

Graduating Athletes: As you take your next step, continue your athletic career with Special Olympics Georgia

Special Olympics Georgia (SOGA) serves over 26,000 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.

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 after high school?

- Improves physical fitness and athletic ability
- Nourishes friendships and family relationships
- Strengthens teamwork
- Provides skills for independent living
- Increases ability to make personal decisions
- Raises self-confidence and social competency
- Enhances skills that can be used at a job

SOGA SPORTS

- | | |
|------------------------------------|----------------------|
| Alpine Skiing | Golf |
| Aquatics | Volleyball |
| Athletics | Gymnastics– |
| Badminton | Artistic or Rhythmic |
| Basketball | Ice Skating– |
| Bocce | Figure or Speed |
| Bowling | Powerlifting |
| Cycling | Roller Skating |
| Long Distance-
Walking/ Running | Sailing |
| Equestrian | Softball |
| Flag Football | Table |
| Floor Hockey | Tennis |
| | Tennis |
| | Soccer |



HOW TO STAY INVOLVED:

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

STATE GAMES

- | | |
|-----------------------|---------|
| Indoor Winter Games | January |
| Summer Games | May |
| Masters (22+) Bowling | August |
| Fall Games/Horse Show | October |

2016 Transition Program

Name of Athlete: _____

Male _____ Female _____ Ethnicity (optional) _____

Contact Person: _____

Relationship to Athlete: _____

E-Mail Address: _____

Daytime Phone: _____

Mailing Address: _____

City _____, GA Zip Code _____

*Please complete and send this form to the attention of
Kyle Rowe via mail, e-mail, or fax:*

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For more information, please visit our website:
www.specialolympicsga.org
or reach us by phone,
1 (800) 866-4400

Special Olympics
Georgia

