (ages 22 & over)
Team Name:		

	Role	Entrants Name	Gender	DOB	Age	Rating
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						