



***Special  
Olympics  
Georgia***

**AGENCY  
RESOURCE GUIDE**

*Special Olympics Oath:  
Let me win. But if I cannot win, let me brave in the attempt.*

*The Spirit of Special Olympics:  
Skill, Courage, Sharing, Joy*

[www.specialolympicsga.org](http://www.specialolympicsga.org)



**Special Olympics Georgia**

**BE A FAN. BRING OUT THE CHAMPION IN EVERYONE.**

**SOGA  
RESOURCE GUIDE  
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## SECTION A INTRODUCTION

### MISSION AND FACT SHEET

*Special Olympics Georgia (SOGA) is a year-round program of sports training and athletic competition for children and adults with intellectual disabilities.*

*The MISSION of Special Olympics Georgia (SOGA) is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.*

#### **DID YOU KNOW...**

The lifetime benefits of participation in Special Olympics was documented in a study conducted by the Yale University School of Medicine which demonstrated that individuals with intellectual disabilities who participate in Special Olympics programs achieve higher success, including living independently, maintaining employment and developing closer social relationships.

#### **DID YOU KNOW...**

Intellectual Disabilities are:

- 7 times more prevalent than blindness
- 7 times more prevalent than deafness
- 10 times more prevalent than physical disabilities
- 12 times more prevalent than Cerebral Palsy
- 35 times more prevalent than Muscular Dystrophy

#### **DID YOU KNOW...**

100 percent of the funds raised in Georgia remain in the state to benefit the registered athletes. Special Olympics Georgia **does not receive funding from:** The Joseph P. Kennedy, Jr. Foundation

## SPECIAL OLYMPICS HISTORY & STRUCTURE

In 1970, 500 athletes gathered at a suburban Atlanta college to participate in the first-ever track and field event held under the Special Olympics Georgia banner. During its 47 years, the organization has grown exponentially and has helped thousands of children and adults in the process. The number of active athletes has grown to 27,115, participating in 26 sports.

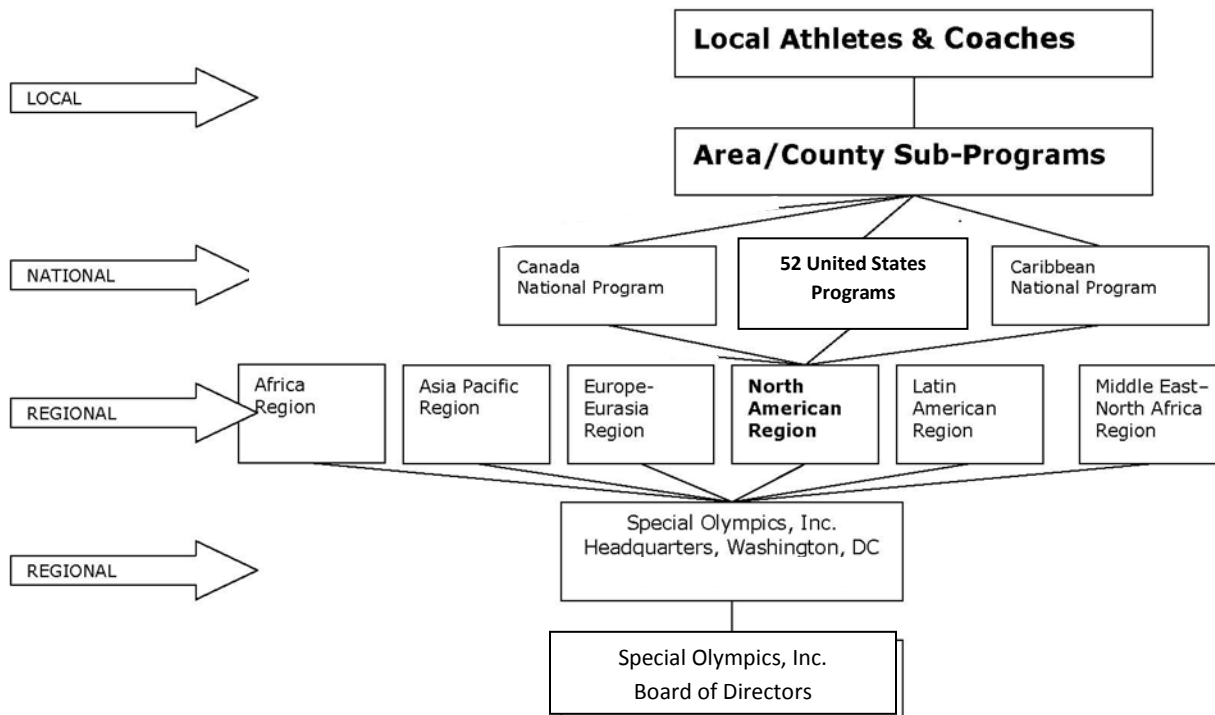
Special Olympics is the first – and still the only – organization to offer training and competition for these athletes. The continuing success of the organization depends on your support and the ongoing support of the community.

### SPECIAL OLYMPICS STRUCTURE

Special Olympics, Inc. is the world governing body of Special Olympics. Based in Washington, DC, USA, the headquarters is staffed by over 200 individuals.

Special Olympics headquarters is responsible for accrediting programs, worldwide, to conduct Special Olympics activities and programs. Special Olympics headquarters oversees the management of all World and Multi-National Games and coaching education. It also provides support and collaboration in the development of materials, international conferences, and regional train-the-trainer seminars

### SPECIAL OLYMPICS ORGANIZATIONAL STRUCTURE





**2018 STATE GAMES DEADLINES**

November 13, 2017	Deadline for Indoor Winter Games Paperwork Eligibility Deadline for Indoor Winter Games
December 15, 2017	Substitution Deadline for Individual Sports (IWG) Problem Sheet Deadline (IWG) Drop Date Deadline for Teams (IWG)
January 9, 2018	Summer Games Wishlist out to Agencies
January 12-14, 2018	Indoor Winter Games – Cobb County Southeast Powerlifting – Cobb County
January 29, 2018	Summer Games Wishlist due to SOGA
February 23, 2018	Summer Games Paperwork out to Agencies
March 23, 2018	Deadline for Summer Games Paperwork Eligibility Deadline for Summer Games Masters Bowling Wishlist out to Agencies
April 27, 2018	Masters Bowling Wishlist due to SOGA
April 27, 2018	Substitution Deadline for Individual Sports (SG) Problem Sheet Deadline (SG) Drop Date Deadline for Teams (SG)
April 30, 2018	Horse Show / Fall Games Wishlist out to Agencies
May 18-20, 2018	Summer Games – Emory University, Atlanta
May 24, 2018	Masters Bowling Paperwork out to Agencies
June 4, 2018	Horse Show / Fall Games Wishlist due to SOGA
June 22, 2018	Deadline for Masters Bowling Paperwork Eligibility Date for Masters Bowling
July 16, 2018	Horse Show / Fall Games Paperwork out to Agencies
July 27, 2018	Substitution Deadline for Bowling Singles (MB) Drop Date Deadline for Teams (MB) Problem Sheet Deadline (MB)
August 17-19, 2018	Masters Bowling – Warner Robins, GA
August 20, 2018	Indoor Winter Games Wishlist out to Agencies
August 27, 2018	Deadline for Horse Show / Fall Games Paperwork Eligibility Date for Horse Show / Fall Games
September 28, 2018	Substitution Deadline for Individual Sports (HS / FG) Drop Date Deadline for Teams (HS / FG) Problem Sheet Deadline (HS / FG) Indoor Winter Games Wishlist due to SOGA
October 12, 2018	Indoor Winter Games Paperwork out to Agencies
October 19-21, 2018	State Fall Games – Gainesville, GA State Horse Show – Gainesville, GA
November 13, 2018	Deadline for Indoor Winter Games Paperwork Eligibility Deadline for Indoor Winter Games
December 14, 2018	Substitution Deadline for Individual Sports (IWG) Problem Sheet Deadline (IWG) Drop Date Deadline for Teams (IWG)

# Special Olympics Georgia



## 2018 STATE / REGIONAL / WORLD COMPETITIONS



January 12 – 14	State Indoor Winter Games	Marietta, GA
January 12 – 14	Southeast Powerlifting	Marietta, GA
<b>February 4 – 5</b>	Southeast Figure Skating	Huntsville, AL
February 4 – 7	Southeast Alpine Skiing	Boone, NC
<b>March 11 – 12</b>	Southeast Speed Skating	Richmond, VA
May 18 – May 20	State Summer Games	Atlanta, GA
June 30 – July 7	USA Games	Seattle, WA
August 17 – 19	Masters Bowling	Warner Robins, GA
October 19 – 21	State Fall Games	Gainesville, GA
October 19 – 21	State Horse Show	Gainesville, GA
<b>October 12 – 15</b>	Southeast Tennis Championships	Hilton Head, SC

## FREQUENTLY ASKED QUESTIONS

**1. What is the mission of Special Olympics Georgia?**

To provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

**2. Who is eligible to participate with SOGA?**

Individuals eight years of age and older who are identified by an agency or professional as having an intellectual disability are eligible to participate.

**3. How often do Special Olympics Georgia events take place?**

SOGA is a year-round program with athletes training and competing throughout the year. There are over 500 local events and competitions that athletes can participate in and 5 Statewide events. There are also numerous Regional, National and World competitions throughout the year.

**4. How can I volunteer for Special Olympics Georgia?**

Volunteers must first fill out a profile form to be entered into our database, then pass the protective behavior quiz online. This profile form can be obtained through the SOGA website, or by contacting the State Office. Volunteers can, serve as one-time event volunteers or coaches; work on local, area, and games organizing committees, as office staff and a variety of other capacities in support of SOGA athletes. SOGA has over 38,500 volunteers statewide.

**5. What sports does SOGA offer? Do I need to be an expert in the sport to volunteer for it?**

SOGA offers year-round training and competition in 26 Olympic-type sports. These include: Alpine Skiing, Aquatics, Athletics, Badminton, Basketball, Bocce, Bowling, Cycling, Distance Walking and Running, Equestrian, Flag Football, Floor Hockey, Golf, Artistic Gymnastics, Ice Skating, Kayaking, Powerlifting, Rhythmic Gymnastics, Roller-skating, Sailing, Soccer, Softball, Table Tennis, Tennis and Volleyball.

Coaches need not be an expert in the sport, but they must go through coaches' clinics in order to get certified to coach a Special Olympics sport.

**6. How is Special Olympics Georgia financed?**

SOGA is supported by funds raised from individuals, organizations, corporations, foundations, board members, honorary board members, staff and by revenue generated from special events, special projects and cause-related marketing programs. SOGA does not charge athletes to participate, and is not a United Way agency.

**7. I have a child that is eligible for the program, how can my family get involved?**

To get your child involved, contact your Local Coordinator or the Sports and Program Manager of your area/county.

**8. Aside from sports training and competition, what is the goal of Special Olympics?**

To help bring individuals with intellectual disabilities into the larger society under conditions whereby they are accepted, respected and given the chance to become useful and productive citizens.

**9. How many athletes participate with Special Olympics Georgia?**

We currently have 27,115 registered athletes. As large of a number as that is, there are still thousands of eligible athletes who are not registered.

**10. When I give to Special Olympics Georgia, what does my donation go towards?**

Money raised through events and activities are used in Georgia to fund numerous activities like:

year-round sports training programs, recruitment of new athletes, training volunteers, and statewide competitions. For example, funds may pay for facility rental for a competition, for housing athletes at competitions, awards, for competition equipment, or for food for meals for athletes.

**11. Is my donation tax deductible?**

Special Olympics Georgia is a registered 501(c)(3) non-profit organization. Donations to our program are tax deductible as allowed by law. In general, you may deduct any amount that is above the normal retail cost of the item you purchased. This should not be considered tax advice. Please consult with your tax advisor to be sure of the appropriate limits.

**12. Can I get a receipt for my donation?**

Special Olympics Georgia will send you a receipt for tax purposes before December 31<sup>st</sup>.



38,500 Volunteers Statewide  
 5 Annual State Competitions  
 500 Annual Local & Area Competitions  
 27,115 registered athletes in Georgia  
 221 local agencies accredited  
 220 Local Coordinators  
 4,409 Certified Coaches  
 26 sports offered by SOGA  
 121 participating counties  
 \$3.8 million annual budget  
 19 full-time staff  
 3 Athlete Interns  
 1 Contracted Employee  
 24 Unified sports  
 10,180 Unified Partners  
 Largest statewide fundraiser:  
     Law Enforcement Torch Run (LETR)  
 Statewide Sponsors  
     Premier Sponsors:  
         The UPS Foundation  
         Publix  
         Winter Companies  
         Marlow's Tavern  
     Platinum Partners:  
         The Coca-Cola Company  
         Cox Automotive  
 LETR Title Sponsor:  
     Publix

**Terminology:**

SOGA: Special Olympics Georgia  
 Special Olympics Athletes  
 Sports and Program Manager  
 Local Coordinator  
 Area Accounts/Local or County  
     Accounts  
 Area Management Team  
 County/Local Management Team  
 Games Organizing Committee  
 Coach  
 Assistant Coach  
 Unified Sports®  
 USA Games  
 World Games  
 Special Olympics International (SOI)  
 Special Olympics North America (SONA)  
 Individuals with Intellectual Disabilities  
 Distinguished Service Awards (DSA)  
 ALPS: Athlete Leadership  
     Programs that include
 

- Athlete Input Council
- Athlete Congress
- Global Messenger Speakers
- Athletes as Officials
- Athletes as Assistant Coaches
- Athletes as Management Team members
- Athlete Board members



## SECTION B ELIGIBILITY

### ATHLETE ELIGIBILITY FACT SHEET

*To be eligible to participate in Special Olympics, athletes must be at least 8 years old and identified by an agency or professional as having one of the following conditions: intellectual disability; a cognitive delay as determined by standardized measures such as intelligence quotient or other generally accepted measures; or a closely related developmental disability, i.e., functional limitations in both general learning and adaptive skills. There is no cost to participate in Special Olympics. All prospective athletes must register to participate in Special Olympics.*

#### AGE REQUIREMENTS

There is no maximum age limitation for participation in Special Olympics. The minimum age requirement for participation in a Special Olympics competition is 8 years of age. For children with intellectual disabilities ages 2 and 7, they can strengthen physical development and self-esteem by building skills for future sports participation and socialization in Special Olympics Georgia Young Athletes Program.

#### IDENTIFYING PEOPLE WITH INTELLECTUAL DISABILITIES

Special Olympics Georgia uses the definition of intellectual disabilities provided by the World Health Organization (WHO), the United Nations' specialized agency for health. According to the WHO, intellectual disability is a condition of arrested or incomplete development of the mind characterized by impairment of skills and overall intelligence in areas such as cognition, language, and motor and social abilities. Intellectual disability can occur with or without any other physical or mental disorders. Although reduced level of intellectual functioning is the characteristic feature of this disorder, the diagnosis is made only if it is associated with a diminished ability to adapt to the daily demands of the normal social environment. (Visit [www.who.int](http://www.who.int) for more information.)

A person is considered to have an intellectual disability for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies any one of the following requirements:

- The person has been identified by an agency or professional as having an intellectual disability as determined by their localities; or
- The person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning and in adaptive skills (such as in recreation, work, independent living, self-direction, or self-care). However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to volunteer for Special Olympics as partners in **Unified Sports®**, if they otherwise meet the separate eligibility requirements for participation in Unified Sports set forth in the Sports Rules.

**DEGREE OF DISABILITY**

Participation in Special Olympics training and competition is open to all persons with intellectual disabilities who meet the age requirements, regardless of the level or degree of that person's disability, and whether or not that person also has other mental or physical disabilities, so long as that person registers to participate in Special Olympics as required.

**MULTIPLE HANDICAPS**

Persons who have multiple handicaps may participate in Special Olympics provided they are eligible as noted above.

## ATHLETE REGISTRATION

Special Olympics  
Georgia



Dear Special Olympics Athletes, Parents, and Guardians:

Through the power of sports, people with intellectual disabilities discover new strengths and abilities, skills and success. Our athletes find joy, confidence and fulfillment — on the playing field and in life. They also inspire people in their communities and elsewhere to open their hearts to a wider world of human talents and potential.

To register to become a Special Olympics athlete, please complete the enclosed forms:

- PARTICIPANT RELEASE FORM.** Please read the form, print the participant's name, sign, and date. (You will only need to complete and sign this form once if you are 18 years of age or older)
- ATHLETE MEDICAL FORM.** The Special Olympics Athlete Medical Form is designed to identify health concerns that are more common among people with intellectual disabilities. Please complete the Health History section on [pages 1 and 2](#). If you do not understand any parts of the form, you may leave those parts blank. [Please sign at the bottom of page 2](#). [Page 3](#) of the Athlete Medical Form should be completed, signed and dated by a medical professional. The Athlete Medical form must be completed every three years. (A licensed Medical Doctor, licensed Chiropractor, Physician's Assistant, Registered Nurse Practitioner or Doctor of Osteopathic Medicine can complete and sign the medical form)

The Release Form and the Athlete Medical Form instruct you to complete additional forms in certain uncommon situations. If this applies to you or if you have any other questions, please contact Special Olympics Georgia at (770) 414 – 8380 extension 1122 or [kelli.britt@specialolympicsga.org](mailto:kelli.britt@specialolympicsga.org)

Please submit registration forms to:

BY MAIL: Special Olympics Georgia  
6048 Financial Drive  
Norcross, GA 30071

OR

BY EMAIL: [Kelli.Britt@SpecialOlympicsGA.org](mailto:Kelli.Britt@SpecialOlympicsGA.org)

OR

ONLINE: You can find the new Athlete Medical Form on our website at:

<http://www.specialolympicsga.org/become-an-athlete/athletes/>

**Thank you. We are excited you are part of the Special Olympics Movement!**

# PARTICIPANT RELEASE FORM

Special Olympics

Georgia



I want to take part in Special Olympics and agree to the following:

1. **Able to Participate.** I am able to take part in Special Olympics. I know there is a risk of injury.
2. **Photo Release.** Special Olympics organizations may use my picture, video, name, voice, and words to promote Special Olympics.
3. **Overnight Stay.** For some events, I may stay in a hotel, college dorm or someone's home. If I have questions, I will ask.
  - **SOGA Housing Policy** – Special Olympics Georgia (SOGA) usually provides housing for Athletes, Unified Partners and Coaches entered in each State Games. SOGA totals the number of male and female Athletes, Unified Partners and Coaches per agency and assigns room allotments based on those totals. When determining allotted room numbers, SOGA allocates and provides 4 persons of the same gender per room for a Double/Double or King room with a pullout, 2 persons of the same gender per room for a King room and 5 persons of the same gender per room for a Queen/Queen with a pullout. In dorm rooms, SOGA allots one bed per person. Athletes, Unified Partners, Coaches and general volunteers may not share a room with Athletes, Unified Partners, Coaches and general volunteers of the opposite sex.
4. **Emergency Care.** I consent to medical care if needed in an emergency, unless I check one of these boxes:
  - I have a religious or other objection to receiving medical treatment.
  - I consent to emergency medical care, but I do not consent to blood transfusions.

(If either box is checked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Health Programs.** If I take part in a health program, I consent to health activities, exams, and treatment. This should not replace regular health care. I can say no to treatment or anything else any time.
6. **Personal Information.** I understand my information may be used and shared by Special Olympics to:
  - Make sure I am eligible and can participate safely;
  - Run trainings and events and share results;
  - Put my information in a computer system;
  - Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
  - Research, share, and respond to needs of Special Olympics participants (identifying information removed if shared publicly); and
  - Protect health and safety, respond to government requests, and report information required by law.

I can ask to see and revise my information. I can ask to limit how my information is used.
7. **Concussions.** I understand the risk of concussions and continuing to play sports with a concussion. I may have to get medical care if I have a suspected concussion. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.

**PARTICIPANT NAME (PRINT):** \_\_\_\_\_

**PARTICIPANT SIGNATURE** (required if over 18 years old and signing on own behalf)

I have read and understand this release. If I have questions, I will ask. By signing, I agree to this form.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** (required if under 18 years old or has a legal guardian)

I am a parent or guardian of the Participant. I have read and understand this form and have explained the contents to the Participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the Participant.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**(You cannot alter this form under any circumstances)**

# Athlete Medical Form – HEALTH HISTORY

(pages 1 & 2 to be completed by the athlete or parent/guardian/caregiver)



REGION/AREA/COUNTY:

DELEGATION/TEAM/AGENCY:

**\*Must complete all items on this page\***

## ATHLETE INFORMATION

First Name:  Middle Name:

Last Name:

Date Birth (mm/dd/yyyy):  Female:  Male:

Address (Street):

Address (City, State, Zip):

Phone:  Cell:

E-mail:

Eye color:  Ethnicity:  (optional)

Athlete Employer, if any:

I am my own guardian.  Yes  No

Does the athlete have (check any that apply):

- Autism
- Down syndrome
- Fragile X Syndrome
- Cerebral Palsy
- Fetal Alcohol Syndrome
- Other syndrome, please specify:

Is the athlete allergic to any of the following (please list):

- Latex
- No Known Allergies
- Medications:
- Insect Bites or Stings:
- Food:

List any special dietary needs:

List all past surgeries:

Does the athlete currently have any chronic or acute infection?

- No  Yes if yes, please describe:

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? If yes, select below and describe.

- Yes, had abnormal EKG  Yes, had abnormal Echo
- 

## PARENT GUARDIAN INFORMATION (if not own guardian)

Name:

Phone:  Cell:

E-mail:

Emergency Contact Name:  Same as Above:

Emergency Contact Phone (cell):

Emergency Contact Relationship:

Does the athlete have a primary care physician?  Yes  No If yes, list.

Physician Name:  Physician Phone:

Insurance Policy (Company and Number):

Does the athlete have any objections to emergency medical care?  
 No  Yes If yes, contact your local Program to get the Emergency Care Refusal Form.

LIST ANY SPORTS THE ATHLETE WISHES TO PLAY:

Has a doctor ever limited the athlete's participation in sports?

- No  Yes If yes, please describe:

Does the athlete use: (check any that apply):

- Brace
- Colostomy
- Communication Device
- C-PAP Machine
- Crutches or Walker
- Dentures
- Glasses or Contacts
- G-Tube or J-Tube
- Hearing Aid
- Implanted Device
- Inhaler
- Pacemaker
- Removable Prosthetics
- Splint
- Wheel Chair

Has the athlete had a Tetanus vaccine in the past 7 years?  No  Yes

## FAMILY HISTORY

Has any relative died of a heart problem before age 50?  No  Yes

Has any family member or relative died while exercising?  No  Yes

List all medical conditions that run in the athlete's family:

# Athlete Medical Form – HEALTH HISTORY

(pages 1 & 2 to be completed by athlete or parent/guardian/caregiver)



Athlete's Name:

**HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS**

- |  |  |                     |  |                    |  |
|--|--|---------------------|--|--------------------|--|
| Loss of Consciousness                        | <input type="checkbox"/> No <input type="checkbox"/> Yes | High Blood Pressure | <input type="checkbox"/> No <input type="checkbox"/> Yes | Stroke/TIA         | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Dizziness during or after exercise           | <input type="checkbox"/> No <input type="checkbox"/> Yes | High Cholesterol    | <input type="checkbox"/> No <input type="checkbox"/> Yes | Concussions        | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Headache during or after exercise            | <input type="checkbox"/> No <input type="checkbox"/> Yes | Vision Impairment   | <input type="checkbox"/> No <input type="checkbox"/> Yes | Asthma             | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Chest pain during or after exercise          | <input type="checkbox"/> No <input type="checkbox"/> Yes | Hearing Impairment  | <input type="checkbox"/> No <input type="checkbox"/> Yes | Diabetes           | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Shortness of breath during or after exercise | <input type="checkbox"/> No <input type="checkbox"/> Yes | Enlarged Spleen     | <input type="checkbox"/> No <input type="checkbox"/> Yes | Hepatitis          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Irregular, racing or skipped heart beats     | <input type="checkbox"/> No <input type="checkbox"/> Yes | Single Kidney       | <input type="checkbox"/> No <input type="checkbox"/> Yes | Urinary Discomfort | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Congenital Heart Defect                      | <input type="checkbox"/> No <input type="checkbox"/> Yes | Osteoporosis        | <input type="checkbox"/> No <input type="checkbox"/> Yes | Spina Bifida       | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Heart Attack                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes | Osteopenia          | <input type="checkbox"/> No <input type="checkbox"/> Yes | Arthritis          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Cardiomyopathy                               | <input type="checkbox"/> No <input type="checkbox"/> Yes | Sickle Cell Disease | <input type="checkbox"/> No <input type="checkbox"/> Yes | Heat Illness       | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Heart Valve Disease                          | <input type="checkbox"/> No <input type="checkbox"/> Yes | Sickle Cell Trait   | <input type="checkbox"/> No <input type="checkbox"/> Yes | Broken Bones       | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Heart Murmur                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes | Easy Bleeding       | <input type="checkbox"/> No <input type="checkbox"/> Yes | Dislocated Joints  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Endocarditis                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes |                     |  |                    |  |

- Difficulty controlling bowels or bladder  No  Yes  
*If yes, is this new or worse in the past 3 years?*  No  Yes
- Numbness or tingling in legs, arms, hands or feet  No  Yes  
*If yes, is this new or worse in the past 3 years?*  No  Yes
- Weakness in legs, arms, hands or feet  No  Yes  
*If yes, is this new or worse in the past 3 years?*  No  Yes
- Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet  No  Yes  
*If yes, is this new or worse in the past 3 years?*  No  Yes
- Head Tilt  No  Yes  
*If yes, is this new or worse in the past 3 years?*  No  Yes
- Spasticity  No  Yes  
*If yes, is this new or worse in the past 3 years?*  No  Yes
- Paralysis  No  Yes  
*If yes, is this new or worse in the past 3 years?*  No  Yes

Describe any past broken bones or dislocated joints (if yes is checked for either of those fields above):

Epilepsy or any type of seizure disorder  No  Yes

*If yes, list seizure type:*

*If yes, had seizure during the past year?*  No  Yes

Self-injurious behavior during the past year  No  Yes

Aggressive behavior during the past year  No  Yes

Depression (diagnosed)  No  Yes

Anxiety (diagnosed)  No  Yes

Describe any additional mental health concerns:

List any other ongoing or past medical conditions:

**PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW (includes inhalers, birth control or hormone therapy)**

Medication, Vitamin or Supplement	Dosage	Times per Day	Medication, Vitamin or Supplement	Dosage	Times per Day	Medication, Vitamin or Supplement	Dosage	Times per Day

Is the athlete able to administer his or her own medications?  No  Yes

If female athlete, list date of last menstrual period:

Name of Person Completing this Form      Relationship to Athlete      Phone      Email

# Athlete Medical Form – PHYSICAL EXAM

(to be completed by a Medical Professional only)

Special  
Olympics  
Georgia



Athlete's Name:

## MEDICAL PHYSICAL INFORMATION (TO BE COMPLETED BY EXAMINER ONLY)

Height	Weight	BMI (optional)	Temperature	Pulse	O <sub>2</sub> Sat	Blood Pressure	Vision
<input type="text"/> cm	<input type="text"/> kg	<input type="text"/> BMI	<input type="text"/> C	<input type="text"/>	<input type="text"/>	BP Right <input type="text"/> BP Left <input type="text"/>	Right Vision 20/40 or better <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="text"/> in	<input type="text"/> lbs	<input type="text"/> Body Fat %	<input type="text"/> F	<input type="text"/>	<input type="text"/>		Left Vision 20/40 or better <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Right Hearing (Finger Rub)	<input type="checkbox"/> Responds	<input type="checkbox"/> No Response	<input type="checkbox"/> Can't Evaluate	Bowel Sounds	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Left Hearing (Finger Rub)	<input type="checkbox"/> Responds	<input type="checkbox"/> No Response	<input type="checkbox"/> Can't Evaluate	Hepatomegaly	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Right Ear Canal	<input type="checkbox"/> Clear	<input type="checkbox"/> Cerumen	<input type="checkbox"/> Foreign Body	Splenomegaly	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Left Ear Canal	<input type="checkbox"/> Clear	<input type="checkbox"/> Cerumen	<input type="checkbox"/> Foreign Body	Abdominal Tenderness	<input type="checkbox"/> No	<input type="checkbox"/> RUQ <input type="checkbox"/> RLQ <input type="checkbox"/> LUQ <input type="checkbox"/> LLQ	
Right Tympanic Membrane	<input type="checkbox"/> Clear	<input type="checkbox"/> Perforation	<input type="checkbox"/> Infection <input type="checkbox"/> NA	Kidney Tenderness	<input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Left Tympanic Membrane	<input type="checkbox"/> Clear	<input type="checkbox"/> Perforation	<input type="checkbox"/> Infection <input type="checkbox"/> NA	Right upper extremity reflex	<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Oral Hygiene	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Left upper extremity reflex	<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Thyroid Enlargement	<input type="checkbox"/> No	<input type="checkbox"/> Yes		Right lower extremity reflex	<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Lymph Node Enlargement	<input type="checkbox"/> No	<input type="checkbox"/> Yes		Left lower extremity reflex	<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia	
Heart Murmur (supine)	<input type="checkbox"/> No	<input type="checkbox"/> 1/6 or 2/6	<input type="checkbox"/> 3/6 or greater	Abnormal Gait	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe below	
Heart Murmur (upright)	<input type="checkbox"/> No	<input type="checkbox"/> 1/6 or 2/6	<input type="checkbox"/> 3/6 or greater	Spasticity	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe below	
Heart Rhythm	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular		Tremor	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe below	
Lungs	<input type="checkbox"/> Clear	<input type="checkbox"/> Not clear		Neck & Back Mobility	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Right Leg Edema	<input type="checkbox"/> No	<input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+		Upper Extremity Mobility	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Left Leg Edema	<input type="checkbox"/> No	<input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Radial	Lower Extremity Mobility	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Pulse Symmetry	<input type="checkbox"/> Yes	<input type="checkbox"/> R>L <input type="checkbox"/> L>R		Upper Extremity Strength	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Cyanosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe		Lower Extremity Strength	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe below	
Clubbing	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe		Loss of Sensitivity	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe below	

### ATLANTO-AXIAL INSTABILITY (AAI)

- Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlantoaxial instability.
- Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

### RECOMMENDATIONS (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please use the Special Olympics Further Medical Evaluation Form, page 4, to provide the athlete with medical clearance..

This athlete is **ABLE** to participate in Special Olympics sports without restrictions/limitations

This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions/limitations →

This athlete **MAY NOT participate** in Special Olympics sports at this time and **MUST** be further evaluated by a physician for the following concerns:

Concerning Cardiac Exam	— Acute Infection	— O <sub>2</sub> Saturation Less than 90% on Room Air
Concerning Neurological Exam	— Stage II Hypertension or Greater	— Hepatomegaly or Splenomegaly
Other, please describe: <input type="text"/>		

### Additional Licensed Examiner's Notes and Recommended Follow-up:

- Follow up with a cardiologist
- Follow up with a neurologist
- Follow up with a primary care physician
- Follow up with a vision specialist
- Follow up with a hearing specialist
- Follow up with a dentist or dental hygienist
- Follow up with a podiatrist
- Follow up with a physical therapist
- Follow up with a nutritionist
- Other/Exam Notes:

Licensed Medical Examiner's Signature

Date of Exam

Name:

E-mail:

Phone:

License:



**Estimados atletas, padres, y tutores Special Olympics:**

A través del poder de los deportes, las personas con discapacidad intelectual a descubrir nuevas fortalezas y habilidades, capacidades y éxito. Nuestros atletas encuentran alegría, la confianza y satisfacción en el campo de juego y en la vida. También inspiran a la gente en sus comunidades y en todo el mundo para abrir sus corazones a un mundo más amplio de los talentos humanos y el potencial humano.

Para registrarse para convertirse en un atleta Special Olympics, escriba el formulario adjunto por favor:

**PARTICIPANTE FORMULARIO DE AUTORIZACION.** Leer el formulario, escribe el nombre del participante, firme su nombre y escribe la fecha por favor. (Sólo se necesita para completar y firmar este formulario una vez si tiene 18 años de edad o más).

**FORMULARIO MEDICO DEL ATLETA.** El atleta formulario médico Olimpiadas Especiales está diseñado para identificar problemas de salud que son más comunes entre las personas con discapacidad intelectual. Por favor, complete la sección de Historia de la Salud en las páginas 1 y 2. Si usted no entiende cualquier parte del formulario, puede dejar esas piezas en blanco. Por favor firme en la parte inferior de la página 2. Pagina 3 del Formulario Medico del Atleta debe ser completada, firmada y fechada por un profesional medico. El formulario medico del atleta debe ser completado cada tres años. (Un Médico con licencia, Quiropractico, Asistente médico, Enfermera practicante registrada o Doctor en Medicina Osteopática puede completar y firmar el formulario médico).

La forma de liberación y la ficha médica del atleta que instruyen para completar formularios adicionales en ciertas situaciones poco comunes. Si esto se aplica a usted, o si usted tiene alguna pregunta, llame Special Olympics Georgia al (770) 414-9390 ext. 1122. También puede escribir un correo electrónico a [kelli.britt@specialolympicsga.org](mailto:kelli.britt@specialolympicsga.org).

Por favor, envíe los formularios de inscripción a:

Enviar por correo a: Special Olympics Georgia  
6046 Financial Drive  
Norcross, GA 30071

Enviar por correo electrónico a: [Kelli.Britt@SpecialOlympicsGA.org](mailto:Kelli.Britt@SpecialOlympicsGA.org)  
[David.Crawford@SpecialOlympicsGA.org](mailto:David.Crawford@SpecialOlympicsGA.org)

Internet: Encuentra el formulario médico nuevo atleta en el sitio web de Special Olympics Georgia  
en: <http://www.specialolympicsga.org/become-an-athlete/athletes/>

**Gracias. ¡Estamos encantados de que son parte de Special Olympics Georgia!**

## PARTICIPANTE FORMULARIO DE AUTORIZACION

Special Olympics

Georgia



Quiero participar en Special Olympics y de acuerdo a:

1. **Capacidad para participar.** Soy capaz de participar en Special Olympics. Sé que hay en riesgo de lesión.
2. **El uso de fotos.** Organizaciones de Special Olympics pueden tomar y usar mi imagen, video, nombre, la voz, y el habla para promover Special Olympics.
3. **Pasar la noche.** para algunos eventos, puedo estar en un hotel, dormitorio de la universidad, o en la casa de otra persona. Si tengo preguntas, voy a preguntar.
  - **SOGA regla de la vivienda** – Special Olympics Georgia (SOGA) por lo general proporciona alojamiento para los atletas, Unified Partners, y entrenadores por cada juegos estatales. SOGA totaliza el número de atletas masculinos y femeninos, Unified Partners, y entrenadores por la agencia y asigna las asignaciones de las habitaciones en base a esos totales. Al determinar el número de habitaciones asignadas, SOGA asigna y ofrece 4 personas del mismo sexo por una habitación y una habitación con 2 camas matrimoniales o una habitación con 1 cama king con una cama plegable, 2 personas del mismo sexo por habitación para una habitación con 1 cama king, y 5 personas del mismo sexo por una habitación una habitación con 2 camas queen con una cama plegable. En los dormitorios, SOGA asigna una cama por persona. Los atletas, Unified Partners, entrenadores, y vountarios pueden ninguna participación en una habitación con atletas, Unified Partners, entrenadores, y voluntarios del sexo opuesto.
4. **Cuidados de emergencia.** Estoy de acuerdo con la atención médica si es necesario en caso de emergencia, a menos que marcar uno de los cuadros a continuación:
  - Tengo una objeción religiosa o de otro tipo para recibir tratamiento médico.
  - Doy mi consentimiento para la atención médica de emergencia, pero no consiento a las transfusiones de sangre.

**(Si ha marcado ninguna de las Casillas, una FORMA NEGATIVA DE ATENCION MEDICA DE EMERGENCIA debe ser escrito).**
5. **Programas de salud.** Si participo en un programa de salud, estoy de acuerdo con las actividades, exámenes, y tratamiento de salud. Esto no debe sustituir a la atención de salud regular. Puedo rechazar el tratamiento o cualquier otra cosa en cualquier momento.
6. **Información personal.** Entiendo que mi información personal puede ser utilizado por Special Olympics y compartido por Special Olympics a:
  - Asegúrese de que soy elegible y pueda participar de manera segura;
  - Supervisar en capacitaciones y eventos, y compartir los resultados;
  - Grabar mi información en un Sistema informático;
  - Proporcionar tratamiento de salud, hacer referencias, consultar a los médicos, y me recuerdan acerca de los servicios de salud;
  - Investigación, compartir y responder a las necesidades de los participantes Special Olympics (información de identificación séra eliminado si es compartido públicamente); y
  - Proteger la salud y la seguridad, responder a solicitudes gobierno y reportar la información requerida por la ley.Puedo pedir ver y revisar mi información personal. Puedo pedir que se limite las formas se utiliza mi información.
7. **Las conmociones cerebrales.** Entiendo el riesgo de conmociones cerebrales y continuando a participar en deportes con una conmoción cerebral. Puede que tenga que recibir atención médica si tengo síntomas de una conmoción cerebral. También puede tener que esperar 7 días o más para participar en los deportes de nuevo y recibir permiso para participar de un médico.

**NOMBRE Y APELLIDO DEL PARTICIPANTE (ESCRIBIR):** \_\_\_\_\_

**FIRMA DEL PARTICIPANTE** (si se requiere más de 18 años de edad y firma, en nombre propio)

He leído y entiendo esta versión. Si tengo alguna pregunta, voy a preguntar. Al firmar, estoy de acuerdo con esta forma.

Firma del participante: \_

Fecha: \_

**FIRMA DEL PADRE O DEL TUTOR** (requerido si es menor de 18 años de edad o está bajo el cuidado de un tutor legal) Soy un padre o tutor del participante. He leído y entiendo este formulario y le he explicado el contenido al participante. Al firmar, estoy de acuerdo con esta forma en mi propio nombre y en el nombre del participante.

Firma del padre o del tutor: \_

Fecha: \_

Nombre y apellido escrito: \_

Relacion con el participante: \_

**(No se puede alterar esta forma, bajo ninguna circunstancia).**

# Formulario Médico del Atleta– HISTORIA de SALUD

(páginas 1 y 2 para ser completado por el atleta o padre/tutor)



REGIÓN / ÁREA:

DELEGACIÓN/EQUIPO:

\*Debe completar todos los artículos de esta página.\*

## INFORMACIÓN DEL ATLETA

Nombre:  Segundo Nombre:

Apellido:

Fecha de Nacimiento (dd/mm/año):  Fem:  Masc:

Domicilio (calle, Av.):

Domicilio (ciudad, distrito, país):

Número de Teléfono:  Número de Teléfono Móvil:

Correo Electrónico:

Color de Ojos:  Etnicidad:  (opcional)

Empleador del atleta, en su caso:

¿Tengo tutor?  Si  No

El atleta tiene (marque las casillas que correspondan):

Autismo  Síndrome de Down  Síndrome de Cromosoma X Frágil

Parálisis Cerebral  Síndrome de Alcohol Fetal

Otro síndrome, por favor especifique:

El atleta es alérgico a lo siguiente (por favor, enumere):

Látex  No se Conocen Alergias

Medicamentos:

Picaduras de Insectos:

Alimentos:

Enumere las necesidades dietéticas especiales:

Enumere las cirugías a las que se ha sometido:

¿En la actualidad el atleta sufre una infección crónica o aguda?

No  Si En caso afirmativo, por favor, describa:

El atleta ha tenido un electrocardiograma anormal ( ECG) o un Ecocardiograma anormal? En caso afirmativo, por favor, describa:

Si, electrocardiograma anormal  Si, Ecocardiograma anormal

## PADRE INFORMACIÓN DEL TUTOR (de no ser independiente)

Nombre y Apellido:

Número de Teléfono:  Número de Teléfono Móvil:

Correo Electrónico:

Nombre del contacto de emergencia:  Igual que arriba:

Nombre del contacto de emergencia (Número de Teléfono Móvil):

Contacto de Emergencia Relación:

¿El atleta tiene un médico de atención primaria?  Si  No Encaso afirmativo ndique.

Médico de cabecera del Atleta:  Número de teléfono del médico:

Póliza de seguro médico (nombre y número de teléfono):

¿El atleta tiene alguna objeción a la atención médica de emergencia?

No  Si Si es así, póngase en contac usar el ormat no atención.

## ENUMERE LOS DEPORTES QUE EL ATLETA DESEA PRACTICAR:

¿Alguna vez algún doctor ha limitado la participación del atleta en algún deporte?

No  Si En caso afirmativo, por favor, describa:

El atleta usa (marque las casillas que correspondan):

Aparato Ortopédico  Colostomía  Comunicación

Dispositivo de CPAP  Muletas o Andador  Dentadura

Gafas o Lentes de Contacto  Sonda de Gastrostomía o Yeyunostomía  Audifono

Dispositivo Implantado  Inhalador  Marcapasos

Prótesis Extraible  Entabillar  Silla de Ruedas

¿El atleta se ha vacunado contra el Tétanos en los últimos 7 años?  No  Si

¿El atleta se ha vacunado contra el Tétanos en los últimos 7 años?  No  Si

## ANTECEDENTES FAMILIARES

¿Algún familiar ha muerto antes de los 50 años por problemas cardíacos?  No  Si

¿Algún familiar ha muerto mientras practicaba ejercicio?  No  Si

Enumere todos los problemas de salud en la familia del atleta:

# Formulario Médico del Atleta– HISTORIA de SALUD

(páginas 1 y 2 para ser completado por el atleta o padre/tutor)



Nombre del atleta:

**INDICAR SI EL ATLETA NUNCA SE LE HA DIAGNOSTICADO O EXPERIMENTADO CUALQUIERA DE LAS SIGUIENTES CONDICIONES:**

- |   |   |                      |   |                                |   |
|---|---|----------------------|---|--------------------------------|---|
| Pérdida de Consciencia  | <input type="checkbox"/> No <input type="checkbox"/> Si | Hipertensión         | <input type="checkbox"/> No <input type="checkbox"/> Si | AIT/ Accidente Cerebrovascular | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Mareo durante o después de hacer ejercicio                    | <input type="checkbox"/> No <input type="checkbox"/> Si | Colesterol Alto      | <input type="checkbox"/> No <input type="checkbox"/> Si | Concusión                      | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Dolor de cabeza durante o después de hacer ejercicio          | <input type="checkbox"/> No <input type="checkbox"/> Si | Deficiencia Visual   | <input type="checkbox"/> No <input type="checkbox"/> Si | Asma                           | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Dolor en el pecho durante o después de hacer ejercicio        | <input type="checkbox"/> No <input type="checkbox"/> Si | Deficiencia Auditiva | <input type="checkbox"/> No <input type="checkbox"/> Si | Diabetes                       | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Dificultad para respirar durante o después de hacer ejercicio | <input type="checkbox"/> No <input type="checkbox"/> Si | Esplenomegalia       | <input type="checkbox"/> No <input type="checkbox"/> Si | Hepatitis                      | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Ritmo cardiaco irregular, con interrupciones, o taquicardias  | <input type="checkbox"/> No <input type="checkbox"/> Si | Riñón Único          | <input type="checkbox"/> No <input type="checkbox"/> Si | Malestar Urinario              | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Cardiopatía Congénita   | <input type="checkbox"/> No <input type="checkbox"/> Si | Osteoporosis         | <input type="checkbox"/> No <input type="checkbox"/> Si | Espina Bífida                  | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Ataque al Corazón   | <input type="checkbox"/> No <input type="checkbox"/> Si | Osteopenia           | <input type="checkbox"/> No <input type="checkbox"/> Si | Artritis                       | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Miocardiopatía  | <input type="checkbox"/> No <input type="checkbox"/> Si | Anemia Falciforme    | <input type="checkbox"/> No <input type="checkbox"/> Si | Agotamiento por Calor          | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Enfermedad de las Válvulas del Corazón                        | <input type="checkbox"/> No <input type="checkbox"/> Si | Rasgo Drepanocítico  | <input type="checkbox"/> No <input type="checkbox"/> Si | Huesos Rotos                   | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Soplo Cardiaco  | <input type="checkbox"/> No <input type="checkbox"/> Si | Sangrado Fácil       | <input type="checkbox"/> No <input type="checkbox"/> Si | Articulaciones Dislocadas      | <input type="checkbox"/> No <input type="checkbox"/> Si |
| Endocarditis  | <input type="checkbox"/> No <input type="checkbox"/> Si |                      |   |                                |   |

**Dificultades en el control intestinal y de la vejiga**  No  Si  
*En caso afirmativo, ¿es de aparición reciente o ha empeorado en los últimos tres años?*  No  Si

**Entumecimiento u hormigueo en piernas, brazos, manos o pies**  No  Si  
*En caso afirmativo, ¿es de aparición reciente o ha empeorado en los últimos tres años?*  No  Si

**Debilidad en piernas, brazos, manos o pies**  No  Si  
*En caso afirmativo, ¿es de aparición reciente o ha empeorado en los últimos tres años?*  No  Si

**Ardor, dolor punzante, nervio pinzado o dolor en el cuello, espalda, No Si hombros, brazos, manos, nalgas, piernas o pies**  No  Si  
*En caso afirmativo, ¿es de aparición reciente o ha empeorado en los últimos tres años?*  No  Si

**Torticolis**  No  Si  
*En caso afirmativo, ¿es de aparición reciente o ha empeorado en los últimos tres años?*  No  Si

**Espasticidad**  No  Si  
*En caso afirmativo, ¿es de aparición reciente o ha empeorado en los últimos tres años?*  No  Si

**Parálisis**  No  Si  
*En caso afirmativo, ¿es de aparición reciente o ha empeorado en los últimos tres años?*  No  Si

**Explique si se ha roto un hueso o dislocado una articulación (si es así es comprobado por cualquiera de los campos de arriba):**

**Epilepsia o cualquier otro tipo de convulsión**  No  Si

En caso afirmativo, enumere el tipo de convulsión:

*¿Alguna convulsión durante el año pasado?*  No  Si

**Algún tipo de conducta autoagresiva durante el pasado año**  No  Si

**Conducta agresiva durante el pasado año**  No  Si

**Depresión (diagnosticado)**  No  Si

**Ansiedad (diagnosticado)**  No  Si

**Describa cualquier otro posible trastorno de la salud mental:**

**Haga una lista de otras condiciones médicas actuales o pasados:**

**ENUMERE EN LA PARTE DE ABAJO CUALQUIER MEDICACIÓN, VITAMINAS O SUPLEMENTOS (incluye inhaladores, anticonceptivos o terapia hormonal)**

Medicación, Vitamina o Suplemento	Dosis	Veces cada día	Medicación, Vitamina o Suplemento	Dosis	Veces cada día	Medicación, Vitamina o Suplemento	Dosis	Veces cada día

**¿Es el atleta capaz de administrar su propia medicación?**  No  Si

**En caso de ser mujer, escriba la fecha del último periodo menstrual de la atleta:**

Nombre de la persona que completa este formulario	Relación con el atleta	Número de teléfono	Dirección de correo electrónico
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# Formulario Médico del Atleta- EXAMEN FISICO

(solo debe ser completada por PROFESSIONAL MEDICO)

Special  
Olympics  
Georgia



Nombre del Atleta:

## INFORMACIÓN FÍSICA MÉDICA (SÓLO DEBE SER COMPLETADA POR EL EXAMINADOR)

Altura	Peso	IMC (opcional)	Temperatura	Pulso	O2Sat	Presión Sanguínea	Presión Sanguínea	Visión Ojo	Visión
<input type="text"/> cm	<input type="text"/> kg	<input type="text"/> IMC	<input type="text"/> C	<input type="text"/>	<input type="text"/>	Presión Sanguínea Derecha:	Presión Sanguínea Izquierda:	Derecho - 20/40 o mejor	<input type="checkbox"/> No <input type="checkbox"/> Si <input type="checkbox"/> N/A
<input type="text"/> in	<input type="text"/> lbs	Grasa corporal %	<input type="text"/> F					Izquierdo - 20/40 o mejor	<input type="checkbox"/> No <input type="checkbox"/> Si <input type="checkbox"/> N/A

Oído Derecho (Pase con el Dedo) <input type="checkbox"/> 5HVSQRQH <input type="checkbox"/> 1R KDI.5HVSXHVWD <input type="checkbox"/> No se Puede Evaluar	Sonidos Intestinales <input type="checkbox"/> No <input type="checkbox"/> Si
Oído Izquierdo (Pase con el Dedo) <input type="checkbox"/> 5HVSQRQH <input type="checkbox"/> 1R KDI.5HVSXHVWD <input type="checkbox"/> No se Puede Evaluar	Hepatomegalia <input type="checkbox"/> No <input type="checkbox"/> Si
Conducto Auditivo Derecho <input type="checkbox"/> /LPSLR <input type="checkbox"/> Cerumen <input type="checkbox"/> Cuerpo Extraño	Esplenomegalia <input type="checkbox"/> No <input type="checkbox"/> Si
Conducto Auditivo Izquierdo <input type="checkbox"/> /LPSLR <input type="checkbox"/> Cerumen <input type="checkbox"/> Cuerpo Extraño	Iritación Peritoneal <input type="checkbox"/> No <input type="checkbox"/> CSD <input type="checkbox"/> CID <input type="checkbox"/> CSI <input type="checkbox"/> IID
Membrana Timpánica Derecha <input type="checkbox"/> /LPSLD <input type="checkbox"/> 3HUIRUDFLyQ <input type="checkbox"/> Infección <input type="checkbox"/> N/A	Dolor Renal <input type="checkbox"/> No <input type="checkbox"/> Derecho <input type="checkbox"/> Izquierdo
Membrana Timpánica Izquierda <input type="checkbox"/> /LPSLD <input type="checkbox"/> 3HUIRUDFLyQ <input type="checkbox"/> Infección <input type="checkbox"/> N/A	Reflejo en la extremidad superior derecha <input type="checkbox"/> Normal <input type="checkbox"/> Disminuido <input type="checkbox"/> Hyperreflexia
Higiene Bucal <input type="checkbox"/> %XHQR <input type="checkbox"/> UHXODU <input type="checkbox"/> Deficiente	Reflejo en la extremidad superior izquierda <input type="checkbox"/> Normal <input type="checkbox"/> Disminuido <input type="checkbox"/> Hyperreflexia
Agrandamiento de la Tiroides <input type="checkbox"/> No <input type="checkbox"/> Si	Reflejo en la extremidad superior derecha <input type="checkbox"/> Normal <input type="checkbox"/> Disminuido <input type="checkbox"/> Hyperreflexia
Agrandamiento de Ganglios Linfáticos <input type="checkbox"/> No <input type="checkbox"/> Si	Reflejo en la extremidad superior izquierda <input type="checkbox"/> Normal <input type="checkbox"/> Disminuido <input type="checkbox"/> Hyperreflexia
6RSOR & DUGLDFR VXSLQR <input type="checkbox"/> No <input type="checkbox"/> 1/6 or 2/6 <input type="checkbox"/> 3/6 o Mayor	Marcha Anormal <input type="checkbox"/> No <input type="checkbox"/> Si, describa abajo
6RSOR & DUGLDFR GH SLH <input type="checkbox"/> No <input type="checkbox"/> 1/6 or 2/6 <input type="checkbox"/> 3/6 o Mayor	Espasticidad <input type="checkbox"/> No <input type="checkbox"/> Si, describa abajo
5LWPR & DUGLDFR <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Temblores <input type="checkbox"/> No <input type="checkbox"/> Si, describa abajo
3XOPRQH <input type="checkbox"/> limpios <input type="checkbox"/> ruidos agregados	Movilidad de la Espalda y el Cuello <input type="checkbox"/> Completo <input type="checkbox"/> Si no es completo, describa
(GHPD HQ OD 3LHUQD HUHFKD <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Movilidad de la Extremidad Superior <input type="checkbox"/> Completo <input type="checkbox"/> Si no es completo, describa
(GHPD HQ OD 3LHUQD JTXLHUQD <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Movilidad de la Extremidad Inferior <input type="checkbox"/> Completo <input type="checkbox"/> Si no es completo, describa
6LPHUUD GH 3XOVR 5DGLDO <input type="checkbox"/> Si <input type="checkbox"/> D>I <input type="checkbox"/> I>D	Fuerza de la Extremidad Superior <input type="checkbox"/> Completo <input type="checkbox"/> Si no es completo, describa
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\$FURS DTXLD <input type="checkbox"/> No <input type="checkbox"/> Si, describa abajo	Pérdida de Sensibilidad <input type="checkbox"/> No <input type="checkbox"/> Si, describa abajo

- El atleta no tiene síntomas neurológicos ni se han hallado signos físicos que pudieran estar asociados a compresión de la médula espinal o inestabilidad atlantoaxial
- El atleta si tiene síntomas neurológicos o se ha hallado signos físicos que pudieran estar asociados a compresión de la médula espinal o inestabilidad atlantoaxial y por ello debe someterse a una evaluación neurológica adicional para determinar mayores riesgos de lesión de la médula espinal previo a la autorización para participar en un deporte.

## RECOMENDACIONES (SÓLO DEBE SER COMPLETADA POR EL EXAMINADOR)

Examinadores Médicos Autorizados: Se recomienda que el examinador revise los puntos del historial médico con el atleta o su tutor, previo a la realización del examen médico. Si se considera que el atleta necesita una evaluación médica más a fondo, por favor use el Formulario de Evaluación Médica Adicional de Special Olympics, en la página 4, para otorgar al atleta autorización médica.

Este atleta es capaz de participar en deportes de Olimpiadas Especiales sin restricciones/limitaciones

Este atleta es capaz de participar en deportes de Olimpiadas Especiales CON restricciones/limitaciones: (describe)

Este atleta no puede participar en deportes de Olimpiadas Especiales en este momento y debe tener una evaluación mas exhaustiva evaluado por o siguiente:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Examen Cardíaco Preocupante                     | <input type="checkbox"/> Infección Aguda                    | <input type="checkbox"/> Saturación O2 menor al 90% en el ambiental |
| <input type="checkbox"/> Examen Neurológico Preocupante                  | <input type="checkbox"/> Estadio II de Hipertensión o Mayor | <input type="checkbox"/> Hepatomegalia o Esplenomegalia             |
| <input type="checkbox"/> Otro, por favor, describa: <input type="text"/> |   |   |

## Adicionalmente se sugiere lo siguiente:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Evaluación con un cardiólogo  | <input type="checkbox"/> Evaluación con un neurólogo      | <input type="checkbox"/> Evaluación con un médico de atención primaria  |
| <input type="checkbox"/> Evaluación con un oftalmólogo | <input type="checkbox"/> Evaluación con un otorrino       | <input type="checkbox"/> Evaluación con un dentista o higienista dental |
| <input type="checkbox"/> Evaluación con un podiatra    | <input type="checkbox"/> Evaluación con un fisioterapeuta | <input type="checkbox"/> Evaluación con un nutricionista                |

Otro/ notas del examen:

Firma del Examinador Médico Autorizado

Fecha del Examen

Nombre y Apellido: \_\_\_\_\_

Dirección de Correo Electrónico: \_\_\_\_\_

Número de Teléfono: \_\_\_\_\_ # Licencia: \_\_\_\_\_



## ATLANTO-AXIAL INSTABILITY (AAI) SPECIAL RELEASE FORM

(SPECIAL RELEASE CONCERNING SPINAL CORD COMPRESSION AND ATLANTO-AXIAL INSTABILITY)

**Instructions:** Only complete this form if symptoms of spinal cord compression or Atlanto-axial instability were found in a pre-participation examination and a doctor then provided clearance for participation following a neurological evaluation.

I agree to the following:

1. **Spinal Cord Compression Symptoms.** In a pre-participation examination, a licensed medical professional found symptoms that might be the result of spinal cord compression or Atlanto-axial instability.
2. **Neurological Evaluation.** After a neurological evaluation, a qualified doctor concluded that:
  - The cause of the symptoms will not result in additional risk of neurological injury due to participation in sports, and
  - Participation in Special Olympics activities is safe without restrictions or with restrictions that will be shared with Special Olympics and followed.
3. **Liability Release.** I acknowledge that I have been informed of the findings and determinations of the physician. I release and hold harmless Special Olympics from all claims in connection with possible spinal cord compression or Atlanto-axial instability.

**PARTICIPANT NAME:** \_\_\_\_\_

**PARTICIPANT SIGNATURE** (required if Participant is over 18 years old and is signing on own behalf)

I have read and understand this release. By signing, I agree to this release.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** (required if Participant is under 18 years old or has a legal guardian)

I am a parent or guardian of the Participant and am authorized to enter into this release on the Participant's behalf. I have read and understand this release and have explained the contents to the Participant as appropriate. By signing, I agree to this release on my own behalf and on behalf of the Participant. This Release shall be binding upon me, the Participant and our respective heirs and legal representatives.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **PROTECTIVE BEHAVIORS**

To achieve the mission of Special Olympics, those responsible for supervising Special Olympics athletes in both training and competition must take positive steps to protect athletes as well as other participants.

Screening of staff and volunteers is but one part of our responsibility to protect Special Olympics athletes. Screening is never 100% reliable; therefore, we need to institute additional measures designed to protect athletes while they are in our care.

Below are suggestions for strategies to protect athletes when participating in Special Olympics activities. These procedures are founded in common sense. You will also note that in most respects they reflect the same precautions that would need to be taken to protect any group of vulnerable individuals irrespective of whether they have developmental disabilities. All volunteers must take the protective behaviors test. Visit [http://resources.specialolympics.org/protective\\_behaviors\\_training.aspx?qa=2.171695849.879106523.1512059082-920592854.1475761619](http://resources.specialolympics.org/protective_behaviors_training.aspx?qa=2.171695849.879106523.1512059082-920592854.1475761619)

### **Preventing Physical Abuse**

Corporal punishment including spanking, hitting, slapping, or other forms of physical disciplining will not be used by Special Olympics staff or volunteers.

Coaches and volunteers will not withhold water or food from athletes as a form of punishment. Water should be available for athletes during strenuous practice sessions and during competitions to avoid dehydration.

Only medications that have been prescribed by an athlete's physician will be dispensed to that athlete as indicated on his or her consent form signed by either a parent or legal custodian.

### **Preventing Emotional Abuse**

At no time will coaches or other volunteers use profanity or otherwise curse at athletes for their performance or behavior during competition or practices.

Special Olympics staff and volunteers will treat all athletes with courtesy and respect. It is not in keeping with the purposes of Special Olympics to use denigrating or demeaning nicknames for athletes or to permit their use by others.

Special Olympics athletes will not be threatened or intimidated for any purpose including attempts at improving athletic performance or for controlling behavior. Discipline techniques will be constructive and positive.

### **Preventing Sexual Abuse**

Whenever possible, in order to protect both athletes and volunteers, there should be at least two adult volunteers present to supervise activities such as changing into team uniforms, showering, and toileting. When it is necessary for a staff member or volunteer to speak privately to an athlete, they should find a place out of earshot, but within sight of others for their conference.

Physical contact is important for normal human development. Hugs can be especially important to reinforce the positive nature of athletic competition for those who come in first as well as last. Hugs between Special Olympics athletes and volunteers should be open (not secretive) and respect the limits set by the athlete. The staff and volunteers must respect any resistance by the athlete to physical contact.

Remember that hugging is an activity involving more than one person and respect for boundaries must be mutual for all parties. There may be times that volunteers or staff feel uncomfortable with physical contact with an athlete. Often, this discomfort has nothing to do with the athlete but more to do with the amount of physical contact and expressions of affection to which the individual is accustomed and comfortable.

Special Olympics staff members and volunteers should avoid touching areas normally covered by swimming suits: breasts, buttocks, groins. Kissing on the lips and seductive massaging is not permitted (massaging pursuant to an injury or strain is permitted, but should be subject to observation by others).

Special Olympics staff and volunteers should be positive role models and help Special Olympics athletes develop appropriate boundaries for physical contact. There may be times that an athlete will attempt inappropriate physical contact with a volunteer, staff member or another athlete. In such cases, the volunteer or staff member should identify the objectionable behavior, explaining that it makes the volunteer feel uncomfortable and that a better way would be to shake hands, do "high five," or use some other more socially acceptable form of expression.

Staff and volunteers need to be very specific about both the behavior that is troublesome as well as alternate ways to express the emotions that an athlete feels.

When Special Olympics events require athletes to stay overnight, sleeping arrangements should take into consideration the gender and age levels of the athletes. Male and female athletes require separate accommodations. We suggest athletes should also be assigned sleeping rooms with athletes of similar age and intellectual functioning, as well as a coach.

In Partners Clubs and Unified Sports Programs, athletes normally are assigned to share sleeping quarters with their partners or counterparts. To compensate for the increased opportunities for inappropriate conduct, Special Olympics suggests that all athletes in these situations be educated about inappropriate physical contact and whom to inform if infractions occur.

In order to monitor Special Olympics athletes anytime they are in their quarters, hall monitors should be assigned on a rotating basis. They are responsible for keeping athletes in their own rooms, addressing needs of athletes that may arise and keeping unauthorized individuals out of athlete's sleeping quarters. Room checks should be on a random basis so that Special Olympics athletes will not recognize a pattern.

Consideration should be given to the assigning teams consisting of male and female staff or volunteers as hall monitors, with men responsible for checking the rooms of male athletes and women responsible for the female athletes. Each team should work for an hour or two before being relieved by the next team.

Special Olympics staff, with the assistance of volunteers, should know where the athletes are at all times during SOGA events or trainings.

Special Olympics personnel should clearly explain the rules of behavior to the athletes before each road trip. Language used should be simple but explicit.

## **Responding to Signs / Allegations of Abuse**

### **LEGAL**

1. Report any reasonable suspicion (one based upon observation or disclosure) of any form of abuse or neglect must be immediately to Special Olympics Program's CEO or representative.

### **SPECIAL OLYMPICS PROGRAM**

1. You will be asked to complete a Special Olympics Incident Report as soon as possible. Special Olympics Program staff may contact the police and / or Child / Adult Protective Services.
2. Special Olympics Program may immediately suspend the alleged abuser's contact and involvement in all Special Olympics activities until the allegations are investigated.
3. In addition, Special Olympics staff may contact the appropriate protective services agency.
4. If the media contacts you, refer them to the Special Olympics Program CEO. Do not comment to the media or anyone else about the alleged incident. The Special Olympics representative will be the only spokesperson to the media.



# UNIFIED SPORTS

## GENERAL UNIFIED INFORMATION

Special Olympics Unified Sports® is an initiative that combines approximately equal numbers of Special Olympics athletes and athletes without intellectual disabilities (called Partners) on sports teams for training and competition. Age and ability matching of athletes and Partners is defined on a sport-by-sport basis. Throughout the year, in a variety of sports ranging from basketball to golf to figure skating, Unified Sports athletes improve their physical fitness, sharpen their skills, challenge the competition, and have fun, too.

The concept of combining athletes with intellectual disabilities and those without was first introduced in the mid-1980s to provide another level of challenge for higher ability athletes and to promote equality and inclusion. Today, the initiative includes virtually all Special Olympics sports, and Unified Sports competitions are an important part of Special Olympics World Games, as well as local, state/provincial and National Games.

### Unified Sports enables Special Olympics athletes to:

- ⑩ learn new sports
- ⑩ develop higher-level sports skills
- ⑩ have new competition experiences
- ⑩ experience meaningful inclusion (each athlete is ensured of playing a valued role on the team)
- ⑩ socialize with peers and form friendships (the initiative provides a forum for positive social interaction between teammates and often leads to long-lasting friendships), and
- ⑩ participate in their communities and have choices outside of Special Olympics. Unified Sports programs often are initiated by community partners, including parks and recreation departments, schools, Boys and Girls Clubs of America and community sports organizations. These partnerships help further include athletes in their community.

## UNIFIED PARTNER TRAINING

### UNIFIED PARTNER TRAINING

- ⑩ Special Olympics Incorporated and Special Olympics Georgia requires that all Unified Sports Teams be coached by a coach that is certified in Unified Sports.
- ⑩ Special Olympics Incorporated and Special Olympics Georgia require that all Head Coaches sign a Unified Sports Team Participation Agreement before participating in a competition.
- ⑩ Special Olympics Georgia is implementing a process for all Unified Partners and Coaches to receive Unified Sports Training in order to participate on or coach a Unified Team.

Special Olympics Georgia recognizes the amount of growth in the Unified Sports Program and a growing need for the Unified Coaches and Unified Partners to receive training in Unified Sports.

### UNIFIED COACH TRAINING



## SECTION C VOLUNTEERS

### VOLUNTEER OPPORTUNITIES AND TYPES OF VOLUNTEERS

*Thousands of volunteers implement the Special Olympics program on the grassroots level. They serve on Games Organizing Committees; organize and conduct local, area, and state Special Olympics activities and competitions; and assist in fundraising efforts.*

*Volunteers serve as certified coaches, games officials, assistant coaches, and in a wide variety of other capacities in support of Special Olympics athletes.*

### LOCAL AND AREA PROGRAM VOLUNTEERS

*In Local and Area Programs volunteers are utilized in the following ways:*

#### COACHES

Special Olympics athletes need proper training from devoted coaches and assistant coaches. Before starting, coaches go through a short training/certification session that explains what is expected and what to expect during training. After coaches are certified, they work with athletes on a regular basis.

**Time commitment:** 1-2 times per week for 8-10 weeks prior to the state competitions

**Skills:** You do not need to be an expert in the sport you coach. You only need a desire and commitment to work closely with the athletes.

#### GAMES ORGANIZING COMMITTEE MEMBERS

The state is divided into 18 areas, with several local programs making-up each area. Volunteers who are interested in providing leadership through service on a Local or Area Games Organizing Committee are needed. These Teams organize and efficiently run the local or area Special Olympics program. From public relations to fundraising, there is a place for everyone.

**Time Commitment:** 1-3 days per month

**Skills:** Desire to lead and be creative.

#### EVENT TEAM MEMBERS

Several fundraising events are held each year, like golf tournaments, coin drives, etc. that need planners, recruiters and participants. Whether it's serving on a planning committee or organizing the day of the event, your help is needed.

**Time commitment:** One day or bi-weekly, two to three months leading up to the event of your choice

## STATE PROGRAM VOLUNTEERS

*On the State level volunteers are utilized in the following ways:*

### **GAMES ORGANIZING COMMITTEE MEMBERS**

This is a team of individuals devoted to planning, organizing, implementing, and evaluating each competition. Volunteers begin working about 4 months in advance and are used to organize and plan every aspect of the state competitions -from the Athlete Dance to each sporting venue.

### **EVENT TEAM/COMMITTEE MEMBERS**

Several fundraising events are held each year, like Golf Tournaments, Polar Plunge, Over the Edge, the Duck Pluck, Clay Shoot etc. that need planners, recruiters and participants.

### **SPEAKERS**

Volunteers who are willing and able to speak to our constituency on a wide variety of issues ranging from developmental disabilities to organizational skills are used whenever possible. Athlete Global Messengers or other volunteers make presentations year round.

### **STATE GAMES AND EVENT VOLUNTEERS**

Summer Games, Winter Games, Fall Games, Horse Show, and Masters Bowling are the five state competitions. Volunteers are needed for jobs at each of these -from cheering on athletes during competitions, to assisting with equipment set-up and breakdown. In addition, at each State Games there are opportunities for medical professionals to help out with our Healthy Athletes program.

## VOLUNTEER INSURANCE INFORMATION

### **Accident Insurance for Special Olympics Georgia Volunteers:**

Volunteers who are properly registered for each event\* are covered by limited insurance in case of an accident. Please note, this coverage is secondary to any insurance you carry and is for ACCIDENTS only, not illness. Please immediately report to the medical staff at your venue in the case of an accident.

\*Registration (signing in with picture ID) for each event is in addition to submitting the Volunteer Profile Form. To register for an individual event, you must notify and receive confirmation from the Special Olympics Georgia Volunteer Manager.

## VOLUNTEER ELIGIBILITY AND POLICY ON SCREENINGS

*Special Olympics Georgia has instituted a screening policy for volunteers to be proactive in the safety of the Special Olympics Georgia athletes.*

## VOLUNTEER SCREENING OVERVIEW

### **What Are the Different Types of Volunteers?**

#### *Class A Volunteers*

Volunteers who have regular, close physical contact with athletes; Volunteers in a position of authority or supervision with athletes; Volunteers in a position of trust with athletes; Volunteers who handle

substantial amounts of cash or other assets of the Program

You are a Class A Volunteer if you volunteer in the following capacity:

- Coach
- Unified Partner
- Assistant Coach
- ALP Mentor
- Overnight Host
- Treasurer
- Driver for athletes
- State Games Organizing Committee Member
- Local Games Organizing Committee Member
- Area Games Organizing Committee Member
- LETR Department Coordinator
- Healthy Athletes volunteer

### Class B Volunteers

Volunteers who only have limited contact with athletes or who have contact with athletes accompanied by coaches and assistant coaches

You are a Class B Volunteer if you volunteer in the following capacity:

- Volunteers who drive on behalf of SOGA (other than drivers for athletes)
- Day-only volunteers
- Event specific volunteer without regular, close physical contact with athletes

## **What is the Overview of the Screening Policy for the Different Types of Volunteers?**

### Class A Volunteers -Adults

In order to volunteer as a Class A Volunteer, applicants must:

1. Complete a Volunteer & Coach Profile Form with all necessary pieces of information
2. Complete Background Screen using SOGA's national vendor of choice (Verified Volunteers, Inc.)
  - a. Go to <http://www.verifiedvolunteers.com/> and click "Get Started"
  - b. All Volunteers are required to pay half (\$3) of the \$6 fee
3. Complete a photo ID check or identity verification at events
4. Complete Protective Behaviors Training

### Class A Volunteers – Minors (under 18)

In order to volunteer as a Class A Volunteer, applicants must:

1. Complete a Volunteer & Coach Profile Form
2. Complete the Protective Behaviors Training

### Class B Volunteers – Adults & Minors

In order to volunteer as a Class B Volunteer, applicants must:

1. Photo ID check or identification verification by another staff member or Class A Volunteer at events (for minors, IDs are only required to the extent available)

## **What Exactly Do You Screen?**

SOGA will use a national vendor that includes the sex offender registry for each state in which the sex offender registry is available electronically, and will use a national vendor that conducts a statewide criminal background check.

### **Can I Send in a Screening Report from My Employer or Police Department?**

To ensure we are obtaining consistent data, Special Olympics Georgia is required to conduct its own screening on existing and new Class A Volunteers as outlined in the volunteer screening policy. A criminal background check conducted by a volunteer's employer will not satisfy the screening requirement, unless said screening was conducted using Verified Volunteers. Inc.

### **Do You Complete Motor Vehicle Checks?**

Special Olympics Georgia will conduct a MVC if the applicant answers "yes" to the question regarding suspension or revocation of driver's license on the Volunteer & Coach Profile Form, or if Special Olympics Georgia has received information through the screening process that the applicant may have motor vehicle related convictions.

### **How Often Do I have to be screened?**

Every three years.

### **Why Do I have to be Screened, Especially Since I Have Been Volunteering with SOGA since the Beginning?**

Special Olympics International has mandated that all Special Olympics programs implement a volunteer screening program consistent with the rules and regulations outlined in the Special Olympics International policy. Special Olympics Georgia shall not permit a Class A Volunteer applicant to participate until that person has been screened and approved by Special Olympics Georgia.

### **What Happens If I Don't Want to Supply the Required Screening Information?**

If an individual does not provide Special Olympics Georgia with the information that is required to conduct the screening, the individual shall not be permitted to volunteer on behalf of Special Olympics.

### **How Do I Know My Information Is Secure?**

All Volunteer & Coach Profile Forms are first scanned into a secure computer database located at the State Office of Special Olympics Georgia, and then shredded. The information is sent to a company within a spreadsheet via email across a secure and protected network.

### **Who Sees My Screening Information and How Do I Know If I Am Not Accepted As A Volunteer?**

The CEO of Special Olympics Georgia is the person to renew the volunteer screening results. The CEO of Special Olympics Georgia will send a confidential letter of termination or non-acceptance to any individual whose screening results fall within the automatic disqualifiers listed in the volunteer screening policy, or to any individual who refuses to provide Special Olympics Georgia with the information that is required to conduct the screening.

## BACKGROUND

### A. National Vendor

- Special Olympics Georgia uses Verified Volunteers, Inc. ([www.verifiedvolunteers.com](http://www.verifiedvolunteers.com)) for volunteer screenings. To ensure we are obtaining consistent data, Special Olympics Georgia is required to conduct its own screening on existing and new Class A Volunteers as outlined in the volunteer screening policy. A criminal background check conducted by a volunteer's employer will not satisfy the screening requirement.

### B. Sex Offender Registry

- Special Olympics Georgia will use a national vendor that includes the sex offender registry for each State in which the sex offender registry report is available electronically.

### C. Criminal Background Checks

- Special Olympics Georgia will use a national vendor that conducts a statewide criminal background check.

### D. Motor Vehicle Checks

- Special Olympics Georgia will conduct a MVC if the applicant answers "yes" to the question regarding suspension or revocation of driver's license on the Volunteer & Coach Profile Form, or if Special Olympics Georgia has received information through the screening process that the applicant may have motor vehicle related convictions.

## DISCLOSURE AND AUTHORIZATION REQUIREMENTS

All Special Olympics Georgia volunteers are required to fill out the Volunteer & Coach Profile Form that meets the requirements as set forth below. The Special Olympics Georgia legal counsel has reviewed the forms to ensure compliance with State laws and regulations.

### **Volunteer & Coach Profile Form includes:**

1. Full name (First, Middle, Last)
2. Birthdate
3. Gender
4. Address – City, State, Zip, County
5. Phone – work, home, cell, fax
6. Email
7. Race(optional)
8. Special Olympics Agency and Area
9. The following questions:
  - a) Do you use illegal drugs?
  - b) Have you ever been convicted of a criminal offense?
  - c) Have you ever been charged with neglect, abuse or assault?
  - d) Has your driver's license ever been suspended or revoked in any state or other jurisdiction?
10. List the date that the Protective Behaviors Training was complete
11. A release that protects the Special Olympics movement from liability in connection with Special Olympics Georgia's conduction of the screening
12. Consent to use the volunteer's name and likeness to promote and publicize the purposes of Special Olympics
13. Initialed Release and Waiver of Liability (required of all Unified Partners to participate)

14. Signature and date – this is required for the Volunteer/Unified Partner Profile Form to be considered complete.

### **Automatic Disqualifiers with No Appeals Process**

1. Child abuse
2. Sexual abuse of a minor/adult
3. Causing a child's death
4. Neglect of a child or any other individual for whom the potential volunteer had/has responsibility
5. Kidnapping
6. Murder
7. Manslaughter
8. Felony assault
9. Arson
10. Criminal sexual conduct
11. Theft of funds
12. Fraud
13. Larceny or other financial crime
14. Prostitution-related crime
15. Drug trafficking
16. Violent crime toward another
17. Other as determined by the state program.

### **Automatic Disqualifiers for Driving on Behalf of Special Olympics Georgia**

1. DWI, DUI, or comparable offenses within seven years of application
2. Three or more moving violations within the past three years of application

<b>MISSING INFORMATION</b>
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### **Volunteer Refusing to Provide Information**

If an individual does not provide Special Olympics Georgia with the information that is required to conduct the screening, the individual shall not be permitted to volunteer on behalf of Special Olympics Georgia.

## **HOW TO FIND VOLUNTEERS IN YOUR COMMUNITY**

- 1. Determine which volunteers will most aid your event.** For example, do you need adult volunteers or groups of kids? Each volunteer / volunteer group will bring something different to the table.
  - a. Adult Volunteers:* Experience, comforting presence, logical thinking process
  - b. Groups of Kids:* Excitement, love for athletes, educational opportunity
- 2. Determine the days / times you need volunteers.** Recruit volunteer appropriately (i.e., you normally wouldn't ask a group of kids to volunteer on a weekday during their school session, etc.)
- 3. Research:**
  - a.* What organizations in your community have volunteers? Would they consider partnering with you?
  - b.* What groups are listed in the newspaper or on the internet? Would specific groups have the availability? For example, "I noticed a 'Housewife/Mothers Club' in the local newspaper; it was a

great volunteer group to target for my weekday needs!” Research the service organizations in your community, via internet. Civitan Clubs, Kiwanis Clubs, Girl Scouts/Boy Scouts, etc. – there are many service oriented groups to target.

**c.** Consider church groups. They are usually extremely willing to serve. Contact the youth pastor or church secretary. You may decide to allow the group to make cards or write notes to distribute to the event participants.

#### **4. Contact:**

**a.** Gather the contact information of each group. You will do better with a name/title than just calling to chat.

**b.** Introduce yourself, your event, and explain your needs up front.

**c.** Many groups will want to visually have the information. Create a simple flyer and be prepared to fax or e-mail it to each contact.

**d.** Don't push too hard! Remember these groups are asked to give their time constantly. If the contact is not interested or if they are unavailable, simply thank the contact and move on.

**e.** Once you find volunteers available and interested, record their information. Ensure you have a name, phone number and e-mail address. Mailing addresses are useful when mailing thank you cards after the event.

#### **5. Pre-Event:**

**a.** Remain in regular contact with the volunteers.

**b.** Constantly share your gratitude and further details.

**c.** Make sure you are prepared to position volunteers for the event; they'll look to you on the day-of the event.

#### **6. Event:**

**a.** Utilize all volunteers. If they came to give their time, get creative! Find something for them to do. Assign "Fans in the Stands" if necessary, and express the importance of supportive/cheering fans)

**b.** Constantly share your gratitude. Knowing they are appreciated will bring volunteers back next time!

#### **7. Post-Event:**

**a.** Update records to show which volunteers came.

**b.** Send thank you cards to those that volunteered.



**VOLUNTEER OF THE MONTH NOMINATION FORM**

Name of volunteer:

How many years has this volunteer been involved with Special Olympics Georgia?

How has this individual made an impact on the lives of Special Olympics Georgia's athletes? Details please!

What obstacles/accomplishments has this individual been through/made on behalf of Special Olympics Georgia? Details, please! Nomination Submitted By:

Position/Affiliation:

Phone/Email:

Please return to the Volunteer and Event Manager, by the first business day of the applicable month.

Special Olympics Georgia  
6046 Financial Drive  
Norcross, GA 30071  
Fax: 404.745.0550  
Attn: Volunteer and Events Manager

**VOLUNTEER & UNIFIED PARTNER PROFILE FORM**



**PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED.**

Please return to Volunteer & Event Manager via fax: 404-745-0550 Or mail to: 1601 N. Ashley St., Suite 88, Valdosta, GA 31602 OR  
 6046 Financial Drive, Norcross, GA 30071 or scan and email to: [liz.smith@specialolympicsga.org](mailto:liz.smith@specialolympicsga.org) Phone (229)-712-9973 OR  
[paul.mcneil@specialolympicsga.org](mailto:paul.mcneil@specialolympicsga.org) Phone (770)-414-9390 ext.1116  
 Visit us on the web: [www.specialolympicsga.org](http://www.specialolympicsga.org)

Check if you are a  General Volunteer  Coach  Unified Partner  Bus Driver  
 GOC/Committee Member  Local/Area Management Team  Other (please list) \_\_\_\_\_

To expedite your application, go to [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com) and login to submit your background screen. (Enter Good Deed code: wnoc4cz)

FULL NAME \_\_\_\_\_ Date of Birth (Required): \_\_\_\_\_ Male  Female   
First Middle Last

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email address (Required): \_\_\_\_\_

Race (optional): Caucasian  African American  Hispanic/Latino  Asian  Other

If you're already connected to Special Olympics locally, let us know where!

Special Olympics Georgia Agency: \_\_\_\_\_ Area (1-18): \_\_\_\_\_

**PHOTO ID CHECK** – Please complete one of the following photo ID checks prior to sending your Profile Form to SOGA

Enclosed is a photo copy of my driver's license

I, \_\_\_\_\_ verify that the person on this Profile Form has represented his/her  
(\*Full name of representing Volunteer) identity to the best of my knowledge: \_\_\_\_\_  
Signature of Class A Volunteer Date

**\*\*Only the following volunteers can complete a photo ID check**  
 Please circle your volunteer status: • Local Coordinator • Local Management Team • Area Management Team  
 • State Games Management Team • SOGA Staff

**Next Steps:** (Required of ALL Class A Volunteers age 18 and older)

**1. Protective Behaviors Training**

- Please visit [www.SpecialOlympics.org/ProtectiveBehaviors](http://www.SpecialOlympics.org/ProtectiveBehaviors) to complete Protective Behaviors Training.
- Please list the date that the Protective Behaviors Training was completed: \_\_\_\_\_

**2. Background Check using Verified Volunteers**

- Go to [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com) and click LOGIN at the top right corner
- Create a Volunteer account
- When asked for Good Deed Code, enter wnoc4cz
- Please list the date that the Verified Volunteers Background check was completed: \_\_\_\_\_

**Other Requirements for coaches, chaperones, bus drivers:**

Please visit [www.cdc.gov/concussion/headsup/training](http://www.cdc.gov/concussion/headsup/training) to complete Concussion Training.

Please answer the following questions honestly:

Do you use illegal drugs? \_\_\_\_\_ Have you ever been convicted of a criminal offense? \_\_\_\_\_  
 Have you ever been charged with and/or convicted of neglect, abuse, or assault? \_\_\_\_\_  
 Has your driver's license ever been suspended or revoked in any state or other jurisdiction? \_\_\_\_\_  
 If you answered "Yes" to any of the above questions, please explain below; giving date, charge, state, etc.

Volunteer/Unified Partner Name: \_\_\_\_\_

**List 2 Non-family references (required):**

Name:	Relationship:	Address or Phone Number:
1) _____	_____	_____
2) _____	_____	_____

In the event of an emergency, contact: \_\_\_\_\_  
Emergency Contact Name Relationship Phone

**SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY**

**Please initial to acknowledge you read and understand the below disclosure**

In consideration of participating in Special Olympics Unified Sports, I represent that I understand the nature of the event and that I (or my child if a minor) am (is) qualified, in good health, and in proper physical condition to participate in Unified Sports events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (or my child's if a minor) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I, (and/or my minor child) will discontinue participation immediately. **Initial** \_\_\_\_\_

If during my participation in Special Olympics activities I should need emergency medical treatment and I (or my child if a minor) am (is) not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization. **Initial** \_\_\_\_\_

I (or my child if a minor) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other Unified Sports participants, sponsors, advertisers and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (or my child if a minor) may incur as a result of participation in Unified Sports events and further agree that if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim. **Initial** \_\_\_\_\_

PLEASE READ BEFORE SIGNING: I understand that:

- In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Special Olympics Georgia and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Georgia.
- I grant Special Olympics Georgia and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Georgia's and Special Olympics, Inc.'s Website, or in any other form, format or media to promote activities of Special Olympics.
- I understand that the Protective Behaviors training must be completed every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event.
- If I am 18 years old or older, I am required by Special Olympics Georgia to submit a background screening every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event. I agree to pay \$3.00 for my background screening through Verified Volunteers, Inc. and I give permission for Special Olympics Georgia to view my background screening.

All information contained in this application is true and complete and correct to the best of my knowledge. I will contact the Special Olympics Georgia office at (229) 712-9973 if any of my information changes. In signing this application, I have read the forgoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

**By signing below I am acknowledging that I have read and understand this disclosure and agree to abide by all SOGA guidelines.**

Volunteer/Unified Partner's Signature _____	Date: _____
Signature of Parent or Guardian (if Volunteer is Minor) _____	Date: _____
Print Full Name of Parent or Guardian _____	



## SECTION D -1 STARTING A LOCAL PROGRAM

### STEPS FOR A LOCAL MANAGEMENT TEAM

#### ACCREDITATION PACKET

Be A Fan!

Visit our Website [www.specialolympicsga.org](http://www.specialolympicsga.org)

**6046 FINANCIAL DRIVE NOCROSS, GA 30071 Telephone: 770-414-9390/FAX: 404-745-0550  
or 404-393-2929**

Maintaining our commitment to a grassroots philosophy, we must create and utilize effective volunteer management systems and organizational structures at the Area and Local levels.

This section outlines the steps necessary to apply for accreditation with Special Olympics Georgia. Suggestions for effective management techniques at the Area and Local levels are provided. Local Coordinators and Games Organizing Committee Members should use these steps as an on-going reference during the accreditation process.

### ACCREDITATION INFORMATION

All counties that have athletes must be accredited in order for the athletes to compete at any level. The Senior Coach Education and Program Manager will not sanction a competition until accreditation by that agency is complete.

Any agency coming to State Games must come from an accredited county in order to compete at the games.

An agency that is registering athletes in a county that is not accredited must become accredited before competing at any level.

### POLICY AND PROCEDURES FOR ACCREDITATION

#### I. Purpose

A letter of accreditation shall be issued as authorization that the applying organization is approved to act as an official Special Olympics organization in the designated area/local agency of Georgia.

#### II. Commitments

Upon issuance of the letter of accreditation to an agency, Special Olympics Georgia, Inc. invests its belief, trust, and authority in such organization and Local Coordinator/Area and Local Management Teams for the proper, legal, and just implementation of that program. Upon

acceptance of the letter of accreditation and the mandate it represents, the organization and Local Coordinator/Local or Area Management Teams accepts full responsibility for implementation and recognizes Special Olympics Georgia, Inc. as the legal and binding authority on Special Olympics policies and practices.

### **III. Issuance of Accreditation**

A letter confirming accreditation shall be issued annually to the Area/Local Agencies of Georgia who meet the designated requirements.

1. Special Olympics Georgia, Inc. reserves the right to review the accredited organizations and Local Coordinator/Local Games Organizing Committees whenever the CEO deems necessary.
2. Letter of accreditation shall be issued to individuals and organizations who:
  - A. Complete the *General Sequence for Accreditation*.
  - B. Receive approval from Special Olympics Georgia, Inc. for the person who will serve as Local Coordinator.
  - C. Agree to hold Area/Local Games Organizing Committee meetings at least quarterly
  - D. Send a copy of bank/corporate resolution and signature cards.
  - E. Send monthly financial reports to SOGA by the 15<sup>th</sup> of each month.
  - F. Officially identify the Area/Local programs as a part of Special Olympics Georgia, example: Special Olympics Georgia, Area 15 or Special Olympics Georgia, Pickens County (***no other titles are permitted***).
  - G. Agree to identify Special Olympics Georgia, Inc. in all printed materials, releases, etc. as State Sponsor.
  - H. Agree that Local Coordinators cannot serve on the Games Organizing Committee in a chair position.
  - I. Agree to promote and conduct a yearly range of goals for the program.
  - J. Agree to assist in achieving the goals of Special Olympics Georgia, Inc.
  - K. Agree to abide by the General Rules contained herein as well as the principles and spirit of Special Olympics.
  - L. Agree to furnish the State Office with all newsletters, minutes, games evaluations, and Games Organizing Committee reports.
  - M. Agree to actively increase the number of new athletes participating in the program (outreach/quality growth).
  - N. Agree to complete and submit the *Fundraising Authorization Form* to SOGA prior to any/all fundraising events.

### **IV. General Requirements for Accreditation**

To ensure proper conduct of the program and fulfillment of all requirements by both Special Olympics Georgia, Inc. and Area/Local agency, the following information must be submitted to the State Office by November 1st every two years:

1. Submit an Area Management Team list.
2. If you are planning to raise money in the name of Special Olympics, open a certified financial account, with the SOGA CEO and Senior Sports and Program Manager or COO included as signatories.
3. Submit an evaluation of previous year's goals.
4. Submit goals including outreach/quality growth for the upcoming year (Include the amount/percent to increase number of registered athletes in the outreach/quality growth goal).
5. Submit a 2-year Calendar of Events. (January 1 – December 31)
6. Submit a Competition Sanctioning Form for each scheduled competition.
7. Submit an annual budget that includes projected revenues and expenditures (revenue plus beginning balance must be equal to/greater than expenses, refer to budget worksheet).
8. Keep a copy of a current signature card and corporate resolution on file.
9. Each member must have a Volunteer/Coach profile form completed and submitted

### **V. Criteria for Evaluation of Accredited Program**

Criteria listed below represents the essential elements in the establishment of a quality Special Olympics Program. Accreditation will be evaluated on the basis of the ability to provide the following:

1. Games Organizing Committee Members should show representation of major related agencies.

2. Adequate communications system established throughout the program.
3. Number of participants involved is consistent with the size of the program.
4. General quality of the planned competitions.
5. Volunteer staff shows broad community involvement and is adequate to provide all necessary services at the competitions.
6. Encourage opportunity for social and educational experiences at competitions when possible.
7. Active participation of school systems, recreation departments, MRSC's, YMCA's, YWCA's and group homes throughout the program.
8. Exhibit quality growth in the numbers of participants and activities provided.
9. Provide efforts to improve the overall quality of the program.
10. Evidence of well planned year-round program.
11. Adequate financing for year-round program and competitions.
12. Plans for development and training of new volunteers.
13. Evidence of well developed public relations program.
14. Other items the CEO of Special Olympics Georgia, Inc. deems necessary.



## **SOGA Agency Accreditation Policy**

### **ACCREDITATION DUE DATES & PENALTIES**

- Agency Accreditations are due November 1<sup>st</sup> of the year that their current Accreditation expires (For example, if an agency is accredited 2016-2017; they're new accreditation packet for the 2018-2019 period will be due on November 1<sup>st</sup>, 2017).
- Agencies that do not submit a correct & complete Accreditation Packet by the above stated November 1<sup>st</sup> deadline will receive a 60 day grace period before being penalized. To avoid being penalized, all required documents must be completed and in the SOGA office NO LATER THAN December 31<sup>st</sup>.
- If an agency's Accreditation is not complete and approved by SOGA on or before December 31<sup>st</sup> of the due date year, the agency will be put on a 3-month suspension from participating in any Special Olympics Georgia activities, which includes Local, Area, or State competitions (regardless of if the accreditation is submitted before the event).
- If an agency completes this 3-month suspension and remains without an approved Accreditation after March 31<sup>st</sup> of the following year, further penalties may be enforced.

Please contact SOGA anytime with questions and concerns and thank you for all that you do to support the athletes and the organization.



## **Policy Concerning Umbrella Agencies**

### **What is an UMBRELLA AGENCY?**

- An Umbrella Agency is any SOGA Agency that is unable to acquire enough individuals to form a full volunteer Management Team. For this reason, the agency can be considered an Umbrella Agency through the approval of an already existing Accredited Agency or Area. As an approved Umbrella Agency, you are entitled to all the benefits and justifications that go along with accreditation. Special Olympics Georgia trusts that you recognize the responsibilities associated with this standing, and expects all policies, procedures and guidelines set forth by SOGA through such accreditation to be followed accordingly.

### **UMBRELLA AGENCY REQUIREMENTS**

- In order for an agency to be considered an official Umbrella Agency, that agency must have the following documents on file with SOGA:

- Signed Local Coordinator Agreement.
- Agency Umbrella Agreement signed by the Umbrella Agency's Local Coordinator.
- Agency Umbrella Agreement signed by the Chairperson or Local Coordinator of the Accredited Agency approving such Umbrella.

- If the agency that has approved an Umbrella Agency has an expired accreditation and therefore are no longer accredited, then that Umbrella Agency is also no longer considered accredited.

-Any changes made to an Umbrella Agency Agreement must be communicated to the SOGA State office immediately.

Please contact SOGA anytime with your questions. Thank you.





## Umbrella Agency Agreement

By signing this Agreement, I, \_\_\_\_\_, serving as the

(PRINT YOUR NAME)

Local Coordinator / Chairperson for \_\_\_\_\_

(CIRCLE ONE)

(AGENCY NAME)

in Area \_\_\_\_\_ approve that the Umbrella Agency below may be considered accredited under our existing accreditation. I will do my best to enforce the guidelines, procedures & policies set forth by Special Olympics Georgia through such accreditation. I will notify Special Olympics Georgia Team Member of any future changes to this agreement.

\_\_\_\_\_  
Signature of Local Coordinator/Chairperson

\_\_\_\_\_  
Date

**Umbrella Agency:** \_\_\_\_\_

By signing this Agreement, I, \_\_\_\_\_, serving as the

(PRINT YOUR NAME)

Local Coordinator for \_\_\_\_\_ in Area \_\_\_\_\_

(UMBRELLA AGENCY NAME)

understand that while acting as an Umbrella Agency we will be considered accredited under the above agency's accreditation. Therefore, I agree that \_\_\_\_\_ and all individuals involved/affiliated with

(UMBRELLA AGENCY NAME)

our agency, will follow all guidelines, procedures & policies set forth by Special Olympics Georgia through such accreditation. I will notify Special Olympics Georgia Team Member of any future changes to this agreement.

\_\_\_\_\_  
Signature of Umbrella Agency Local Coordinator

\_\_\_\_\_  
Date



To: All Special Olympics Georgia agencies  
Re: Accreditation Policy  
From: Special Olympics Georgia

Dear Agency:

It is required that all agencies that participate in any Special Olympics Georgia training and competition must be accredited every 2 years. Below are few items to take note of as you apply for accreditation:

1. Accreditation is valid for two (2) years. For example, if you send in accreditation paperwork on November 1, 2017 you are accredited until November 1, 2019.
2. While you must still turn in a calendar for the two-year time period, we understand that dates are tentative since they must be set so far in advance. However, please make every effort to plan and attempt to uphold the dates as best you can.
3. Since accreditations lasts for two years, you no longer have to turn in Competition Sanctioning Forms or Fundraising Authorization Forms along with the accreditation paperwork, although you may continue to do so if you prefer. However, **Competition Sanctioning Forms and Fundraising Authorization Forms must be completed and returned to SOGA at least 30 days prior to any event.**
4. It is preferred to have ALL management team positions filled, however, it is MANDATORY that there are at least seven management team members. Within those seven required positions, the positions of Chairperson, Treasurer (if you have a SOGA bank account) and Athlete MUST be filled.
5. All management team members must have a volunteer profile form on file as well as have taken and passed the protective behaviors online quiz and completed a background screen through Verified Volunteers. Please check with your Sports & Program Manager to find out if these three items are on file for each of your management team members.
6. All articles of this accreditation must be complete, and approved by SOGA before the accreditation is valid.
7. **Please note the deadline: November 1, 2017.** Existing 2016-2017 accreditations expire on November 1, 2016. Existing agencies who do not turn in their accreditation paperwork by November 1<sup>st</sup> will not be allowed to participate in any Special Olympics Georgia related activities until new accreditation is accepted and approved. Accreditations not completed before December 31<sup>st</sup> will be penalized with a 3 month probationary period during which that agency will not be allowed to compete at any local, area, or State events (even if the accreditation is completed before the event).
8. New agencies cannot begin participation in any Special Olympics Georgia activities until their accreditation has been submitted and approved.

Thank you for your continued support of Special Olympics Georgia. Please take note of these items and keep them in mind for future accreditations.

Sincerely,

Special Olympics Georgia

## Special Olympics Georgia Agency Accreditation

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Area/County: \_\_\_\_\_  
Local Coordinator Name: \_\_\_\_\_  
Local Coordinator Phone/E-Mail: \_\_\_\_\_  
Signature of Local Coordinator: \_\_\_\_\_  
Is This a NEW Agency: \_\_\_\_\_

### ACCREDITATION CHECKLIST

**Required (EACH requirement below must be completed in order for your accreditation to be complete. Anything not completed will result in your accreditation to not be accepted):**

- Management Team List with at least seven of the positions filled. Of the seven, these positions MUST be filled: Chairperson, Athlete, and Treasurer. (Treasurer can only be omitted if you do not have a SOGA bank account). (Local Coordinators can only serve in one of these three positions: Competition, Training, or Family Chairperson).
  - Signed Job Descriptions for each Management Team Members (Job descriptions for EACH management team member must be signed and dated for this accreditation).
  - Completed Volunteer/Coach Profile forms for EACH Management Team Member
  - Completed Protective Behaviors Training for EACH Management Team Member. Go to [www.specialolympics.org/protectivebehaviors](http://www.specialolympics.org/protectivebehaviors) to complete the training.
  - Completed Background Screen through [www.VerifiedVolunteers.com](http://www.VerifiedVolunteers.com) (Good Deed Code: wnoc4cz)
- Submit Goals and Objectives for upcoming TWO years. Please include:
  - Goals must include: annual athlete participation increase of at least 1% (i.e. Growth Proposal-how your agency will expand during the next two years).
  - At least FIVE goals must be included.
- Submit evaluation of previous year's goals.
  - Each goal from the previous years must be listed and reviewed with an explanation of how goal was reached or why goal was not met. Simply stating "met" and "not met" is NOT acceptable.
- Submit Tentative Calendar of Events including:
  - Dates and locations of meetings
  - Dates and locations of competitions (i.e. Area Fall Games, State Summer Games)
  - Dates of Fundraising Projects (applicable only if you have a SOGA bank account)
- If you have a SOGA Bank Account:
  - Submit a copy of the current Signature Card, which must include signatures of the CEO, COO or the Senior Sports and Program Manager, and necessary members of the management team. The name of the bank account must also be Special Olympics Georgia- Area # or Agency Name
  - Submit an annual budget including ALL projected revenues and expenditures
  - PLEASE NOTE: You are not allowed to fundraise using the name, logo or any items that are the property of Special Olympics Georgia unless you have a SOGA bank account.**
- Signed copy of the Policy Concerning the Prohibition of Charging Fees – Must be signed by Management Team Chairperson
- Signed copy of the Policy Concerning Fundraising Without a Special Olympics Georgia Bank Account – Must be signed by Management Team Chairperson

### **Other:**

- A Competition Sanctioning Form must be submitted to SOGA at least ONE MONTH prior to each competition you are hosting.
- A Fundraising Authorization Form must be submitted to SOGA at least ONE MONTH prior to each fundraising event
  - If another agency participates under your accreditation, please list that organization below:**

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**Submit Completed Packets to: Special Olympics Georgia, 6046 Financial Drive, Norcross, GA 30071 or via e-mail to your Sports & Program Manager**

## SPECIAL OLYMPICS GEORGIA MANAGEMENT TEAM MEMBERS

Area/Agency \_\_\_\_\_

Management Team Position	Name & Profession	Address	Phone/Fax/E-Mail *please note which on is which*
*Chairperson			
Secretary			
Volunteers			
Training			
Public Relations			
Competitions			
*Finance/Treasurer (only required if agency has SOGA bank account)			
Fundraising			
*Athlete			
Family			

Contact information for each team member must be filled out completely

\*= Required position

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Management Team Chairperson

**OBJECTIVE:** The Chairperson oversees the organization of regular meetings, projects, etc. for a Management Team in a specified geographical area. The Chairperson is the liaison to the SOGA state office and staff.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA bylaws and SOI policies regarding Management Teams.
- Organize and lead all Management Team meetings effectively and efficiently.
- Communicate regularly with other Management Team Members and the Local Coordinator.
- Oversee the development and implementation of the annual competition plan.
- Develop the monthly meeting agenda with the input of the Local Coordinator.
- Lead and motivate all Management Team assignments.
- Direct the successful, punctual completion of the Accreditation Process.
- Consistently provide feedback and evaluation to all Management Team members.
- Supervise the orientation and training of Management Team members.
- Supervise the recruitment of new Management Team members.
- Ensure that 1-3 fundraising events are implemented annually.
- Develop a written plan for the Management Team, including outlined annual objectives.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is 2 year commitment
- Management Team meetings are to be held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Refined oral and written communication skills.
- Knowledge of the Special Olympics Georgia Program.
- High level organizational skills.

For additional support and resources or if you have questions, call your Sports & Program Manager at the State Office. 770-414-9390.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM SECRETARY  
JOB DESCRIPTION**

**JOB TITLE:** Secretary

**OBJECTIVE:** The Secretary is the communication link among the Management Team Members, the Local Coordinator and the SOGA state office and staff.

**MANDATORY RESPONSIBILITIES:**

- Attend and fully participate in Management Team meetings.
- Report the minutes from the previous Management Team meeting.
- Record accurate minutes at meetings; type and distribute minutes to all Team members, Local Coordinator, and designated SOGA contact (via Intranet if possible).
- Email meeting notices to ensure meetings are well attended.
- Send special notices for upcoming events (fundraisers, competitions, etc.).
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Secretary will be evaluated annually.

**HELPFUL SKILLS:**

- Previous volunteer or paid leadership experience a plus.
- Knowledge of the Special Olympics Georgia Program is helpful.
- Well developed oral and written communication skills.

For additional support and resources or if you have questions, call your Sports & Program Manager at the State Office. 770-414-9390

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM VOLUNTEER CHAIRPERSON**

**JOB DESCRIPTION**

**JOB TITLE:** Volunteer Chairperson

**OBJECTIVE:** The Volunteer Chairperson establishes and oversees the volunteer management system (recruits, screens, places, trains, supervises, and evaluates); secures a sufficient number of volunteers for staffing all Management Team and coaching needs.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies regarding volunteer screening.
- Attend and actively participate in Management Team meetings.
- Communicate with other Management Team Members on a regular basis.
- Ensure proper files and forms are completed for each volunteer.
- Assist with relieving volunteers of their duties when necessary or requested.
- Obtain a list of the types of volunteers needed from Local Coordinator and other Chairpersons.
- Develop a recruitment calendar that lists names of events, number of volunteers needed, and recruitment deadlines.
- Prepare volunteer recruitment public service announcements (PSA's) and articles in conjunction with the Public Relations committee.
- Use the Volunteer & Coach Profile form required by SOGA (which adheres to the US Chapters General Rules Volunteers Screening Policy).
- Maintain central listing or database of all volunteers.
- Follow-up with referrals from local volunteer agencies (i.e.RSVP).
- Develop and maintain a Volunteer Recognition program.
- **Adhere to SOGA specific and SOI policies regarding protective behaviors and make sure all volunteers are familiar with this policy.**

**TIME COMMITMENT AND TIME FRAME:**

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Volunteer Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Commitment to the philosophy, needs, and rewards of volunteerism.
- Well developed organizational and communication skills
- Database knowledge or commitment to learn.
- Desire to work with people from diverse backgrounds.

For additional support and resources or if you have questions, please call your Sports & Program Manager at the State Office. 770-414-9390

---

Signature

---

Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM TRAINING CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Training Chairperson

**OBJECTIVE:** The Training Chairperson provides training clinics for coaches, officials, athletes, Games Management Teams and Competition Directors; and oversees the development of sports programs for all athletes.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies.
- Attend and actively participate in Management Team meetings.
- Organize and conduct approved coach's clinics and GMS trainings for coaches in conjunction with the SOGA Senior Sports Manager.
- Ensure an application for the Special Olympics Sports Training Certificate is completed by each participant attending a coach's clinic.
- Ensure that each local coach that is training athletes submits a Coach's registration form to the state office.
- Compile a resource list of professionals in the fields of athletics, sports, celebrities, university professors, sports officials, and coaches who would be able to assist with the sports training program.
- Develop a system to thank coaches, clinicians, Sports Directors, and facility and equipment lenders on an on-going basis.
- Assist the SOGA Senior Sports Manager in notifying coaches, prospective coaches, teachers, and Special Olympics athletes of all upcoming training opportunities.
- Assist with securing facilities for training and competitions free of charge.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Training Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Know a variety of sports contacts for recruiting volunteer coaches and clinicians.
- Well developed organizational and communications skills
- Well developed management and supervision skills.
- Former experience with Special Olympics (a certified Special Olympics coach, official, or Games Director is preferred).

For additional support and resources or if you have questions, please call your Sports & Program Manager at the State Office. 770-414-9390

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM PUBLIC RELATIONS CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Public Relations Chairperson

**OBJECTIVE:** The Public Relations Chairperson develops and implements on-going activities, materials, and media opportunities to increase community awareness of Special Olympics.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies regarding language guidelines, use of logo, and credit line.
- Attend and actively participate in Management Team meetings.
- Communicate with Management Team members on a regular basis.
- Develop a year-round Public Relations/Education plan and implement PR activities.
- Compile a media and PR directory of all newspapers, PR agencies, publications, radio and TV stations in the area.
- Inventory all PR materials annually.
- Establish and utilize a Speakers Bureau that includes Global Messenger athletes and youth.
- Promote Fundraising, Quality Growth, Families, Sports, & Volunteer needs.
- Prepare press releases for public release on radio, TV and print.
- Compile a mailing list of local programs, school districts, schools, universities, institutions, community organizations, local businesses, sponsors, and radio and TV stations who should receive copies of memos/newsletters.
- Prepare all official communications directed by the Local Coordinator (Invitations, PR statements, advertisements, etc...).
- Utilize business' marquees, billboards, business cards, movie advertisements, and cable community calendars for promotions.
- Develop a Program Fact Sheet.
- Write a proclamation for the Mayor to establish a Special Olympics Week or Day. Arrange a press conference for the signing of the proclamation for radio or TV.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Public Relations Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Public Relations experience a plus.
- Knowledge of media outlets in the community.
- Refined oral and written communication skills
- Interview experience: Prepare to be interviewed on radio and TV programs and by reporters.

For additional support and resources or if you have questions, please call your Sports & Program Manager at the State Office. 770-414-9390

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM COMPETITION CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Competition Chairperson

**OBJECTIVE:** The Competition Chairperson recruits and manages a team of volunteers for each competitive event conducted to ensure the availability of quality, Olympic-type competitions in a safe environment for Special Olympics athletes.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies regarding training, competition, eligibility, and safety.
- Attend and actively participate in Management Team meetings.
- Communicate with Management Teams, Officials, and Coaches on a regular basis.
- Ensure the development and implementation of an annual competition plan.
- Submit a Competition Sanctioning Form to SOGA for all competitions.
- Publish a calendar of competitions.
- Develop a competition budget.
- Secure quality facilities and equipment.
- Monitor competitions for adherence to Special Olympics sports rules.
- Meet medical and safety requirements.
- Conduct evaluations of each competition.
- Conduct annual evaluations of competition plans, goals, and objectives.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Competition Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Pre-established relationships with sports and other contacts in the community are helpful.
- Stimulate community involvement in competitions.
- Prior experience conducting sports events and working with individuals with intellectual disabilities (preferably, the Competition Chairperson will have prior experience as a member of at least one Games Evaluation Team or Games Management Team).
- Well developed organizational and communication skills.

For additional support and resources or if you have questions, please call your Sports & Program Manager at the State Office. 770-414-9390

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Signature

---

Date

**SPECIAL OLYMPICS GEORGIA**  
**MANAGEMENT TEAM FINANCE CHAIRPERSON**  
**JOB DESCRIPTION**

**JOB TITLE:** Finance Chairperson (NOT REQUIRED IF YOU DO NOT HAVE A SOGA BANK ACCOUNT)

**OBJECTIVE:** The Finance Chairperson Identifies the Program's financial needs and manages funds raised by the local Special Olympics program throughout the year.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies regarding finance and fundraising. (See Financial Management Guide)
- Attend and fully participate in Management Team Meetings.
- Communicate regularly with other Management Team Members.
- Ensure that an annual budget is developed based upon the Program's needs.
- Forward the budget to the Management Team for approval and submit to SOGA as part of Accreditation.
- Send required financial reports & bank statements to the SOGA state office monthly.
- Keep accurate records of all income and expenditures.
- Analyze outcome of fundraising projects.
- Establish checking (and savings) account under direction of SOGA Office.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.
- Coordinate with the Regional Manager/Local Coordinator a planned budget of expenditures and revenue
- Present a financial statement at each called or regular meeting of the Management Team for approval.

**TIME COMMITMENT AND TIME FRAME:**

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Finance Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Experienced in finance and/or accounting.
- Well developed organizational and communication skills.

For additional support and resources or if you have questions, call your Sports & Program Manager at the State Office. 770-414-9390

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*REMINDER: No Accredited Program may require Special Olympics athletes or their families to pay or promise to pay any type of admission, registration, training, participation, or competition fee, or any other fee or charge of any type as a condition for admission to any Special Olympics event or activity, or as a fee for the athletes' participation in any Special Olympics training or competition.

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM FUNDRAISING CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Fundraising Chairperson (**REMINDER: YOU MUST HAVE A SPECIAL OLYMPICS GEORGIA BANK ACCOUNT IN ORDER TO FUNDRAISE IN THE NAME OF SPECIAL OLYMPICS GEORGIA**)

**OBJECTIVE:** The Fundraising Chairperson develops and implements projects and activities throughout the year to raise funds that support the needs and growth of the local Special Olympics Program.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA and SOI policies and guidelines regarding sponsors, fundraising, language guidelines, use of logo, and credit line.
- Attend and actively participate in all Management Team meetings.
- Communicate with other Team Members on a regular basis.
- Coordinate fundraising activities.
- Evaluate fundraising plans and set goals annually.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.
- Recognize and thank volunteers who staff the various fundraising special events, with the help of the Volunteer Chairperson.
- Identify prospective donors and develop a strategy for engaging them.
- Maintain a current file on sponsors and donors.
- Ensure proper donor and sponsor recognition
- Conduct diversified fundraising:
  1. Special events
  2. Individual and corporate gifts and sponsorships – cash and in-kind
  3. Sponsor an athlete or team
  4. Civic and fraternal service projects
  5. Piggyback on SOI/SOGA promotions
- Analyze all fundraisers for gross and net results as well as public relations value.
- **Submit fundraising project authorization form to the SOGA Office 30 days prior to the start date of each project.**
- **Submit In-Kind Donation Forms to SOGA.**

**TIME COMMITMENT AND TIME FRAME:**

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Fundraising Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Experience with fundraising
- Well developed oral and written communication skills

For additional support and resources or if you have questions, please call your Sports & Program Manager at the State Office. 770-414-9390

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM ATHLETE CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Athlete Chairperson

**OBJECTIVE:** To work as part of the Area/Local Management Team to improve Special Olympics on the Area/Local level by giving valuable input from an athlete's perspective. To give feedback to the Management Team from other Special Olympics athletes concerning any changes that needs to be implemented on a Local/Area level.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies.
- Attend and actively participate in Management Team meetings.
- Communicate with Management team Members on a regular basis.
- Encourage and refer potential athletes to the Special Olympics Georgia program.
- Serve as a liaison between the Area/Local Management Team and Special Olympics athletes.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a 2 year commitment.
- Management Team meetings are held once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Athlete Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Must be a registered athlete.
- Ability to communicate effectively with Management Team members and give input.
- Ability to speak in front of targeted audiences.

For additional support and resources or if you have questions, call your Sports & Program Manager at the State Office. 770-414-9390

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Signature

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Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM FAMILY CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Family Chairperson

**OBJECTIVE:** The Family Chairperson will increase family involvement with Special Olympics athletes to strengthen family ties, promote awareness of people with intellectual disabilities and to assure the continuing quality of the Program.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies.
- Attend and actively participate in Management Team meetings.
- Communicate with Management Team Members on a regular basis.
- Develop a Family Plan which incorporates the following: recruits additional Special Olympics athletes and their families, encourages family members to show support and play a major role in educating the public about Special Olympics, encourages family members to promote Special Olympics within the school system, other organizations and the community.
- Create a Program-wide mailing list of interested families.
- Develop a mechanism for disseminating information to families (i.e., newsletters or family section in existing newsletter).
- Develop a referral system for families who wish to attend coaches clinics, special events, family seminars and competitions.
- Coordinate efforts with the Outreach Chairperson to recruit more families and athletes.
- Arrange for a registration/hospitality tent for families at competitions.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Family Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Well developed organizational and communication skills.
- Ability to motivate and communicate.
- Ability to delegate responsibilities to committee members.
- Ability to speak in front of a large targeted audiences.

For additional support and resources or if you have questions, please call your Sports & Program Manager at the State Office. 770-414-9390

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Special Olympics  
Goals for 2017-2018  
(At least FOUR more goals must be included below)**

1. Annual athlete participation increase of at least 1% (Mandatory Goal)

**Special Olympics  
Review of 2016-2017 Goals**

**\*\*\* Please write a review of ALL your goals from 2016-2017 and write which ones were met with an explanation and which ones were not met and why. Simply stating “met” and/or “not met” for goals is not acceptable.**

\*\*\*If you are a new agency, please write “We are a new agency and therefore have no previous goals to review” below.

\*\*\*Your Sports & Program Manager has a copy of your prior goals and accreditation if you should require that information.



Special Olympics  
2018-2019 Calendar of Events

---

**: 2018-2019 CALENDAR**

(Agency)

\*This calendar should represent dates for the whole two years in which you are accredited. We do understand that planning for such a long period is not always accurate, but we urge you to be as specific as possible when planning your dates and locations for any and all events pertaining to Special Olympics Georgia.

Special Olympics  
Proposed Budget 2018-2019

**Revenues**


**Expenses**


\*A budget is no longer required if you do not have a Special Olympics Georgia bank account.

**\*Reminder: No agency accredited by Special Olympics Georgia may fundraise using the name, logo, or any property belonging to Special Olympics Georgia without a Special Olympics Georgia bank account**



# **POLICY CONCERNING THE PROHIBITION OF CHARGING FEES**

## **PROHIBITION ON CHARGING FEES**

- Article 7, Section 7.02 of the Special Olympics, Inc. General Rules states the following concerning the charging of fees for athletes or their families:

- “No Accredited Program may require Special Olympics athletes or their families to pay or promise to pay any type of admission, registration, training, participation, or competition fee, or any other fee or charge of any type as a condition for admission to any Special Olympics event of activity, or as a fee for the athletes’ participation in any Special Olympics or competition (collectively, “Prohibited Fees”).

By signing below I acknowledge that I, the Management Team Chairperson, have read and understand this policy prohibiting the charging of fees to any Special Olympics Georgia athletes or their families as stated above and that I and anyone affiliated with my agency will abide by this policy as an accredited agency of Special Olympics Georgia:

---

Signature of Chairperson

---

Printed Name

---

Name of SOGA Agency



## Policy Concerning Fundraising

No agency may fundraise using the name, logo, or any property belonging to Special Olympics, Inc. or Special Olympics Georgia unless they are an accredited agency of Special Olympics Georgia.

No agency accredited by Special Olympics Georgia may fundraise using the name, logo, or any property belonging to Special Olympics, Inc. or Special Olympics Georgia without a Special Olympics Georgia bank account.

A Special Olympics Georgia bank account must be named in the following manner: Special Olympics Georgia – (Area # or Agency Name)

A Special Olympics Georgia bank account must list as authorized signers for the account: CEO of Special Olympics Georgia; COO or Senior Sports and Program Manager of Special Olympics Georgia; Financial Chairperson of the local management team; any other necessary members of the local management team.

A Special Olympics Georgia bank account must be reported on monthly to the state office of Special Olympics Georgia using the appropriate financial reporting paperwork, which will be provided to you from the state office. Special Olympics Georgia reserves the right to close any Special Olympics Georgia bank account which falls 3 months behind in reporting.

No agency accredited by Special Olympics Georgia may hold any fundraiser using the name, logo, or any property belonging to Special Olympics, Inc. or Special Olympics Georgia without the approval of Special Olympics Georgia. A Fundraising Authorization Form must be submitted to Special Olympics Georgia at least ONE MONTH prior to each fundraising event.

By signing below I acknowledge that I, the Management Team Chairperson, have read and understand this policy concerning fundraising as stated above and that I and anyone affiliated with my agency will abide by this policy as an accredited agency of Special Olympics Georgia:

---

Signature of Chairperson

---

Printed Name

---

Name of SOGA Agency

**COMPETITION SANCTIONING FORM**

Special Olympics Incorporated (SOI) requires that all Competitions be sanctioned. In order to hold an *Official* Special Olympics competition, you must submit this form to the Special Olympics Georgia State Office with your Accreditation packet in November. Notify the SOGA Office of any changes in date / location of event. **ALL information must be completed for approval.**

AREA / LOCAL PROGRAM: \_\_\_\_\_

NAME OF COMPETITION: \_\_\_\_\_

(Example: DeKalb County Summer Games, Area 2 Softball Tournament, etc.)

COMPETITION SITE & CITY: \_\_\_\_\_

COMPETITION DIRECTOR'S NAME: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

COMPETITION DATE: \_\_\_\_\_ RAIN DATE: \_\_\_\_\_

What Official Special Olympics sports will be offered?

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

List any other events / activities that will be offered:

\_\_\_\_\_

Will a Special Olympics Georgia approved torch be used during this event?

\_\_\_\_\_

Name the volunteer responsible for the use of the said torch:

\_\_\_\_\_

I verify all information given is accurate and true for the competition:

Local Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

SOGA Sport Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**SOGA OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

REASON: \_\_\_\_\_

SR. SPORTS AND COACH EDUCATION MANAGER SIGNATURE: \_\_\_\_\_

**RETURN FORM TO:**

Sr. Sports & Coach Education Mgr. (KB)  
Special Olympics Georgia  
6046 Financial Drive  
Norcross, GA 30071  
Fax #: 404-745-0550



SPECIAL OLYMPICS GEORGIA, INC.
LOCAL COORDINATOR VOLUNTEER AGREEMENT

Local Coordinators are volunteer affiliates from schools, associations, institutions and other registered agencies. Local Coordinators are responsible for the following:

- All games wish lists, Athlete Application for Participation Forms and games fees (for all eligible athletes in the area), and agency accreditation
Establishing and developing year-round training programs at the local level
Securing game entry requirements (times, scores, distance, and team assessments) and submitting them to appropriate games personnel
Submitting the Fundraising Project Authorization form for all local fundraising projects
Publicize objectives and accomplishments of the local program to encourage public cooperation and assistance
Attending all local and area organizational meetings
Having Athlete Participation Forms at all local, area and state competitions and training sessions.
Gathering and submitting Volunteer/Unified Partner profile forms, Coach Code of Conduct form, Protective Behaviors trainings, and Concussion trainings.
Providing a near-normal training program for Special Olympics athletes in the community
Recruiting volunteers to help with training sessions and games
Encouraging parents to work with their athletes
Understanding and enforcing the housing policy set forth by Special Olympics Georgia at any Special Olympics Georgia sanctioned event - a copy of this policy can be found on the back of the athlete participation form

I am aware that the position of Local Coordinator is a volunteer position. However, in some circumstances if the Local Management Team agrees to pay a stipend for services rendered:

- Payment received for the performance of the above duties cannot exceed \$1,500.00 annually
Payment from which no deductions will be withheld, including Federal and State tax, F.I.C.A. tax, retirement and employee insurance
Accumulated amounts of \$600.00 or more for a year beginning January 1 through December 31 will be reported on a 1099 form (Miscellaneous Income) to be included on your income tax returns
Special Olympics Georgia, Inc. will file the 1099 with both the Internal Revenue Service and State of Georgia Income Tax Division

I do hereby agree to run the Special Olympics Georgia program in my area or for my agency and to abide by the terms of agreement listed above. I will perform the duties listed above to the best of my ability.

Special Olympics Georgia, Incorporated employs the Affirmative Action plan which gives equal employment/volunteer opportunities to all applicants regarding race, color, religion, sex or national origin.

Area/Agency \_\_\_\_\_ Date \_\_\_\_\_
Signature of Local Coordinator \_\_\_\_\_ Signature of SOGA Representative \_\_\_\_\_
Print your name \_\_\_\_\_
Social Security Number \_\_\_\_\_ E-Mail \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone (Business) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Fax \_\_\_\_\_

11/17/2015

## Special Olympics Georgia Fundraising Project Authorization Form

Permission to conduct any fundraiser project to benefit Special Olympics in the State of Georgia must be requested at least **30 days** prior to the project's start date. It is anticipated that any/all fundraising projects will be limited to special events (e.g. car washes, dinners, softball tournaments, road races, etc.) and occasional requests to locally owned businesses for in-kind gifts of products/services to support games and competitions. A comprehensive list of all prospects to be solicited must be submitted to the State Office for approval. In almost all cases, direct approaches to 1) large corporations, 2) businesses that are not specifically locally owned and operated, and/or 3) any company or business that sponsors SOGA or SOI events should not be planned. SOGA will not assume responsibility for any expenses incurred from your event.

**Please note:** before any solicitations in your community can start or any publicity announcing your event begins, approval must be granted by Special Olympics Georgia State Office, even if you have completed this form for the same event in past years, you must fill it out for the current year.

AREA: LOCAL PROGRAM/COUNTY:

PROJECT/EVENT NAME:

DESCRIPTION (including location, target population, cost per person, and event details):

HOW DO YOU INTEND TO RAISE MONEY WITH THIS FUNDRAISER (check all that apply to this fundraiser)?

Sale of Merchandise/Goods       Sponsorship/Direct Donations Requests       Event

PROJECTED INCOME: PROJECTED EXPENSES OF FUNDRAISER:

DATE OF EVENT/PROJECT: # OF PARTICIPANTS:

WILL YOU NEED LIABILITY INSURANCE COVERAGE FOR YOUR EVENT? YES NO  
(fees for insurance coverage must be paid by your local/area program)

COORDINATOR'S NAME/TITLE:

EMAIL: PHONE #:

COORDINATOR'S ADDRESS:

ITEMS/ASSISTED NEEDED FROM STATE OFFICE (this could include listing on the SOGA website if desired):

LIST OF BUSINESSES TO BE CONTACTED (attach a separate sheet if necessary):

**Please fill out this form completely and mail to Special Olympics Georgia, 6046 Financial Drive, Norcross, GA 30071, or fax to 770-216-8339; or e-mail to [susan.skolnick@specialolympicsga.org](mailto:susan.skolnick@specialolympicsga.org).** If you have any questions, please don't hesitate to contact Susan Skolnick, Director of Development and Major Gifts at 770-414-9390 x 1111 or [susan.skolnick@specialolympicsga.org](mailto:susan.skolnick@specialolympicsga.org).

FOR STATE OFFICE USE

APPROVED: DATE: ACTION:

Updated 9/9/13



## 2018 Value-In-Kind Contribution Form

(Product/ Services Donation Form)

(Check one) State \_\_\_\_\_ Area \_\_\_\_\_ Local \_\_\_\_\_ Booked \_\_\_\_\_ Unbooked \_\_\_\_\_

Individual/ Company Name \_\_\_\_\_ RE Id # if applicable \_\_\_\_\_

Contact Name \_\_\_\_\_ email Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contribution Date of Product or Service \_\_\_\_\_ Dollar Value Stated by Donor\* \_\_\_\_\_

Contribution Consisted of: (BE VERY SPECIFIC, i.e. quantities/values)  
\_\_\_\_\_

Contribution was used for (event, fundraiser, area, general, etc.):  
\_\_\_\_\_

Form completed by: \_\_\_\_\_  
*\*Receipt needed if dollar value is \$5,000 or more*

Please return completed form to :

Robin Fabrick

By E-mail: [Robin.fabrick@specialolympicsga.org](mailto:Robin.fabrick@specialolympicsga.org)

By Mail: Special Olympics Georgia  
6046 Financial Drive  
Norcross, Georgia 30071

By Fax: (404)745-0550

**FOR SOGA STAFF USE ONLY:**

Would you like to add a personal note to the acknowledgement (state office employees only)? No Yes

Entered into Notebook \_\_\_\_\_ Entered into Spreadsheets \_\_\_\_\_





**SAMPLE LETTER OF INVITATION**

DATE

ADDRESSEE'S NAME

ADDRESS

Dear \_\_\_\_\_:

On behalf of Special Olympics Georgia (area or agency name), I would like to take the opportunity to invite you to attend a short informational meeting concerning the growth of our Special Olympics Program in (Area or Agency). My name is \_\_\_\_\_ and I am the Regional Manager/Local Coordinator /Chairperson for Special Olympics Georgia (geographic location). I will be conducting the meeting.

Special Olympics Georgia, Inc. is a year-round program of physical fitness, sports training, and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities. The Program is unique in that it accommodates competitors at all ability levels by assigning them to "competition divisions" based on both age and actual performance ability. As the Regional Manager/Local Coordinator/Chairperson, it is my job to offer the Special Olympics opportunity to all eligible people in this area. Currently, we are serving (# of athletes) and have the potential to serve (# of athletes). Your support is needed and valued!

On (date and time), at (location), there will be a meeting of people from various businesses and civic organizations in the area who are interested in learning how they or their organization can help to build a strong year-round sports program in our community. Without our help, many individuals with intellectual disabilities in our community will continue to stand on the sidelines of our playing fields. Please join us in fulfilling our mission. You are guaranteed an incredibly rewarding experience.

Inspired by their greatness,

(name)

(title)

RSVP (phone) By (date)

## **A Glossary of Special Olympics Terms**

Terms have different meanings in each Special Olympics program, which refer to people, places and things. In order to better understand what you hear when talking to people in Georgia about Special Olympics, please refer to the following terms.

**North American Headquarters:** Our headquarters, with which each state and country is affiliated, is Special Olympics Incorporated (SOI), located in Washington D.C.

**Region:** Within the United States, SOI has 8 regions. Georgia is part of the Southeast Region, which also includes North Carolina, Tennessee, South Carolina, Florida, Mississippi, and Alabama. Each region has a regional representative from the SOI Office.

**State:** Each state in the United States has a Special Olympics organization. Special Olympics programs in other countries are called International Programs.

**Area:** In Georgia, the state is divided into eighteen Areas. An Area consists of four or more counties. A map of the designated Areas around the state follows this section of the manual.

**County:** In Georgia, each county program consists of the Local Special Olympics programs within that county.

**Local Program/Agency:** A Local program/agency is a school or school system, community program, group home, institution, or group of independent athletes who have a current Application for Participation form on file with the SOGA Office and have paid their annual registration fees.

**Local Coordinator:** The Local Coordinator is the contact person in each Local program that oversees the Local Games Organizing Committee for accredited agencies.

**Sports and Program Manager:** A Sports and Program Manager is a member of the Special Olympics Georgia team member who serves as the program liaison for the designated regions/Areas of the state.

**Coach:** A coach is an individual who works directly with a Special Olympics athlete in a hands on trainer/mentor role. A certified coach is one who has successfully completed an approved 4-6 hour Special Olympics Coaches Clinic.

**Athlete as Assistant Coach:** An athlete that attends a coaches training in order to become certified as an Assistant Coach.

**Assistant Coach:** This term generally refers to someone who accompanies an athlete or a group of athletes to a Special Olympics event. In many cases, this person is also a coach.

**Games Organizing Committee:** This team is made up of the Games Director and administrative directors who coordinate several committees to plan, organize, conduct, and evaluate competitive State, Area, & Local level competitions.

**Certified Coaches Clinic:** A certified Coach's Clinic is an approved 4-6 hour course that offers national certification to coaches, event directors, and officials. Staff Development Units (SDU's) or Continuing Education Units (CEU's) may be offered as an incentive for coaches completing the certification process. After 3 years the coach's certification will expire. Coaches may go to the Special Olympics Georgia website and take a quiz to become recertified at no cost.

**Wish List:** The submission by a Local Coordinator of the number of athletes an agency wishes to bring to a particular State Games and in which sports. These are turned in on Wish List forms and must be submitted by the Wish List deadlines.

# AREA MAP

The state is divided into 18 Areas for organizational purposes. Each Area has a Regional Manager who is responsible for providing support and guidance to the Area/Local programs.



### **LOCAL/AREA COMPETITION CRISIS PLAN**

A “**crisis**” is defined as any emergency situation, such as a life-threatening incident involving an athlete, volunteer or spectator.

In the event of a crisis, the **crisis team** will report to the designated crisis room/area.  
(Prior to the event, all crisis team members should be notified of the location of the crisis room/area).

#### **CRISIS TEAM:**

Competition Director

Local Coordinator

Area/Local Games Organizing Committee Chairperson (if present)

SOGA State Team Member (if present)

If a crisis should occur at a competition venue, the Medical staff and the person running that particular event (Competition Director) should be located and directed to the scene. The Competition Director or Medical staff should immediately notify Competition Headquarters of the crisis. After directing any necessary emergency action and securing all facts, the Competition Director should then report to the crisis room with all available information. If the Competition Director is not able to leave the scene, he/she should move to an **isolated** area away from the public and stay in touch with the Crisis Room/Team via radio. The Crisis Room radio traffic for the crisis should be monitored “**silently**” (**on a separate channel**) until all information has been received and the Crisis Team is ready to react. If a crisis should occur at a non-competition location such as a dining area, on-site medical personnel should notify the Competition Headquarters or Competition Director of the crisis and then report to the crisis room after emergency actions are completed or stay in immediate radio contact. The SOGA office should be notified verbally as soon as possible of the situation and a written incident report should be submitted immediately.

**Only SOGA Team members should make direct comments to the media.**

### **OBTAINING YOUR CURRENT ROSTER FROM THE STATE OFFICE**

#### **Games Management System**

Games Management System is a database that allows you to keep track of your athletes, organize games, and division your events. It is used at both the state and local level to make sure that each of your athletes, partners, and coaches are eligible to participate in Special Olympics programs.

You can find out how to receive a copy of the GMS by contacting the Senior Sports and Program Manager at 229-292-5143. Additionally, many of our clinics where we train certified coaches, we also offer training in GMS and how you can effectively use it to organize your program.

#### **Requesting Your Current Roster from the State Office**

In order to organize and division your games, you must first have all of your athletes entered into GMS. At the State Office, each athlete is entered into our database according to the applications for participation we receive, and are placed in their respective agencies. To cut down on the time you spend entering athletes, you can **IMPORT** your roster onto your GMS from the State Office. Simply contact your Sports and Program Manager.

## SPECIAL OLYMPICS GEORGIA ATHLETE PARTICIPATION SUMMARY

### **Directions for completing the Athlete Participation Summary (Sports Report)**

#### **\*Due November 1<sup>st</sup>\***

At the beginning of each year, your Sports and Program Manager will send out the Athlete Participation Report or Sports Report as its often called. These reports are crucial to measuring how our individual and overall program are growing. These numbers are reported to Special Olympics, Incorporated each year. The report will be sent out as a spreadsheet file which you can complete on your computer or print out and manually fill in by hand. The following instructions should help you complete them regardless of which way you choose to do so.

- Open the document that you have saved to your computer.
- After completing the Program Information at the top of the page, you are ready to begin.
- Complete all fields that are highlighted in green, purple, yellow and blue.
- Please note that if you fill this form out using the computer, the totals will be calculated for you. If you are filling this form out by hand, there is no need to calculate totals.
- Special Olympics Georgia will take all agency forms and enter the numbers into an identical form to be sent to Special Olympics North America.
- Save your completed document and send it to your Sports and Program Manager.

### **Hints for Completion**

#### **Section 1 – Athletes:** Trained and Competed in Olympic Type Competition

This section refers to athletes that have trained and competed on the local, area, state, regional, national, or world level during the year in any of the listed sports.

#### **Section 2 – Participants** That Have Trained but Not Competed

This section refers to athletes that have trained but have not competed in any competition, on any level, during the year, in any of the listed sports.

#### **Section 3 – Participation Summary** – Unified Participation by Sport

*Unified Athletes* – refers to Special Olympics Athletes that participate in a Unified Sport(s) during the year.

*Unified Partners* – refers to Unified Partners that participate in a Unified Sport(s) during the year.

*Coaches*- Any person that has coached an athlete in that sport

## GA COUNTY LIST BY AREA

County	Area	County	Area	County	Area
Appling County	12	Evans County	13	Newton County	18
Atkinson County	15	Fannin County	1	Oconee County	5
Bacon County	12	Fayette County	6	Oglethorpe County	5
Baker County	14	Floyd County	3	Paulding County	3
Baldwin County	7	Forsyth County	2	Peach County	8
Banks County	2	Franklin County	2	Pickens County	1
Barrow County	5	Fulton County	4	Pierce County	16
Bartow County	3	Gilmer County	1	Pike County	6
Ben Hill County	12	Glascocock County	9	Polk County	3
Berrien County	15	Glynn County	16	Pulaski County	8
Bibb County	7	Gordon County	3	Putnam County	7
Bleckley County	8	Grady County	14	Quitman County	10
Brantley County	16	Greene County	5	Rabun County	2
Brooks County	15	Gwinnett County	18	Randolph County	10
Bryan County	17	Habersham County	2	Richmond County	9
Bulloch County	13	Hall County	2	Rockdale County	18
Burke County	9	Hancock County	9	Schley County	11
Butts County	4	Haralson County	3	Screven County	13
Calhoun County	14	Harris County	10	Seminole County	14
Camden County	16	Hart County	2	Spalding County	6
Candler County	13	Heard County	6	Stephens County	2
Carroll County	6	Henry County	4	Stewart County	10
Catoosa County	1	Houston County	8	Sumter County	11
Charlton County	16	Irwin County	12	Talbot County	10
Chatham County	17	Jackson County	5	Taliaferro County	9
Chattahoochee County	10	Jasper County	7	Tattnall County	13
Chattooga County	1	Jefferson County	9	Taylor County	11
Cherokee County	3	Jeff Davis County	12	Telfair County	12
Clarke County	5	Jenkins County	13	Terrell County	11
Clay County	10	Johnson County	13	Thomas County	14
Clayton County	4	Jones County	7	Tift County	15
Clinch County	15	Lamar County	6	Toombs County	13
Cobb County	3	Lanier County	15	Towns County	2
Coffee County	12	Laurens County	8	Treutlen County	13
Colquitt County	14	Lee County	11	Troup County	6
Columbia County	9	Liberty County	17	Turner County	12
Cook County	15	Lincoln County	9	Twiggs County	7
Coweta County	6	Long County	17	Union County	2
Crawford County	7	Lowndes County	15	Upson County	7
Crisp County	11	Lumpkin County	2	Walker County	1
Dade County	1	Macon County	11	Walton County	5
Dawson County	2	Madison County	5	Ware County	16
Decatur County	14	Marion County	11	Warren County	9
DeKalb County	18	McDuffie County	9	Washington County	9
Dodge County	8	McIntosh County	16	Wayne County	16
Dooly County	11	Meriwether County	6	Webster County	11
Dougherty County	14	Miller County	14	Wheeler County	13
Douglas County	3	Mitchell County	14	White County	2
Early County	14	Monroe County	7	Whitfield County	1
Echols County	15	Montgomery County	13	Wilcox County	12
Effingham County	17	Morgan County	5	Wilkes County	9
Elbert County	5	Murray County	1	Wilkinson County	7
Emanuel County	13	Muscogee County	10	Worth County	11



## SECTION D -2 MAINTAINING A LOCAL PROGRAM

### OPENING AN AREA OR COUNTY ACCOUNT

**All financial institutions must be FDIC insured.**

1-Prior to opening a Special Olympics Georgia checking account, a Management Team must be formed and working.

2-In order to open an account at most banks, three forms need to be completed:

a-Corporate Resolution,

b-Deposit agreement,

c-and Signature Card (sometimes the deposit agreement and signature card are combined).

3-The account must be opened by listing the name of the corporation first (Special Olympics Georgia, Inc.) then your area/county name, with a dash dividing the two. Examples: Special Olympics Georgia, Inc. – Area 3 or Special Olympics Georgia, Inc. -Cobb County

4-Instruct the bank that you would like to have your bank statement cut off as of the **last day of the month**. This will make monthly reporting much easier.

5-Two required names on the signature card are the CEO of Special Olympics Georgia and COO or Senior Sports and Program Manager. Other recommended names on the bank forms are:

a-Chairperson of the Area/County Games Organizing Committee

b-Treasurer/Financial Chairperson of the Area/County Games Organizing Committee

c-Special Olympics Local Coordinator

**(These names must be a person who holds a chair position on the Management Team. Also keep in mind, that 2 signatures are required for all transactions/checks.)**

6-**DO NOT** complete the Corporate Resolution. It should only be signed by the people who are listed on the signature card.

7-Sign the Corporate Resolution, Deposit Agreement, and Signature Card with the names and titles of the persons who will be authorized to sign checks and mail all three forms to the SOGA Atlanta or Valdosta Office. The Corporate Resolution will then be completed by the SOGA Office since the information being requested pertains to the corporation, not the individual area/county.

8-Forms will be signed and sealed by the CEO and COO or Senior Sports and Program Manager, and Business Administration Manager and returned directly to the bank.

9-All savings accounts, money market accounts or CD's must be opened using the same procedures.

10-A financial package will be mailed to the Treasurer upon request or may be found on our website.

**Update the signature cards and corporate resolutions as changes occur throughout the year. Remember always use the above procedure when doing so.**

**\*\*\*IMPORTANT It is a conflict of interest for the Local Coordinator or any SOGA office employee to also serve as Treasurer of a local or area program\*\*\***

### **SPECIAL OLYMPICS GEORGIA, INC. ACCOUNT CATEGORIES**

<u>Revenue</u>	
40100 Transfer of Funds	43100 Other Revenue
40200 Foundation Contributions	42050 Fund Raising Project Income
40400 Individual Contributions	42100 Grants
40600 Corporate Contributions	42300 Interest Income
40700 Employee/Service/Civic Contributions	
44000 Sale of Merchandise	

<u>Expenses</u>	
50000 Salaries	91010 Games – Meals
58100 Office supplies	91020 Games – Equipment
60000 Telephone Expense	91030 Games – Supplies
61030 Postage Shipping	91040 Games – Travel
61040 Postage Stamps	91050 Games – Housing
62100 Storage Space Rent	91060 Games – Entertainment
63200 Equipment Maintenance Expense	91070 Games – Awards
64200 Printing/Copying	91080 Games – Uniforms
64300 Photography	91090 Games Registration
68200 Bank Charges	92500 Food/Beverage (meetings)
69100 Public Relations Expenses	92550 Hotel
69300 Contracted Services	92600 Travel (air and mileage)
69600 Miscellaneous Expenses	92700 Registration (conference/clinics)
69800 Fund Raising Expense – General	99200 Local Grants to Local Programs
69820 FR Expense – Merchandise to Sell	99990 Transfer of Funds (explain)
72000 Volunteer Recognition	
73000 Special Events	

### **SPECIAL OLYMPICS GEORGIA, INC. ACCOUNTING PROCEDURES**

#### **Implementation**

The SOGA Office will provide each Treasurer with the following supplies:

- Forms
- Financial Report
- Coding Sheet
- Treasurer Manual
- Treasurer Training

For additional forms or assistance, please call the Business Admin Manager at 770-414-9390 ext. 1112 .

#### **Reporting**

All cash receipts (i.e., contributions, fund raising events, grants, etc.) must be separately entered on a Special Olympics Georgia Receipt Form. The receipt information is listed on the Revenue Summary Sheet and forwarded monthly to the SOGA Office.



All expenditures must be listed monthly on the Expense Summary Sheet and forwarded monthly to SOGA.

**\*\*\*Financial Reports for all Areas and Agencies are required each month\*\*\***

Our Auditor requires that the following forms be received in the SOGA office by the 15<sup>th</sup> of each month following the month being reported.

1. Cash Proof Sheet
2. Revenue Summary Sheet
3. Expense Summary Sheet
4. Bank Reconciliation Sheet
5. Copy of Bank Statement

This monthly reporting process is to be followed by each treasurer/ financial chairperson responsible for program support and fund raising services within Georgia. *If there is no activity in the account for a month, you must still submit a Cash Proof Sheet, Bank Reconciliation Sheet, and a copy of your Bank Statement. Write "No Activity" on the top of the forms, and fill in the Area #.*

**Receipts**

All income (cash and checks) must be deposited in the **bank** before it is spent.

**Recording of Monies:**

All cash income must be deposited and recorded at the source level where the money is received (i.e., if a donation is given for a local or Area Program, the receipt should be written by the Treasurer, Chairperson or Special Olympics Coordinator).

All funds received each month must be recorded and reported in that month.

## REVENUE SUMMARY SHEET

The purpose of the monthly Revenue Summary Sheet is to provide the SOGA office and the local or area program a record of revenue received during the month.

The following describes how the Revenue Summary Sheet is completed, including definitions and examples of titles used on the sheet:

**Date Received:**

This column is used to show the date that the receipt was written and should be the same as listed on the receipt.

**Source of Funds:** This column is used to describe the source of the revenue. If the source is an individual who gave a general contribution, write the individual's name on the source line. If a general contribution was received from an organization, write the organization's name rather than the individual (i.e., American Legion #35, not Robert Jones). If this revenue is money from a fundraiser, then write the name of the fund raising program in the source line (i.e., Dogwood Tree Sales).

***Please list, on the reverse side, the name and address of any contributor donating \$500 or more.***

**Account Category Number:** This column is used to report the account category number that best describes the source of revenue (see Chart of Account Categories). If uncertain which account code, be sure to include a detailed written explanation of the source of revenue.

**Amount:**

This amount reflects the total amount on the written receipt.

**Amount of Deposit:**

The figures for this column are subtotals of the amount column and should agree with your deposit slips.

**Deposit Date:**

This column is used to show the date that the deposit was made and should be the same date as listed on the deposit slip.

Record the information from the receipt to the Revenue Summary Sheet. The procedure to follow is:  
Note on the Revenue Summary Sheet the date that the receipt was written, the source of the donation, the account category number relative to the source of the donation, and the amount of the receipt. As each deposit is made, record the date and the amount as listed on the deposit slip.

## EXPENSE SUMMARY SHEET

The purpose of the monthly Expense Summary Sheet is to provide the SOGA office, as well as the Games Organizing Committee, a record of invoices paid during the month. The following describes how the Expense Summary Sheet is to be filled out, including definitions and examples of titles used on the sheet.

**IMPORTANT NOTE:** *The Expense Summary Sheet is not to be completed from your bank statement. When this is done, the checks that are outstanding will not be recorded and will create problems on next month's report. Also, it does not give a correct report for the month.*

### Date:

This column is used to show the date that the invoice was paid. This date must correspond to the month in which you actually paid the invoice.

Check Number: This column is used to record the check number from the check written to pay the invoice. Post all checks written, including voided checks. List checks in numeric order. *(It is important that the check # be kept in numeric order so that all check #'s can be accounted for.)*

### Check Issued to:

This column is used to describe to whom the check was written. (For example, if you received an invoice for 5 soccer balls, you would list on the FOR COLUMN – Games Supplies and the ACCOUNT CATEGORY #- 91030.)

### Amount:

This column reflects the total amount of the check written.

### **Paid Invoices**

There must be an invoice or expenditure receipt for each check written.

**Under no circumstance shall a check be made payable to cash. All checks shall be written to a company or individual in exchange for goods or services received.**

Steps to properly pay an invoice:

1. The invoice is coded to the appropriate budget account.
2. A check authorization form is prepared.
3. A check is prepared by the treasurer/financial chairperson, the invoice is stamped paid and the check number is written on the invoice.
4. Check and authorization forms are signed by **two authorized officers** and each invoice is initialed.
5. The check is posted according to the designated budget account in the general ledger if one is being kept.

***Check Authorization form is to be stapled to the front of the corresponding invoice and kept on file in check numerical order.***

## **Bank Reconciliation Sheet**

The purpose of the Bank Reconciliation Sheet is to provide the SOGA office, as well as the Management Team, reassurance that the bank statement balance reconciles with the checkbook balance. A & B of the Bank Reconciliation Sheet should agree with C on the Cash Proof Sheet.

**NOTE: If A, B & C do not agree, an error has been made and you need to recheck your figures (it may be due to the deposits and /or checks not clearing in the month you're reporting).**

- 1 *Balance on the Bank Statement*  
Use the Bank Statement Ending Balance.
- 2 *Add Deposits in Transit Column*  
Make sure you list any outstanding deposits/checks from the previous month and the month you're presently reporting if they have not cleared the bank statement.
- 3 *Add Outstanding Checks Column*
- 4 *To Calculate the (A) Line Balance*  
Take the Bank Statement Balance and add it to the deposits in transit total (if any) and subtract the Outstanding Checks total to get the (A) line balance.
- 5 *Balance in Checkbook at Month End*  
Be sure to use the ending balance in your checkbook.
- 6 *Add Deposits Not Recorded*  
Use this section in case you have forgotten to list a deposit from a previous month or if the bank has reported interest that you have not recorded in your checkbook.
- 7 *Deduct Service Charges Not Recorded*  
Use this section if the bank has reported any service charges that you have not recorded in your checkbook.
- 8 *Adjustments*  
This section is for making adjustments if the bank has recorded a figure different than what you had written in your checkbook.
- 9 *To Calculate the (B) Line Balance*  
Add the Checkbook Balance to the deposits not recorded and then subtract the service charges not recorded and add or subtract the adjustments to get the (B) Line Balance.

## **Cash Proof Sheet**

The purpose of the Cash Proof Sheet is to provide the SOGA office, as well as your Management Team, a summarized total of Revenues and Expenses to get the new Ending Balance for the month being reported.

- 1-The first line is the balance from the previous month that will be carried over to the current month.
- 2-The second line is the total of revenue from the Revenue Summary Sheet.
- 3-The third line is the total of expenses from the Expense Summary Sheet.
- 4-The fourth line is figured by taking the Beginning Balance and adding it to the total of Revenue and then subtracting the total expense to get the new Ending Balance on Line C. Line C must agree with lines A & B on the Bank Reconciliation Sheet.

**Investment Account**

The purpose of the Investment Account is to help the SOGA office and your Management Team to facilitate the tracking of investments.

**NOTE: Investment Accounts must be reported quarterly regardless of whether there was activity in the accounts.**

**NOTE: The CEO and COO must have signature authority over all accounts.**

**INVESTMENT ACCOUNT SCHEDULE**

1 <sup>st</sup> Quarter Activity (January, February, March)	April 15 <sup>th</sup>
2 <sup>nd</sup> Quarter Activity (April, May, June)	July 15 <sup>th</sup>
3 <sup>rd</sup> Quarter Activity (July, August, September)	October 15 <sup>th</sup>
4 <sup>th</sup> Quarter Activity (October, November, December)	January 15 <sup>th</sup>

**FINANCIAL REPORTING AND ACCOUNTABILITY PROCESS**

In order for the Special Olympics Georgia Program to keep its accreditation, Special Olympics Incorporated mandates that all accounts are in full compliance with SOI general rules. These rules are as follows:

- 1-State Program must have signature power over all local/area/torch run/state games accounts.
  - 2-State Program must receive monthly financial reports from all area accounts.
  - 3-State Program must have combined results for year-end audit.
- All reports submitted to the state office are reviewed. Incomplete or incorrect reports will be returned for completion or correction, and will not be considered filed until complete and correct.

The following timetable has been established to ensure that we remain in full compliance.

- o On the 15<sup>th</sup> of each month all financial reports for the previous month are due at the State Office
- o At the end of each month, the Sports and Program Manager will be notified of any area/agency accounts that are past due
- o After 45 days from the due date, a reminder email will go out to the Sports and Program Manager reminding them of the past-due situation.
- o After 60 days from the due date, a letter will go out to the area/agency from the CEO reminding them of the past due situation. (cc: to the Local Coordinator, Sports and Program Manager, COO, Director of Business Administration & HR and CEO)
- o **After 90 days from the due date, the Sports and Program Manager will recall the account and all of its files. Refusing to hand over the account will result in its closure. The account will be returned to the State Office where it will be reconciled and maintained by the Business Administration Manager. A maintenance fee of \$10 per month will be charged to the account until a new treasurer is in position and is ready to take the account back.**

**Be sure to have mail forwarded to you during the summer months.** If there are any special circumstances that would prevent you from meeting this deadline, please discuss this with the Business Admin Manager

### **Credit/Debit Card Policy**

**SOGA does not authorize any of its programs to hold credit/debit cards.**

#### *Policies Regarding Salaries*

All salaries must be approved by the CEO of Special Olympics Georgia, Inc.

### **Salary Policy For Local Coordinators**

A Local Coordinator may receive a salary as voted on by their accredited Management Team and approved by the CEO of Special Olympics Georgia to be paid from the Local Special Olympics account. The amount cannot exceed \$1500 annually.

Also, if the amount the Local Coordinator receives exceeds \$599, Special Olympics Georgia, Inc. will report the income in the form of a 1099 to the Internal Revenue Service.

There must be enough money in the account to pay out the approved salary. If the amount in the account falls short of the amount agreed upon, the individual forfeits pay for that pay period. The agreement is between the individual and the Management Team and in no way is Special Olympics Georgia, Inc. responsible for paying the salary.

#### *Salary Policy for Management Team Members*

Management Team members are strictly volunteer positions.

### **Treasurer Policy**

Due to the sensitive nature of the position, SOGA reserves the right to perform background checks on all treasurers. Any treasurer refusing a background check will be removed from that position. Additionally, SOGA reserves the right to remove treasurers from volunteer positions.



6046 Financial Drive  
Norcross, Georgia 30071  
Phone: 770-414-9390/Fax: 404-393-2929  
[www.specialolympicsga.org](http://www.specialolympicsga.org)

## SPECIAL OLYMPICS GEORGIA, INC CASH PROOF SHEET

AREA #:	<input type="text"/>	Month Ending:	<input type="text"/>
AGENCY:	<input type="text"/>	Treasurer:	<input type="text"/>
FUND CODE:	<input type="text"/>	Phone:	<input type="text"/>
		Email:	<input type="text"/>
Ending Balance as shown on previous <b>CASH PROOF SHEET</b> :	<input type="text"/>		
Add Total Deposits from <b>REVENUE SUMMARY SHEET</b> :	<input type="text"/>		
Deduct Total Disbursements from <b>EXPENSE SUMMARY SHEET</b> :	<input type="text"/>		
Ending Balance:	<input type="text"/>		

**THE SAME FIGURE SHOULD APPEAR ON LINES A, B, AND C OF THE BANK RECONCILIATION SHEET AND THE CASH PROOF SHEET.**

PLEASE SUBMIT YOUR MONTHLY REPORTS BY THE 15TH IN THE FOLLOWING ORDER:

- Cash Proof sheet
- Revenue Summary Sheet
- Expense Summary Sheet
- Bank Reconciliation Sheet
- Bank Statement









Description	Account Code	Notes
<b>REVENUE</b>		
Transfer of Funds	40100	Please explain
Foundation Contributions	40200	
Individual Contributions	40400	
Corporatate Contributions	40600	
Employee/Service/Civic	40700	previously 40800 and 40900
Fundraising Project Income	42050	used for authorized FR income; please include FR title
Grants	42100	
Interest Income	42300	
Games Revenue	43000	
Other Revenue	43100	Family Camp- Registraton Fee
Coaches Clinic Revenue	43500	
Concession Income	43800	
Sale of Merchandise	44000	Souvenirs

<b>EXPENSES</b>		
Salaries	50000	
Equipment/Furniture	57000	
Office Supplies	58100	
Program Supplies	58300	
Telephone Expenses	60000	
Postage - Shipping	61030	
Postage - Stamps	61040	
Storage Space Rent	62100	
Equipment Rental	63100	
Equipment Maintenance Expense	63200	
Copying Services	64100	
Printing	64200	
Bank Charges	68200	
PR Expenses	69100	
Contracted Services	69300	Athletic officials, cafeteria workers, etc.
Miscellaneous Exp	69600	<b>Nothing over \$50</b>
Fundraising Exp- General	69800	does not include sale of merchandise; please include FR title
Fundraising Exp- Concessions	69810	
Fundraising Exp- Souvenirs	69820	
Volunteer Recognition	72000	
Special Events	73000	
Contribution to SOGA	74000	
Annual Registration/Assessment Fee	91000	
Games - Meals	91010	
Games - Equipment	91020	
Games - Supplies	91030	
Games - Travel	91040	
Games - Housing	91050	
Games - Entertainment	91060	
Games - Awards	91070	
Games - Uniforms	91080	
Games Registration	91090	
Games/Practice - Facilities	91100	
Coaches Clinics	92010	
Food/Beverage (meetings)	92500	
Hotel	92550	
Travel (air and mileage)	92600	
Registration	92700	Leadership conferences, other conferences
Local Grants to Local Programs	99200	
Transfer of Funds	99990	Please explain

**Internal Revenue Service**

**Date:** October 4, 2004

Special Olympics Georgia, Inc.  
4000 Dekalb Technology Parkway Building 400  
Suite 400  
Atlanta, GA 30340-5668

**Department of the Treasury**  
**P. O. Box 2508**  
**Cincinnati, OH 45201**

**Person to Contact:**  
Kathy Masters ID# 31-04015  
Customer Service Representative

**Toll Free Telephone Number:**  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500

**Fax Number:**  
513-263-3756

**Federal Identification Number:**  
23-7201676 

Dear Sir or Madam:

This is in response to your request of October 4, 2004, regarding your organization's tax-exempt status.

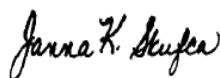
In March 1977 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE  
Customer Account Services



Lynnette T. Riley  
Commissioner

State of Georgia  
**Department of Revenue**  
Legal Affairs & Tax Policy  
1800 Century Blvd., N.E., Suite 15107  
Atlanta, Georgia 30345  
(404) 417-6649

Frank M. O'Connell  
Director

**LETTER OF AUTHORIZATION  
ORGANIZATION PROVIDING SERVICES TO THE DEVELOPMENTALLY DISABLED**

**Special Olympics Georgia, Inc.  
6046 Financial Drive  
Norcross, GA 30071**

Pursuant to O.C.G.A. § 48-8-3(7.1) the above referenced entity is hereby authorized to purchase tangible personal property and services in Georgia without the payment of sales and use tax. This authorization is not transferable to another entity.

One copy of this document must be furnished to each supplier from whom exempt purchases are made. Any supplier making a sale on which tax is not charged must maintain a copy of this letter for audit purposes. This authorization does ***not*** require the use of a sales and use tax registration number. In addition, this letter will remain valid and in effect for as long as the purpose of the organization to which it is issued does not change.

Questions concerning this Letter of Authorization should be directed to (404) 417-6649.

Gabrielle Arthurp  
Legal Affairs & Tax Policy



## 2018 Value-In-Kind Contribution Form

(Product/ Services Donation Form)

(Check one) ~~State~~ ~~Area~~ Local ~~Booked~~ ~~Unbooked~~

Individual/ Company Name		RE Id # if applicable	
Contact Name		email Address	
Address	City	State	Zip
( )			( )
Telephone		Fax	
Contribution Date of Product or Service		Dollar Value Stated by Donor*	
Contribution Consisted of: <u>(BE VERY SPECIFIC, i.e. quantities/values)</u>			

Contribution was used for (event, fundraiser, area, general, etc.):

Form completed by: \_\_\_\_\_  
*\*Receipt needed if dollar value is \$5,000 or more*

Please return completed form to:

Robin Fabrick

By E-mail: [Robin.fabrick@specialolympicsga.org](mailto:Robin.fabrick@specialolympicsga.org)

By Mail: Special Olympics Georgia  
6046 Financial Drive  
Norcross, Georgia 30071

By Fax: (404)745-0550

**FOR SOGA STAFF USE ONLY:**

Would you like to add a personal note to the acknowledgement (state office employees only)? No Yes

~~Entered into Notebook~~ Entered into Spreadsheets



## SECTION E COACHING

### SPECIAL OLYMPICS GEORGIA TRAINING CLINICS

**Contact:** Sr. Sports and Coach Education Manager  
Special Olympics Georgia  
6046 Financial Drive  
Norcross, Georgia 30071  
(770) 414-9390 ext. 1122 or by fax (404) 745 -0550

#### **What is a Coaches Clinic?**

Coaches clinics allow people interested in Special Olympics to learn about coaching athletes in a specific sport. Coaches generally attend a clinic in the sport(s) of their choice and then train athletes in their local or area programs. The athletes are then able to participate in Special Olympics State competition as well as local programs. Clinics are usually attended by an average of 10-15 coaches per sport. The sports offered depend on Special Olympics seasons and scheduled competitions.

#### **Objectives for Training Sessions:**

- To provide training sessions for athletes and coaches in a variety of sports.
- To provide sessions in appropriate, conveniently located sites around the state.
- To provide quality instruction to coaches by enlisting the assistance of sport specific "experts" on the college and professional coaching and playing level.
- To provide the opportunity for the volunteer coaches to become certified by Special Olympics Incorporated, the International Organization.
- To provide the proper skills to coaches which will allow Special Olympics athletes quality training which ultimately will enhance the quality of competition around the state.

#### **Hosting Training Sessions Provides:**

- Opportunity for local coaches and coordinators to become certified in specific sport.
- Opportunity for University to become involved in training at various levels:
- Provide facilities for sport specific training
- Provide clinicians for sport specific training
- Provide volunteer opportunities for students and faculty
- Provide instruction to Special Olympics coaches and athletes on various prevention, diet and nutrition, etc.
- Opportunity for exposure to athletes with a variety of abilities and disabilities

For more info about how to become a coach, go to:

<http://www.specialolympicsga.org/become-an-athlete/resource-library/coach/>

**COACHES CLINIC FACILITY INFORMATION**

Name of Person Completing Form:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Name of Facility:

\_\_\_\_\_

Contact Person at Facility:

\_\_\_\_\_

Title (if applicable):

\_\_\_\_\_

Day Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Facility's Complete Address:

\_\_\_\_\_

**Circle the sports the facility is equipped to host (Please see descriptions of requirements for each):**

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

**Other Trainings offered by Special Olympics Georgia (all require classroom or conference room):**

Motor Activities Training Program (MATP)

Coaching Special Olympics Athletes

Unified Sports

Young Athletes

Get Into It

Games Management Software

**Notes about the facility (Note fee if it will not be waived, limitations (i.e. equipment, high jump, etc.), or nearby community resources such as rinks, ski rental shops, or bowling centers)** \_\_\_\_\_

# Special Olympics Coach's Code of Conduct

Special Olympics is committed to the highest ideals of sport and expects all coaches to honor Sport and Special Olympics. All Special Olympics coaches agree to observe the following code:

## Respect for Others

- I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators in Special Olympics.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will be a positive role model for the athletes I coach.

## Ensure a Positive Experience

- I will ensure that for each athlete I coach, the time spent with Special Olympics is a positive experience.
- I will respect the talent, developmental stage and goals of each athlete.
- I will ensure each athlete competes in events that challenge that athlete's potential and are appropriate to that athlete's ability.
- I will be fair, considerate and honest with athletes and communicate with athletes using simple, clear language.
- I will ensure that accurate scores are provided for entry of an athlete into any event.
- I will instruct each athlete to perform to the best of the athlete's ability at all preliminaries and final heats in accordance with the Official Special Olympics Sports Rules.

## Act Professionally and Take Responsibility for My Actions

- My language, manner, punctuality, preparation, use of social networking tools referencing SOGA and presentation will demonstrate high standards.
- I will display control, respect, dignity and professionalism to all involved in the sport (athletes, coaches, opponents, officials, administrators, parents, spectators, media, etc.).
- I will encourage athletes to demonstrate the same qualities.
- I will not drink alcohol, smoke or take illegal drugs while representing Special Olympics at training sessions, competition or during Games.
- I will refrain from any form of personal abuse towards athletes and others, including inappropriate or unwanted sexual advances on others, verbal, physical and emotional abuse.
- I will be alert to any form of abuse from other sources directed toward athletes in my care.
- I will abide by the Special Olympics policy on the prohibition of coaches dating athletes.

## Quality Service to the Athletes



- I will seek continual improvement through performance evaluation and ongoing coach education.
- I will be knowledgeable about the Sports Rules and skills of the sport(s) I coach.
- I will provide a plan for a regular training program.
- I will keep copies of the medical, training and competition records for each athlete I coach.
- I will follow the Special Olympics Sports Rules for my sport(s).

### **Health and Safety of the Athletes**

- I will ensure that the equipment and facilities are safe to use.
- I will ensure that the equipment, rules, training and the environment are appropriate for the age and ability of the athletes.
- I will review each athlete's medical form and be aware of any limitations on that athlete's participation noted on that form.
- I will encourage athletes to seek medical advice when required.
- I will maintain the same interest and support toward sick and injured athletes.
- I will allow further participation in training and competition only when appropriate.

**I understand that if I violate this Code of Conduct at any sanctioned Special Olympics competition, event, or training I will be subject to a range of consequences, up to and including being prohibited from coaching in Special Olympics.**

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

Print of Name Above: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

## ONLINE TRAINING MATERIALS

Verified Volunteers	<a href="http://www.verifiedvolunteers.com">www.verifiedvolunteers.com</a> (Good deed code: wnoc4cz)
Protective Behaviors	<a href="http://www.specialolympics.org/protectivebehaviors">www.specialolympics.org/protectivebehaviors</a>
Coaching Unified Sports	<a href="https://nfhslearn.com/courses/61127/coaching-unified-sports">https://nfhslearn.com/courses/61127/coaching-unified-sports</a>
Concussion Training	<a href="http://nfhslearn.com/courses?utf8=%E2%9C%93&amp;searchText=concussion+in+sports">http://nfhslearn.com/courses?utf8=%E2%9C%93&amp;searchText=concussion+in+sports</a>
Coaching Special Olympics Athletes	<a href="http://www.asep.com/asep_content/org/sona.cfm">http://www.asep.com/asep_content/org/sona.cfm</a>
Autism Spectrum Disorder <i>for Coaching</i>	<a href="#"><i>A Coach's Playbook: An Introduction to Autism and Instructional Strategies</i></a>
Sports Coach	<a href="http://www.brianmac.demon.co.uk">www.brianmac.demon.co.uk</a>
Online Running Coach	<a href="http://www.sportcoach.com.au">www.sportcoach.com.au</a>
American Volleyball Coaches Association	<a href="http://www.avca.org">www.avca.org</a>
Complete Soccer Academy	<a href="http://www.futbolmundial.com">www.futbolmundial.com</a>
Proteacher	<a href="http://www.proteacher.com">www.proteacher.com</a>
Sluggers Sport	<a href="http://www.sluggers-sports.com/coach/coach.html">www.sluggers-sports.com/coach/coach.html</a>
Track Coach.com	<a href="http://www.trackcoach.com/tips/tips.html">www.trackcoach.com/tips/tips.html</a>
Walking Wellness Online-Stretching	<a href="http://www.racewalk.com/wwbook/nm00004.html">www.racewalk.com/wwbook/nm00004.html</a>
Sports resource	<a href="http://about.com">http://about.com</a>
Teaching Kids Golf	<a href="http://www.teachkidsgolf.com">www.teachkidsgolf.com</a>
Conditioning	<a href="http://www.performancecondition.com">www.performancecondition.com</a>
Nat'l Soccer Coaches Assoc..	<a href="http://www.nscaa.com">www.nscaa.com</a>
SOGA- Coaching	<a href="http://www.specialolympicsga.org/become-an-athlete/coach/">http://www.specialolympicsga.org/become-an-athlete/coach/</a>
SOGA- Coach Re-Certification	<a href="http://www.specialolympicsga.org/become-an-athlete/coach/">http://www.specialolympicsga.org/become-an-athlete/coach/</a>

## MANDATORY SCREENING

All individuals (18 and over) responsible for athletes overnight must clear a background screening before attending State Games.

No person under the age of 18 will be screened. If an individual is not 18 years of age and is considered a coach or assistant coach, he or she will be required to fill out a Volunteer Coach and Profile Form. It must be noted at the top of the form "MINOR". A minor's SS# is not required on the form.

If the "minor" is a Unified Partner, he or she must have a completed Partners Form on file with Special Olympics Georgia by the eligibility deadline.

Any "minor" attending games – as a coach, assistant coach, or Unified Partner --MAY NOT be responsible for athletes overnight. An individual, over the age of 18, that has a clear background screening before attending State Games, must be responsible for the athletes overnight in the hotel / dorm rooms.

## POLICY CONCERNING COACHES / ASSISTANT COACHES

This policy applies to all State Games with the exception of the Horse Show.

◆ All coaches / assistant coaches / nurses / bus drivers / etc. who are a part of an agency's official delegation will be assessed a fee of \$14 per person to attend State Games.

◆ The official agency delegation will consist of athletes / partners, plus the following allotment of coaches / assistant coaches / bus drivers / nurses / etc.

- ◆ TEAMS – 3 coaches per team allotted for floor hockey teams, softball teams, basketball teams, volleyball teams, and soccer teams.

1 coach per team allotted for bowling and bocce.

- ◆ INDIVIDUAL SPORTS –1 coach per 3 athletes allotted.
  
- ◆ WHEELCHAIR & LEVEL A  
ATHLETES 1 coach per 1 athlete  
allotted.
  
- ◆ ADDITIONAL – 1 additional coach will be added to your allotment to be utilized  
as necessary by your agency.

HOTEL HOUSING: Special Olympics Georgia houses 4 persons per room in a double-double, 4 persons per room in a king with a pullout, 2 persons per room in a king.

DORM HOUSING: Special Olympics Georgia houses 1 person per bed, up to 4 persons per room.

## ATHLETES AS ASSISTANT COACHES

**The following are guidelines for athletes to become Assistant Coaches. We are proud to announce that we do have athletes that are striving to become coaches. Please follow the guidelines closely. All athletes wishing to become an assistant coach must be 18 years of age or older.**

- The athlete must attend a coaching clinic in the desired sport.
- The athlete must complete a Volunteer/Unified Partner Profile form.
- The athlete must sign the "Signature of Applicant" line.
- The head coach that supervised the athlete must sign the "Practicum Supervisor" line.
- The "Practicum Supervisor" must review all information and send the Application for Sports Training Certification form to the following address:

Special Olympics Georgia  
6046 Financial Drive  
Norcross, GA 30071

**Any athlete that goes through a sport specific coaching clinic will be classified as an Assistant Coach. No athlete can serve as a Head Coach. They will be Assistant Coaches ONLY.**

### **Re-Certification Tests Quick Links**

Alpine Skiing

<http://www.classmarker.com/online-test/start/?quiz=n9f529cb3c17c16b>

Aquatics

<http://www.classmarker.com/online-test/start/?quiz=gte529ca1b85f47d>

Artistic Gymnastics

<http://www.classmarker.com/online-test/start/?quiz=th952b32094e054f>

Athletics

<http://www.classmarker.com/online-test/start/?quiz=b4k529ca47761414>

Badminton

<http://www.classmarker.com/online-test/start/?quiz=rth52b353acc1998>

Basketball

<http://www.classmarker.com/online-test/start/?quiz=fq3529ca86018fc0>

Bocce

<http://www.classmarker.com/online-test/start/?quiz=n34529caec6c70a1>

Bowling

<http://www.classmarker.com/online-test/start/?quiz=49r529cb163e0f01>

Coaching Special Olympics Athletes

<http://www.classmarker.com/online-test/start/?quiz=efx52b450eb6a448>

Cycling

<http://www.classmarker.com/online-test/start/?quiz=hcf52b359836a359>

Equestrian

<http://www.classmarker.com/online-test/start/?quiz=ahp52b32686a6785>

Figure Skating (Ice)

<http://www.classmarker.com/online-test/start/?quiz=yp3529cb5024dbd2>

Flag Football

<http://www.classmarker.com/online-test/start/?quiz=ghm52b462a2debf9>

Floor Hockey

<http://www.classmarker.com/online-test/start/?quiz=rnf529cb61f1ce4a>

Golf

<http://www.classmarker.com/online-test/start/?quiz=eja529cb7fe58f39>

Kayaking

<http://www.classmarker.com/online-test/start/?quiz=hqt52b44fd067d3c>

Motor Activities Training Program (MATP)

<https://www.classmarker.com/online-test/start/?quiz=bp354de25cc206b2>

Powerlifting

<http://www.classmarker.com/online-test/start/?quiz=rpe52b35e704da3d>

Principles of Coaching

<http://www.classmarker.com/online-test/start/?quiz=kgv52b45177bd913>

Rhythmic Gymnastics

<http://www.classmarker.com/online-test/start/?quiz=64752b2095ee7aee>

Roller Skating

<http://www.classmarker.com/online-test/start/?quiz=4yk52b343cf4165a>

Sailing

<http://www.classmarker.com/online-test/start/?quiz=rtg52b36d068eca3>

Snowboarding

<http://www.classmarker.com/online-test/start/?quiz=3qc52b45eb2b5fa3>

Soccer

<http://www.classmarker.com/online-test/start/?quiz=xqm529cb90e7295d>

Softball

<http://www.classmarker.com/online-test/start/?quiz=nrq529cba4c5c5fe>

Speed Skating (Ice)

<https://www.classmarker.com/online-test/start/?quiz=evh54de1f8140e3a>

Table Tennis

<http://www.classmarker.com/online-test/start/?quiz=rnd52b20f5052ff1>

Tennis

<http://www.classmarker.com/online-test/start/?quiz=nxe529cbb2bd5f3a>

Unified Sports

<http://www.classmarker.com/online-test/start/?quiz=k7f52b4527441088>

Volleyball

<http://www.classmarker.com/online-test/start/?quiz=aa6529cbc13548e9>

**SPECIAL OLYMPICS GEORGIA EVALUATION**

**AREA EVENT:**

**DATE:**

**AREA / LOCAL DIRECTOR:**

**LOCATION:**

**FACILITY:** \_\_\_\_\_

**Number of athletes:** \_\_\_\_\_

**SPORTS OBSERVED:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please write your comments/impressions on each aspect listed below:**

**Overall Facility:**

- Facility open and available \_\_\_\_\_
- Adequate seating and spectator area \_\_\_ \_\_\_
- Parking was adequate \_\_\_\_\_
- Sound system was available and was used \_\_\_ \_\_\_
- Tents/ Shading were available \_ \_\_\_\_
- Restrooms were available \_\_\_\_\_
- Concessions were available \_\_\_\_\_

**Registration:**

- Pre-games forms were used \_\_\_\_\_
- Pre-games timelines for forms was adequate \_\_\_ \_\_\_
- Athlete Rosters were available \_\_\_\_\_
- Heat sheets available as needed \_\_\_\_\_

**Opening Ceremonies:**

- Banners were visible \_\_\_\_\_
- Volunteers, agencies, etc. were recognized \_\_\_ \_\_\_
- Sound system was used adequately \_\_\_
- Announcer was very enthusiastic \_\_\_\_\_
- Ceremony started on time and flowed smoothly \_\_\_\_\_
- Parade of Athletes and agencies announced \_ \_\_\_\_
- Athlete Oath used \_ \_\_\_\_
- Flag presentation and National Anthem \_ \_\_\_\_
- Athletes part of opening ceremonies \_\_\_\_\_

**Competition:**

- Signage visible at event locations \_\_\_\_\_
- Rules Committee \_\_\_ \_\_\_
- Appropriate sports facilities were used \_\_\_ \_\_\_
- Event directors were easily identified / Local Coordinators ran events \_\_\_ \_\_\_
- Official SOI / SOGA events offered \_\_\_\_\_
- Divisioning completed prior to event \_\_\_ \_\_\_
- Heats grouped by gender age & ability with fair chance to win \_\_\_ \_\_\_

- Adequate number Timers/Score keepers \_\_\_\_\_
- Ability of Officials
- Other:

**Medical:**

- Trained medical personnel available and visible \_ \_\_\_\_\_
- Medical Release forms on site \_\_\_\_\_
- Phone / Radio access for emergencies \_\_ \_\_\_\_

**Communications:**

- 2-way radios \_\_\_\_\_
- Mobile phones \_\_ \_\_\_\_
- Venue Announcements (P.A System) \_\_ \_\_
- Nerve Center set up \_\_ \_\_\_\_

**Awards:**

- Awards organized and available at all stations \_ \_\_\_\_\_
- Ceremonial Presentation \_\_ \_\_\_\_
- Award stands used and decorated \_\_ \_\_\_\_
- P. A. System & music used \_\_\_\_\_
- Adequate Spectator/Family viewing area \_ \_\_\_\_

**Hospitality:**

- Family Registration & Reception area \_\_\_\_\_

**Volunteers:**

- Adequate & Easily Identified \_\_\_\_\_
- Trained to perform assignment \_\_ \_\_\_\_

**Public Relations:**

- Television/ Print / Radio coverage \_\_\_\_\_
- Press Releases/Media Alerts sent out \_\_\_\_\_

- Post Games Articles written \_\_

**Summary:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**PROTEST FORM**

**MUST BE SUBMITTED TO THE RULES COMMITTEE MEMBERS NO LATER THAN 15 MINUTES AFTER THE CONCLUSION OF THE COMPETITION BEING PROTESTED.**

**DATE:** \_\_\_\_\_ **TIME FORM SUBMITTED:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_ **EVENT:** \_\_\_\_\_

**AGE GROUP:** \_\_\_\_\_ **DIVISION (HEAT):** \_\_\_\_\_

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

**EXPLANATION OF PROTEST (ONLY A SPORTS RULE CAN BE PROTESTED):**

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**SIGNATURE OF HEAD COACH:** \_\_\_\_\_

**PROTEST APPROVED:** \_\_\_\_\_ **PROTEST DENIED:** \_\_\_\_\_

**EXPLANATION OF RULES COMMITTEE:** \_\_\_\_\_

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**SIGNED:** \_\_\_\_\_ **TIME OF DECISION:** \_\_\_\_\_



## SECTION F TRAINING

### GAMES INFORMATION

#### **STATE INDOOR WINTER GAMES (COMPETITIONS)**

BASKETBALL (TEAM, TEAM SKILLS, INDIVIDUAL SKILLS, 3 on 3)  
BOWLING (SINGLES//TEAM-Athletes 21 & younger)  
FLOOR HOCKEY (TEAM & INDIVIDUAL SKILLS)  
GYMNASTICS-ARTISTIC  
POWERLIFTING

#### **STATE SUMMER GAMES (COMPETITIONS)**

ATHLETICS  
FLAG FOOTBALL  
GYMNASTICS-RHYTHMIC  
SOCCER (TEAM & INDIVIDUAL SKILLS)  
SWIMMING  
TABLE TENNIS  
TENNIS (SINGLES, DOUBLES, SHORT COURT, & INDIVIDUAL SKILLS)  
VOLLEYBALL TEAM

#### **STATE FALL GAMES (COMPETITIONS)**

BOCCE  
CYCLING  
GOLF (9 HOLE, 18 HOLE, & INDIVIDUAL SKILLS)  
SOFTBALL (TEAM & INDIVIDUAL SKILLS)

#### **SOUTHEAST REGION GAMES**

ALPINE SKIING / SNOW BOARDING  
POWERLIFTING  
SAILING  
TENNIS  
ICE SKATING – FIGURE / SPEED

#### **STATE HORSE SHOW**

DRESSAGE  
ENGLISH EQUESTRIAN SHOWMANSHIP  
TRAIL  
UNIFIED DRILL TEAM  
WESTERN RIDING  
WESTERN HORSEMANSHIP

#### **MASTER'S BOWLING: AGES 22 AND OVER**

SINGLES/TEAMS/UNIFIED

<b>Sport/Class</b>	<b>National Governing Body</b>	<b>Contact</b>
Athletics	USA Track & Field	PO Box 120 Indianapolis, IN 46206; 317-261-0500; 317-261-0481 Fax; <a href="http://www.usatf.org">www.usatf.org</a>
Alpine Skiing	US Ski Association	PO Box 100; Park City, UT 84060; 435-649-9090; <a href="http://www.ussa.org">www.ussa.org</a>
Aquatics	USA Swimming	One Olympic Plaza; Colorado Springs, CO 80909; 719-578-4578; 719-578-4669 Fax; <a href="http://www.usa-swimming.org">www.usa-swimming.org</a>
Artistic Gymnastics	USA Gymnastics	Pan American Plaza; Suite 300; Indianapolis, IN 46225; 317-237-5050; <a href="http://www.usa-gymnastics.org">www.usa-gymnastics.org</a>
Badminton	USA Badminton	One Olympic Plaza; Colorado Springs, CO 80909; 719-578-4808; 719-578-4507 Fax; <a href="http://www.usa-badminton.org">www.usa-badminton.org</a>
Basketball	National Federation of State High School Associations	11724 NW Plaza Circle, Kansas City, Missouri 64153-1158; 816-464-5400; 816-464-5571 Fax; <a href="http://www.nfhs.org">www.nfhs.org</a>
Bocce	United State Bocce Federation	14107 W. Dublin Dr; Homer Glen, IL 60491; 630-257-2854; <a href="http://www.bocce.com">www.bocce.com</a>
Bowling	American Bowling Congress/Women's International Bowling Congress	5301 South 76th; Greendale, WI 53129; 414-421-6400; <a href="http://www.bowl.com">www.bowl.com</a>
Cycling	US Cycling Foundation	One Olympic Plaza; Colorado Springs, CO 80909; 719-578-4581; 719-578-4628 Fax; <a href="http://www.usa-swimming.org">www.usa-swimming.org</a>
Equestrian	American Horse Shows Associations	220 East 42nd St; Suite 409; New York, NY 10017-5806; 212-972-2472; <a href="http://www.ahsa.org">www.ahsa.org</a>
Figure Skating	US Figure Skating Association	20 First St; Colorado Springs, CO 80906; 719-635-5200; <a href="http://www.usfsa.org">www.usfsa.org</a>
Floor Hockey	NA--SOI Rule Book	1133 19th St NW; Washington, DC 20036-3604; 202-628-3630; <a href="http://www.specialolympics.org">www.specialolympics.org</a>

Football		
Golf	US Golf Association	Liberty Corner Rd, Far Hills, NJ 07931; 908-234-2300; www.usga.org
Powerlifting	USA Powerlifting	124 West Van Buren St; Columbia City, IN 46725; 219-248-4889; www.usa-powerlifting.com
Rhythmic Gymnastics	USA Gymnastics	Pan American Plaza; Suite 300; Indianapolis, IN 46225; 317-237-5050; www.usa-gymnastics.org
Roller Skating	USA Roller Skating	1500 South 70th St; Lincoln NE 68506; 402-483-7551
Sailing	US Sailing Association	15 Maritime Dr; PO Box 1260; Portsmouth RI 02871; www.ussailing.org
Soccer	US Soccer Federation	1750 E. Boulder St; Colorado Springs, CO 80909; 719-578-4678; www.us-soccer.com
Softball	Amateur Softball Association/USA Softball	2801 NE 590t
Speed Skating	US International Speed Skating Association	17060 Patricia Lane; Brookfield, WI 53005; 800-334-7981
Table Tennis	USA Table Tennis	One Olympic Plaza; Colorado Springs, CO 80909; 719-578-4583; www.usatt.org
Tennis	US Tennis Association	70 West Red Oak Ln; White Plains, NY 10604-3602; 914-696-7000; usta.com
Volleyball	USA Volleyball	715 South Circle Dr; Colorado Springs, CO 80910-2368; 719-228-6800; www.usavolleyball.org

For information from the state office, please call the Senior Sports and Coach Education Manager at 770-414-9390 ext. 1122



## **SECTION G POLICIES AND INSURANCE**

### **SPECIAL OLYMPICS GEORGIA CRIMINAL BACKGROUND POLICY**

No person with a history of sexual or violent criminal behavior directed at any person may participate in or with Special Olympics Georgia (SOGA) as an athlete, coach, volunteer, staff member or in any other capacity. The CEO of SOGA shall have sole discretion for determining whether a person shall be disqualified from participating in or with SOGA on account of a history of sexual or violent criminal behavior. Athletes will have an appeal process after the CEO has ruled its decision by contacting the Chair of the Board of Directors for further review.

### **SPECIAL OLYMPICS GEORGIA EMERGENCY MEDICAL GUIDELINES**

#### **A. Medical Emergency Guidelines**

1. Purpose: To ensure that The SOGA Medical Team, the event operations staff, venue directors, coaches & the facility security all work together in a manner that will allow for orderly & expedient care of the injured athlete.

2. Procedure: If it appears that an athlete is injured the first response will come from The SOGA Medical Team at the venue. If coaches or volunteers arrive before The Medical Team they should keep the athlete still and calm until The Medical Team arrives. Under no circumstances should anyone other than The Medical Team move or transport an injured athlete before The Medical Team assesses the injured athlete to determine the extent of the injuries and the appropriate level of care.

Security and/or operations personnel will **NOT** attempt to move, transport, or otherwise medically assist the injured athlete. They will focus their attention on maintaining control of the crowd and facilitating the immediate arrival and access of the SOGA Medical Team. The security and operations personnel are vital in assisting with the determination of the extent of the emergency and facilitating the most appropriate entry point by emergency medical assistance, not providing medical care.

3. Evaluation: The SOGA Medical Team will conduct the initial injury evaluation and will make all medical decisions.

If the athlete requires emergency medical transport, the following protocol will be activated:

- The SOGA Team will contact Main Medical on the radio and inform them that there is a medical emergency.
- Main Medical will get the necessary information from The SOGA Medical Team at the venue. Main Medical will contact 911 and relay the necessary information.
- Main Medical will inform the SOGA Medical Team at the venue that First Responders are on the way.

- The Medical Team at the venue will relay all information to The Venue Director.
- Main Medical will dispatch available personnel to the site of the emergency to aid in the entry of The First Responders to the emergency site. All available personnel at the venue will also be utilized to assist with the most efficient route for The First Responders as well.

SOGA Medical Team Responsibilities:

- The SOGA Medical Team initiates Primary Care at the venue.
- The SOGA Medical Team informs Main Medical of the situation and the results of The Primary Survey.
- The SOGA Medical Team determines whether or not EMS is needed
- The SOGA Medical Team institutes first aid measure until assistance arrives.
- The SOGA Medical Team informs The Venue Director of the evaluation and action plan.
- The SOGA Medical Team assists EMS as needed.
- The SOGA Medical Team supervises extraction of injured athlete from field.
- The SOGA Medical Team will follow-up on athlete and report the situation to The Nerve Center

**MEDICAL INCIDENTS FOR STATE GAMES**

All venue boxes include the American Specialty First Report of Incident Form. These forms must be filled out any time an athlete, spectator, or volunteer is injured and/or major medical treatment is necessary, i.e. EMS is called, transport to the hospital or other treatment facility is required, etc.

Medical personnel will keep a log of all treatments throughout the weekend and will provide a copy to SOGA prior to leaving the Games facility.

In the event of a major incident, the Director of Business Administration should be notified as soon as possible after treatment is received.



SPECIAL OLYMPICS
FIRST REPORT OF ACCIDENT / INCIDENT



U.S. Program/Area: [ ] Date of Incident: \_\_\_\_\_

Injured Person/Party Information Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_
Name: \_\_\_\_\_ (Last) (First) (MI)
Address: \_\_\_\_\_ (Street) (City) (State) (Zip)
Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_
Gender:  Male  Female Social Security Number: \_\_\_\_\_

- Type of Injury/ Accident:
 Bodily Injury
 Property Damage
 Automobile
 Other: \_\_\_\_\_
Injured Party:
 Athlete
 Volunteer
 Coach
 Employee
 Spectator
 Unified Partner
 Property Owner
 Other: \_\_\_\_\_

Description of Accident (If automobile accident occurred, please attach a copy of the police report).

Describe how the accident occurred (Attach a separate sheet if necessary): \_\_\_\_\_

Site / event where accident occurred: \_\_\_\_\_
Sport:
 Alpine Skiing  Power Lifting
 Aquatics  Relay Game
 Athletics  Roller Skating
 Badminton  Sailing
 Baseball  Snowboarding
 Basketball  Snowshoe
 Bocce  Soccer
 Bowling  Softball
 Cheerleading  Speed Skating
 Cross Country Ski  Swimming
 Cycling  Table Tennis
 Equestrian  Team Handball
 Figure Skating  Tennis
 Floor Hockey  Track & Field
 Golf  Volleyball
 Gymnastics  Other: \_\_\_\_\_
 Kickball
Body Part Injured:
 Head
 Neck
 Torso
 Back
 Hand (L / R)
 Finger (L / R)
 Elbow (L / R)
 Shoulder (L / R)
 Leg (L / R)
 Knee (L / R)
 Thigh (L / R)
 Shin (L / R)
 Toe (L / R)
 Other: \_\_\_\_\_

Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify the care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: \_\_\_\_\_ Employer Name: \_\_\_\_\_
Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_
Address: \_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_
Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_
Does the injured person have medical insurance?  Yes  No
If yes, insurance is provided by:  Injured Person  Care Provider/Responsible Party
Please provide name of Company and Policy Number: \_\_\_\_\_

Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_
Witness #2 Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Special Olympics Official / Representative (other than claimant)

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_
Signature: \_\_\_\_\_

Send completed form to:
If injury was serious or a fatality:

American Specialty Insurance & Risk Services, Inc., P.O. Box 459, Roanoke, IN 46783; Fax: (260) 673-1291
IMMEDIATELY notify American Specialty Insurance & Risk Services, Inc.
Telephone: (800) 566-7941 (24 hours a day / 7 days a week)



## 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).

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 circle the appropriate answer. YES or NO.**

**If you circled NO then you do not need to fill out any information below. If you circled 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.\*\***

9/14/2012

## **Special Olympics Georgia Hand Torch Policy**

Effective: 5-7-2010

This policy applies to any Special Olympics Georgia event or competition where a hand held torch is to be lighted. All lighted torch events must adhere to the following:

Only official Special Olympic hand torches may be used.

Official Special Olympics hand torches may be purchased from the following company:

Midwest Trophy Manufacturing Co. Inc.  
3501 S. E. 29<sup>th</sup> Street  
Del City OK 73115-2631  
Attn: Special Olympics Georgia Sales Representative  
1-800-324-5996

[www.mwtrophy.com](http://www.mwtrophy.com)

Any registered athlete, coach or volunteer who carries the hand torch should ensure the safety of all those involved as well as the spectators.

The use of an unofficial hand torch is only permitted if it is not lighted.

Special Olympics Georgia suggests that you not loan your hand torch to a non Special Olympics organization/agency.

### **SPECIAL OLYMPICS GEORGIA HAND TORCH WAIVER OF LIABILITY**

- Special Olympics is not being compensated for the use of this torch and does not manufacture this torch. When delivered for use the torch includes instructions from the manufacturer. I am not to use the torch if I have not received, read and understood the instructions, or if the torch appears damaged or broken.
- I accept full responsibility for the open flame and its safe use while the official Special Olympics Hand Torch is in my possession. Although I am requesting the use of the torch related to the organization named below, I am accepting personal responsibility for the safe use of the torch, and am signing this form on my own behalf.
- I accept full responsibility for all uses of the torch that may occur while I am responsible for the Special Olympics Hand Torch. I am responsible for the torch from when it is delivered to my possession until I return it to Special Olympics Georgia. If it is damaged or lost, I will pay the full replacement value of the torch.
- By signing this form I release Special Olympics Georgia and its agents, officers and employees from any and all liability, claims or damages that may arise from the borrowing of the Special Olympics Hand Torch. I will indemnify Special Olympics Georgia against any and all claims, suits or demands brought against Special Olympics Georgia arising from the use of the torch while it is entrusted to me.

**Please return to the State Office by faxing to 404-745-0550.**

Date: \_\_\_\_\_

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

Name printed: \_\_\_\_\_

Area/Agency/Organization: \_\_\_\_\_

Witness: \_\_\_\_\_



## SECTION H STATE GAMES PAPERWORK/FORMS

### SPECIAL OLYMPICS DIVISIONS WITHIN REGULAR COMPETITION

Continuing opportunities are being offered for Special Olympics Athletes to compete in ability appropriate divisions within regular sports competitions. What a great opportunity for the athletes to achieve their individual goals. Listed below are some important factors to remember when hosting regular competitions or entering athletes into regular competitions.

- ◆ Competitions that offer a division for athletes that participate in Special Olympics are not necessarily sanctioned by Special Olympics. If Special Olympics athletes participate in a NON-sanctioned competition, Special Olympics is not liable or accountable for any incidents that may occur while the athlete is training for or competing in the competition.
- ◆ Competitions that offer a division for athletes that participate in Special Olympics are not to title a special division any title representative of Special Olympics, unless the competition is sanctioned by Special Olympics. If the competition is sanctioned by Special Olympics, all rules, regulations, and guidelines for Special Olympics competitions must be followed.
- ◆ Before entering a Special Olympics athlete into a division within a regular competition, please know whether or not the competition is a Special Olympics sanctioned competition, especially if the title of the division represents Special Olympics in any way.
- ◆ Before hosting a regular competition and offering a division representing Special Olympics in any way, please contact the Sports Manager for Special Olympics Georgia, for the proper procedures, rules, regulations, and guidelines.

770-414-9390 ext. 1104

### STATE GAMES LATE PAPERWORK POLICY

- All State Games Paperwork is due in the State Office no later than 4:30pm on the deadline date.
- Paperwork received in the State Office up to 3 days after the deadline will be accepted as follows:
  - For paperwork that is received after the deadline date or up to 3 days after the deadline date, the agency will be assessed a \$250 late fee.
  - After 3 days, NO GAMES PAPERWORK WILL BE ACCEPTED.
  - The \$250 late assessment fee is due in the State Office by the Problem Sheet deadline date for State Games.
  - Agencies failing to pay the \$250 late assessment fee by the Problem Sheet deadline date will be unable to attend the State Games.

**PLEASE MAKE EVERY EFFORT TO GET IN ALL PAPERWORK BY THE DEADLINE FOR ALL STATE GAMES.**

**\*\*\* PLEASE NOTE: THIS POLICY DOES NOT APPLY TO THE ELIGIBILITY DATE FOR MEDICAL FORMS AND PARTNER FORMS. THESE FORMS MUST BE TURNED IN BY THE ELIGIBILITY DEADLINE FOR ALL STATE GAMES. \*\*\***

**REMEMBER: NO faxed paperwork will be accepted!!**

## CALL POLICY

On the Friday of Games, if you are running late for housing check-in you must call the Nerve Center by 5 pm, to let us know that you are still coming and with an approximate time of arrival and any scratches/substitutions you may have. SOGA will, then, put all of your room keys with your registration packet (credentials). You will be able to pick up that packet in the Nerve Center, upon your arrival. If SOGA does not hear from you by 5 pm, we will assume you and your agency are not coming and will turn in all rooms reserved for your agency. At that point, it will be your responsibility to work out housing for your agency.

This policy will pertain to all State Games. Please refer to the appropriate Information Guide for correct hours of housing check-in and for the Nerve Center phone number.

## PROBLEM SHEET TERMINOLOGY

1. **(Athlete Name)** is scratched from games. His/Her application for participation form expired on **(Expiration Date)**.
2. **(Athlete Name)** will be eligible for Games if you get a new application for participation form turned in before **(Expiration date)**.
3. **(Coaches Name)** is not certified in **(specific sport)**. Who will be the certified coach?
4. Volunteer coach/profile form was not filled out for (Coaches Name). Please fill out the attached form and get back to us by **(problem sheet deadline)**.
5. **(Coaches Name)** has not been screened. Each coach staying overnight with athletes must be screened by SOGA. Please fill out the enclosed volunteer/coach profile form.
6. Make sure the athlete/coach ratio is correct. If not explain to coaches the ratio and that they cannot bring additional coaches or athletes without paying the fees for **(extra people)** and **(extra housing)**.
7. All coaches and athletes must be listed on housing sheet. Should **(specific name)** be housed with your agency for the weekend?
8. If there are too many players on a team, please explain to coaches the number of athletes on a traditional or modified team (12 players) versus unified team. (14 players= 7 athletes and 7 partners.)
9. **(Event)** Need individual scores for each athlete to enter into games.
10. We need a housing sheet filled out from you, even if you are not planning on staying overnight. Please fill out and check DAY ONLY at the top.
11. For no Volunteer Coach Screening Certification form-"Fill out the attached Volunteer Coach Screening Certification form and return by (problem sheet deadline).

## EVENT EVALUATION FORM

Name:

Event attended:

Role at Games (ex.: volunteer, spectator...etc):

Address:

Phone #

Email:

1. Have you attended a Special Olympics Georgia competition / event before?
2. If so, when was the last SOGA event you attended and how often?
3. Were events started on time?
4. Were Officials and Volunteers knowledgeable and well trained?
5. Were the events run professionally?
6. Was the atmosphere positive?
7. What were the top 2 highlights of the event?
8. Would you attend / participate again?
9. What would improve this event?
10. Would you like to become more involved with Special Olympics Georgia (SOGA)?

404-745-0550 – fax



## **SECTION I SOUTHEAST COMPETITIONS**

Each year Special Olympics Georgia athletes have an opportunity to compete in Special Olympics competitions within the Southeast Region. Below is a short description of each competition. Athletes from the Southeastern Region (Alabama, Georgia, Florida, Tennessee, Mississippi, South Carolina, Georgia, and North Carolina) come together for these exciting competitions.

### **Southeast Alpine Skiing – Boone, North Carolina**

Athletes participate in Alpine Skiing or Snowboarding. Athletes of all levels of ability are encouraged to compete in this event.

### **Southeast Speed Skating – Richmond, Virginia**

Athletes participate in Speed Skating. Athletes of all levels of ability are encouraged to compete in this event.

### **Southeast Figure Skating – Huntsville, Alabama**

Athletes participate in Figure Skating. Athletes of all levels of ability are encouraged to compete in this event.

### **Southeast Tennis – Hilton Head, South Carolina**

Athletes participate in Tennis Skills, Short Court Tennis Doubles, Tennis Singles and / or Doubles, and Unified Doubles. Athletes of all levels of ability are encouraged to compete in this event.

### **Southeast Sailing – Biloxi, Mississippi**

Athletes participate in Unified Sailing events. Athletes of all levels of ability are encouraged to compete in this event.

### **Southeast Powerlifting – Marietta, Georgia**

Athletes participate in Deadlift, Bench Press, and Squat events, as well as, Unified events. Athletes of all levels of ability are encouraged to compete in this event.



## **SECTION J INVITATIONALS**

### **HOW TO HOST AN INVITATIONAL IN YOUR AREA**

#### **BRING AN INVITATIONAL TO YOUR TOWN!!!**

Special Olympics Georgia holds several invitationals yearly in various sports, which include Tennis, Soccer, Volleyball, Sailing, Bocce, Softball, and Basketball. This bid application is for ANY agency/city interested in hosting one of these or any other exciting events. SOGA requires all bidding agencies to give a two year commitment to host the selected invitational.

There are many benefits to hosting an invitational. They generate local revenue, provide an opportunity for more community involvement, and encourage family participation. Each agency is given a stipend to defray the cost of the invitational. The Host Agency is responsible for organizing the event from volunteers to divisioning, providing a lunch, and awards. The state office gets the message out to the state through emails and bulk mailings and sends out all the registration information needed prior to the event.

The dates of each invitational falls within the same season as the competition is implemented during state games. The following application must be submitted as well as a brief description of why you'd like to host an invitational in your town.

**BID APPLICATION FOR INVITATIONAL**

Bidding Agency: \_\_\_\_\_

Tournament Director: \_\_\_\_\_

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

Phone Day: \_\_\_\_\_ Email: \_\_\_\_\_

Sport Interested in Hosting: \_\_\_\_\_ Dates: \_\_\_\_\_

Proposed Venue/Site: \_\_\_\_\_

Fill Out Information As Needed

Seating Capacity: \_\_\_\_\_ # of Courts \_\_\_\_\_

Equipment Needs: \_\_\_\_\_

Court Surface: \_\_\_ Hardwood \_\_\_ Synthetic \_\_\_ Clay \_\_\_ Other

Are Fields Lighted? \_\_\_ Fence Distances: \_\_\_\_\_

Who maintains fields: \_\_\_\_\_

All Venues

Are There:

\_\_\_ Restrooms

\_\_\_ Phones

\_\_\_ Scoreboard

\_\_\_ Locker Rooms

\_\_\_ PA System

\_\_\_ Dugouts

\_\_\_ Press Box

\_\_\_ Concessions

\_\_\_ Drinking Fountain

\_\_\_ Available Staff

\_\_\_ Bus Parking

\_\_\_ Curb Cuts

**RETURN TO:**

**Special Olympics Georgia**

**1601 North Ashley Street**

**Suite 88**

**Valdosta, GA 31602**

**Fax: 404-745-0550 Phone: 229-506-9900**

# SECTION L

## SCHOOL PROGRAMS AND SERVICES

### GET INTO IT

**Get Into It** is a valuable program that will promote the Special Olympics movement in the Georgia Public School System. Providing the element of redelivery and /or introduction of Special Olympics Programs will provide school systems in the state of Georgia the opportunity to have human resources available in addition to the free on line resources provided by Special Olympics Incorporated and Special Olympics North America. School Systems and other organizations interested in **Get Into It** will be able to request teacher in-service, direct delivery (in specific classrooms), or other types of assistance with the curriculum. Training teachers how to implement this program will allow **Get Into It** to be taught to thousands of students for years to come. Implementing this program within each of the 18 areas will allow for continuous growth throughout the state.

**Through Get Into It**, students will learn about the Special Olympics experience and all its positive messages. They will come to understand the athletes' ability to contribute to society through leadership roles both on and off the playing field. They will come to appreciate the critical role of serving-learning. Most important, they will be invited to make a difference themselves.

**Get Into It** is about the world of winners called Special Olympics, but it is much more: it is a portal through which young people can discover the pathway to building a more welcoming society for all. For more information please contact the Atlanta State Office [770-414-9390 x 1104](tel:770-414-9390)

### ATHLETE HEALTH SCREENINGS IN SCHOOLS (MEDFEST)

**What is Medfest?** Medfest is a working and innovative partnership between Special Olympics Georgia (SOGA) and volunteer health care professionals throughout the state of Georgia, in which they come to your community or school to conduct athlete health screenings.

**Medfests allow those with intellectual disabilities to receive a basic health screening and register for Special Olympics of Georgia.**

#### Benefits

- (1) Leverages visibility and raises public awareness about those with intellectual disabilities
- (2) A more cultivated partnership between local health care providers, their local community and schools
- (3) No cost health screening with possible referrals
- (4) Positive public relations and possible media coverage for all involved
- (5) Creates the opportunity for many-even hundreds of individuals with intellectual disabilities to train and compete in year-round sports programs
- (6) Markets your school, organization, or agency commitment to those with intellectual disabilities

A screening is quite simple and takes about 6-8 minutes and is conducted by a licensed physician or chiropractor for the State of Georgia. Additionally, a SOGA staff member is present. The screening is composed of the following:

- assessment of short medical history
- height, weight and blood pressure
- musculoskeletal check
- cardiovascular check
- joint/range of motion check

*For more information about FREE athlete screenings and how to conduct a Medfest in your community or school, please contact: Special Olympics Georgia (770) 414-9390.*





## SECTION M DEVELOPMENT AND FUNDRAISING

### ABC'S OF FUNDRAISING

#### Ready Made Fundraisers

##### **ICON SALES**

Order the paper icons from the SOGA State Office. Get local businesses (banks, stores, libraries, Recreation Departments, schools) to agree to sell the icon for \$1 and display in their office. ALL proceeds benefit YOUR program. Steer clear of chains. As part of a statewide partnership Icons can be purchased from the State office for \$.25 each.

### FUN-FILLED FUNDRAISING IDEAS AND EVENTS TO RAISE EMPLOYEE SPIRITS AND FUNDS FOR SPECIAL OLYMPICS

The following are ways in which a company or group can raise money for their local Special Olympics. A company may consider having one signature fundraising event that encourages all employees to organize for their local Special Olympics Program. This may have a greater media impact for a company as well as create a common bond between your employees throughout the world.

##### **Silent Auction**

- Develop a committee to plan and implement the auction. The following are a few helpful steps:
  - Hold a brainstorming session with your committee and divide the ideas for auction items into categories such as: travel, sports equipment, sports tickets, entertainment, home products, computer products, and autographed items
  - Ask your committee members to think of personal contacts who may have the ability to get auction items and send requests in writing
  - Set a goal of acquiring 50 high-ticket items and 50 medium-ticket items
  - Hold a preview cocktail reception to put guests in the bidding mood, you may want to have music as well
  - Display all your auction items attractively
  - Find a location to hold the event. It can be at a company facility, a house, a museum, or tied to an event, e.g., a dinner gala already being organized by Special Olympics
- Event planning time: approximately 6 months

##### **Fun Run**

- Develop a committee to plan and implement a Fun Run. The following are a few helpful steps:
  - Determine distance and location of the run (it should begin or end at a location of significance)
  - Develop teams with employees from your company and other companies (maybe your customers or suppliers) and include Special Olympics athletes
  - Develop a T-shirt to give to all registered runners
  - Decide an appropriate entry fee for competing teams
  - Have juice and fruit donated for snacks at the end of the race
- Event planning time: approximately 6 months

### **Plane Pull**

- Develop a committee to plan and implement a Plane Pull. The following are a few helpful steps:
  - Corporate teams compete by pulling an airplane 12 feet and the winner is the team with the quickest time
  - Form corporate sponsored teams of 20 people on each from your company, customers, and suppliers
  - You will need an airplane to borrow for the event and it can be a private plane or a plane loaned by an airline. This event attracts the media and an airline may want the press associated and will donate the plane
  - Set an entry fee for a team relatively high (e.g., \$500 per team) because many companies will pick up the cost of their employee team
  - Make sure to invite the media to your event
- Event planning time: 3-4 months

### **Golf Tournament**

- Develop a committee to plan and implement a Golf Tournament. The following are a few helpful steps:
  - Find a golf course that will donate their facilities or agree to a reduced price for this event
  - Select tournament style (regular play, scramble, etc) and how many golfers are the maximum
  - If possible, get printing of invitations and collateral material for tournament donated
  - Invite individuals from your company, customers, suppliers and any neighboring companies to send foursomes to play
  - Charge a high fee per foursome whereas many companies will pay for their employees to play
  - Get golf shirts, goody bag items, and awards donated
  - Provide lunch to the golfers (donated if possible)
  - Invite local celebrities and athletes to attend and present the awards to top foursomes
- Planning time: approximately 8 months

### **Drawings**

- Develop a committee to plan and implement the Drawing. The following are a few helpful steps:
  - Find a top prize, for example, a weekend for 2 at a particular resort that will give you a deal or donate the weekend, a computer that your company can get donated, or a car that you can get donated or purchase at a low cost.
  - Get tickets printed and select a date for the drawing
  - Have the employees sell the raffle tickets to their friends, family, and clients
  - Hold the drawing somewhere in a public area
  - Make sure the winner gets their prize

**\*\*Be aware that a raffle permit is to be secured through your local Sheriff's office\*\***
- Event planning time: 2 months

### **Bowl-a-thon**

- Develop a committee to plan and implement a Bowl-a-thon. The following are a few helpful steps:
  - Find a bowling alley that will donate their facility or give you a reduced price for this event
  - Determine the number of participants the center can hold
  - Designate donation amount per lane or per team (many companies will pay for their employees to play)
  - Invite individuals from your company, customers, suppliers and any neighboring companies to send foursomes to play
  - Get goody bag items and awards donated
  - Invite athletes to attend and present the awards to top teams
- Planning time: approximately 4 months

## SAMPLE THANK YOU LETTER

Name Business Address City, State Zip code

Dear Salutation,

On behalf of the 27,115 registered athletes of Special Olympics Georgia, I want to thank you for your generous contribution of: \_\_\_\_X\_\_\_\_ for \_\_\_\_Y\_\_\_\_. Your contribution supports our mission of providing year-round sports training and athletic competition in 26 sports to children and adults with intellectual disabilities in Georgia.

The goal of Special Olympics is to provide a quality program that improves the life of every individual with an intellectual disability in the state. Enhancing the quality of athletes' lives gives each of us personal fulfillment and joy in our own lives. While our athletes take home medals and ribbons, you will take home pride and satisfaction knowing your contribution has given every athlete the chance to be their personal best.

Special Olympics Georgia depends entirely on donations in order to offer programs statewide. We are a 501(c)(3) nonprofit organization and do not receive state funding. Therefore, Special Olympics Georgia relies heavily on community partners and individuals to fulfill its mission. Without support such as yours, we would not be able to offer such quality programs to deserving Georgia citizens.

Loretta Claiborne, a Special Olympics athlete, eloquently summed up the importance of Special Olympics by saying, "Thirty years ago, I was told that I wasn't going to be anybody, that I would be put in an institution. Special Olympics changed the direction of my life. It's all about possibilities, no limits. I stand here today to say that I am somebody."

Inspired by their greatness,  
Person Sending Letter  
Position

*Please consult your income tax preparer regarding the value and potential deductibility of your donation. IRS Publication 526 (Charitable Contributions) and IRS Publication 561 (Determining the Value of Donated Property) may also be consulted for guidance. These documents are available on line at [www.irs.gov](http://www.irs.gov). As required by IRS Regulation, we represent that we have not provided you with any goods or services in exchange for this contribution.*

## SAMPLE WELCOME LETTER & LOI

Here are a few things to consider when reaching out to local businesses and organizations.

*[name of event] Action Item Check List*

- Please verify that this logo is correct, this is what we will use in all [Event Name] printed material. Also email me one or two sentences to include in your section of the Program Book. You can include information about [company], your volunteers, or well wishes for the athletes.

### **VERSION OF LOGO HERE**

- Designate a point person for your employees to contact to sign up to volunteer. That person should contact our [Title], [Name] at [Contact Number] or [email address] for volunteer applications.
- Schedule a conference call with [contact name] to develop a volunteer schedule of shifts and needs similar to what was used last year.
- Provide banner(s) to [name of games group or agency] for placement at [name of event].
- We will send you invitations to the Opening Ceremony [if applicable]. Please let us know who will be coming so we can be sure to have them on the sign-in list.
- Executives can be award presenters during the weekend. The shifts are usually 1 – 2 hours at various venues. Determine if any of your executives might want to participate.
- Please sign and fax a copy of the official Letter of Intent that is attached for you and please be sure





## LETTER OF INTENT

---

[Name]  
[Company]  
[Address]

As a supporter of Special Olympics Georgia, [Company] would like to make a \$ [Amount] pledge as a [Type of Sponsor and Event Name].

As a [Type of Sponsor and Event Name], [Agency/Local Program] offers the following benefits to [Company]:

[Include list of benefits]

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please sign this letter and e-mail it to [E-Mail Address] or fax it to [Name] at 404-745-0550 by [Date] to demonstrate your intent to be a [Type of Sponsor and Event Name]. Thank you!*

## SAMPLE PROPOSAL LETTER

[date]

[contact name]

[company name]

[street address] [city], [state] [zip]

Dear Mr./Ms./Mrs. [contact name]:

Last year, almost [number] athletes and coaches had a wonderful weekend of high quality competition and peer interaction in a safe, welcoming environment at the [event name] in [event location] last [month last year's competition occurred]. For a few days, the city of [event city] got to experience Special Olympics and was able to embrace the idea that people with intellectual disabilities can be respected, valued, contributing members of society. The [event name] was tremendous, and we are very much looking forward to this year's event.

Our goal is to increase the number of athletes who can attend each of our competitions. We know that participation in Special Olympics Georgia makes a meaningful, positive impact on the lives of our athletes. A study conducted by the University of Massachusetts Boston and the University of Utah found that 52% of Special Olympics athletes are employed while only 10% of the general population of adults with intellectual disabilities are employed. This contrast demonstrates how important Special Olympics is to people with intellectual disabilities. Skills are developed through involvement in the program that enable our athletes to participate more fully in their communities, being active, engaged citizens who affect the economy and vibrancy of the places where they live. Events like the [event name] are the avenues for Special Olympics athletes to hone their skills.

During Special Olympics Georgia competitions, Special Olympics athletes will be on center stage where their abilities, not their disabilities, will be highlighted. Athletes and their families are not charged to participate in our program so we must raise all of the money necessary to fund the high quality events. We hope that you can join us at the competition this year.

**I'm writing to ask [company name] to consider one of the following sponsorship opportunities for the Special Olympics Georgia [event name]: [sponsorship opportunity #1] [donation value required] or a [sponsorship opportunity #2] [donation value required].**

However, any gift you make will help and we would be grateful. Because Special Olympics Georgia is not a United Way agency and does not receive state funding, it is vital to our program that we have caring friends like you who believe in our mission. Funds will specifically be used for [list what the funds will be used for].

The true measure of our success comes with the joy of achievement that our athletes receive from competition. It comes through the sense of belonging and fellowship that athletes experience traveling to State Games. Special Olympics athletes are determined to do their personal best during competition. Such determination reminds us of the spirit we long to find everyday of our lives. In giving their all, the athletes help us each understand that there is no real disability, only many different types of abilities; no real weakness, only many different forms of strength; no real wealth, only the richness of unlocking the gifts of others and of ourselves.

We look forward to seeing you at the [event name] in [event city]. Should you have any questions, please contact me at [phone number] or [email address].

Sincerely,

[person sending the letter's name] /position

**Special Olympics [event name] Benefits [city/state hosting event]**

**Benefits of Sponsoring Special Olympics Georgia**

**Supporting Special Olympics Georgia is not just a 'good thing to do in the community'. It is a smart business decision:**

- 95% brand recognition of Special Olympics within the United States.
- 95% favorability towards the organization.
- 87% believe it is appropriate for Special Olympics to align with corporate citizens.
- 85% would like to buy a product from a company that supports Special Olympics.
- 1 in 6 people are touched by Special Olympics (volunteers, donors, athletes, family of athlete, etc.).

***Sponsor Benefits***

**[sponsorship level]**

**[donation amount]**

\*\*\* *[if sponsorship is limited to a certain number detail that here]*

- [list all benefits}

**[sponsorship level]**

**[donation amount]**

\*\*\* *[if sponsorship is limited to a certain number detail that here]* • [list all benefits}



Dear Area Coordinators, Local Coordinators, and Fundraising Chairs:

**Thank you so much** for all of that you do for Special Olympics Georgia – we are very lucky to have such committed and dedicated volunteers!!

**When submitting a Fundraising Authorization Form, please make sure that you are using the attached, most up-to-date form.** Please discard any old copies and **only use this form.** I frequently am asked questions regarding the fundraising process, and I want to take this opportunity to address some of those questions, as well as highlight some of the important steps in the process.

**The Fundraising Authorization Form** must be completed and submitted to the state office a minimum of 30 days prior to your event and before initiating any fundraising activities (**i.e., sale of merchandise/goods, donation/sponsor requests, events, etc.**). **The form can be mailed, faxed, or e-mailed to the state office.**

Typically, within 2 business days after receipt of the form, you will receive an e-mail response with questions and/or approval. Your Sports and Program Manager will be copied on the e-mail.

It is important for the fundraising authorization form to be completed for several reasons:

- It prevents overlapping of events, opens communication channels, and builds historical records.
- It enables the state office to provide assistance/advice on events.
- It helps to ensure that we do not make multiple donation requests to the same person or business, which usually confuses potential donors and leads them to decide not to give on any level. It is important that we continue to build a strong donor base on all levels so that the athlete's fees for games remain as affordable as possible, and so that your local program can function well. When we confuse donors by making multiple requests, it has a negative impact on the organization as a whole and ultimately impacts the athletes.
- It helps to prevent "fake" events. Local officials or community members often call the state office to verify that a fundraiser is legitimate and that the funds raised are truly being directed to Special Olympics Georgia. The only way we can verify a fundraiser is if we have a completed fundraising authorization form. If there is not a completed form on file when a call is received, then steps will be taken to end the event. This is necessary in preventing the fraudulent use of the Special Olympics Georgia name to raise monies.

To help with our record keeping and reporting of all fundraising monies, please provide complete answers to all questions on the fundraising authorization form.

Due to changes that the IRS has made in how we have to report fundraising revenue and expenses, it is vital your treasurer write in the name of the fundraiser on the monthly financial report. This allows us to correctly track and report fundraising revenues and expenses. If monies are not correctly reported to the IRS, this significantly affects our fundraising ratios and ratings, which in turn can affect whether or not someone chooses to donate to Special Olympics Georgia on a local or state level (if it looks like we don't put most of our money/donations towards athlete programs and services, people often will choose not to support us).

**I hope this clarifies the fundraising process and its importance. If you have any questions, concerns or fundraising ideas, please don't hesitate to contact me at 770-414-9390 x1111 or [susan.skolnick@specialolympicsga.org](mailto:susan.skolnick@specialolympicsga.org). I look forward to working with you to help you reach your fundraising goals!**

**Thank you!**  
*Susan*



## Special Olympics Georgia Fundraising Project Authorization Form

Permission to conduct any fundraiser project to benefit Special Olympics in the State of Georgia must be requested at least **30 days** prior to the project's start date. It is anticipated that any/all fundraising projects will be limited to special events (e.g. car washes, dinners, softball tournaments, road races, etc.) and occasional requests to locally owned businesses for in-kind gifts of products/services to support games and competitions. A comprehensive list of all prospects to be solicited must be submitted to the State Office for approval. In almost all cases, direct approaches to 1) large corporations, 2) businesses that are not specifically locally owned and operated, and/or 3) any company or business that sponsors SOGA or SOI events should not be planned. SOGA will not assume responsibility for any expenses incurred from your event.

**Please note: before any solicitations in your community can start or any publicity announcing your event begins, approval must be granted by Special Olympics Georgia State Office, even if you have completed this form for the same event in past years, you must fill it out for the current year.**

AREA: LOCAL PROGRAM/COUNTY:

PROJECT/EVENT NAME:

DESCRIPTION (including location, target population, cost per person, and event details):

HOW DO YOU INTEND TO RAISE MONEY WITH THIS FUNDRAISER (check all that apply to this fundraiser)?

\_\_\_\_\_ Sale of Merchandise/Goods      \_\_\_\_\_ Sponsorship/Direct Donations Requests      \_\_\_\_\_ Event

PROJECTED INCOME:

PROJECTED EXPENSES OF FUNDRAISER:

DATE OF EVENT/PROJECT:

# OF PARTICIPANTS:

WILL YOU NEED LIABILITY INSURANCE COVERAGE FOR YOUR EVENT?    YES    NO

(fees for insurance coverage must be paid by your local/area program)

COORDINATOR'S NAME/TITLE:

EMAIL:

PHONE #:

COORDINATOR'S ADDRESS:

ITEMS/ASSISTANCE NEEDED FROM STATE OFFICE (this could include listing on the SOGA website if desired):

LIST OF BUSINESSES TO BE CONTACTED (attach a separate sheet if necessary):

**Please fill out this form completely and mail to Special Olympics Georgia, 6046 Financial Drive, Norcross, GA 30071; or fax to 404-393-2929; or e-mail to [susan.skolnick@specialolympicsga.org](mailto:susan.skolnick@specialolympicsga.org).** If you have any questions, please don't hesitate to contact Susan Skolnick, Director of Development and Major Gifts at 770-414-9390 x 1111 or [susan.skolnick@specialolympicsga.org](mailto:susan.skolnick@specialolympicsga.org).

FOR STATE OFFICE USE

APPROVED:

DATE:

ACTION:

Updated 11/13/17



## SECTION N PUBLIC RELATIONS

### SPECIAL OLYMPICS GEORGIA BASIC PRESENTATION

#### **MISSION**

The **mission** of Special Olympics Georgia (SOGA) is to provide year-round sports training and athletic competition in a variety of Olympics-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes, and the community.

#### **ABOUT US**

Our goal is to help bring persons with intellectual disabilities into the larger society under conditions whereby they are accepted, respected, and given the chance to become useful and productive citizens. When we achieve this goal through our sports program, we demonstrate that Special Olympics has a unique value: to show the world that every person counts and that every person can be something good when we work together

SOGA is truly a grass roots effort. Only through a volunteer base of more than 38,500 are we able to fulfill our mission in serving our athletes and continue to grow. The volunteers are dedicated to providing the highest quality programs and services to the athletes and serve as area directors, certified coaches, event staff, unified sports partners and fundraisers. The continuing success of the organization depends on the ongoing support of the community.

Through the program, 27,115 Georgia athletes are given the chance to express themselves and test their limits, however SOGA is currently serving only 25% of the eligible population!

You can help these athletes in various ways; by volunteering, coaching, donating or sponsoring an athlete or event.

#### **HISTORY**

-**Eunice Kennedy Shriver** founded Special Olympics in 1968.

-It was Shriver's vision that people with intellectual disabilities had an ability to learn sports skills and had the desire to train and compete. Over 50 years and 5 million athletes later, we see that her vision held very true.

-**The Georgia program** of was formed in 1970 with only 500 athletes who gathered for an athletics event. Today through dedicated volunteer and staff work, the number has increased more than 27,115 athletes in Georgia.

-As large of a number as that may sound, there are still over thousands of individuals eligible for the program.

-Athletes participate for FREE and are offered 26 sports statewide.

-The program remains supported through various contributions:

- ⑩ Individual contributions (largest)
- ⑩ Corporate sponsorships

- ⑩ Special events
- ⑩ In-kind donations
- ⑩ NO funding from federal/state funds
- ⑩ SOGA is not a United Way agency

### **STRUCTURE OF PROGRAM**

**26 sports** -Alpine Skiing, , Athletics, Badminton, Basketball, Bocce, Bowling, Cycling, Equestrian, Flag Football, Floor Hockey, Golf, Gymnastics (Artistic and Rhythmic), Ice Skating (Figure and Speed), Long-distance Running/Walking, Powerlifting, Roller Skating, Sailing, Soccer, Softball, Swimming, Table Tennis, Kayaking, Tennis, Volleyball.

All governed by the “**Sports Council**” who provides technical assistance to state, local and area Games Organizing Committees, coaches certification clinics, and athlete training camps.

In addition to above, **the Motor Activities Training Program (MATP)** is offered to individuals with more severe disabilities who cannot compete in rigorous activities.

- Athletes may begin training at 6 years old, compete at age 8.
- All events are **divisioned** first by age, then by sex, then ability. Divisioning is a fair and consistent way to assure that athletes have a fair chance against their opponents.
- There **are Invitationals that act as qualifiers** for state events. Just like regular sports with leagues, then regionals and then on to states.
- Athletes compete in three different ways:** individual, team sports, and Unified Sports.

### **BENEFITS OF PROGRAM**

The program transcends just sports competition. Special Olympics athletes are confident and independent. They have jobs, they make speeches; they live on their own; and they inspire others.

- Physical:** The Surgeon General released information in 2001 about the poor health of people with intellectual disabilities.
  - o Special Olympics engages the athletes in regular, monitored physical activity, which can ultimately help with combating heart disease, obesity, etc.
- It is common knowledge that exercise is an important part of a healthy lifestyle. People with intellectual disabilities do not usually join community recreation leagues or even have friends they can go ‘work out’ with.
  - o Special Olympics offers a platform for the athletes to stay physically fit.
- Mental:** Knowledge of rules and strategy along with increased self-esteem, self-confidence and pride.
- Social:** Participation in Special Olympics builds self-awareness, teamwork, and discipline. All of which are needed for steady employment and independent living.
  - o Teamwork, interaction with peers and people without intellectual disabilities, opportunity to travel and learn about other places and interests, family pride, and increased community awareness and acceptance.
  - o It provides a safe arena for peer interaction. Often, after students leave the school system, they also leave their peer network. Opportunities and events to network with peers are limited. Such isolation can ultimately hinder the development of social skills and those skills needed to work or live independently.

### **Athlete Involvement**

-ALPs – Athlete Leadership Programs – ways to get athletes involved in a leadership role and a way for their voices to be heard. Examples are:

-Global Messengers – Athletes that are trained representatives of SOGA. They make speeches and appearances around the state sharing their personal involvement. They are crucial in recruiting athletes & volunteers and enhancing public awareness. Audiences are moved by the athletes’ stories because they

are truly speaking from their hearts.

### **Other Opportunities**

- Many schools do not provide competitive sports for their special needs students. They get students involved by letting them be ball boys and girls, team managers and such, but it's just not enough and the students can do so much more if they are only taught.
- Serve on a local Games Organizing Committee, become a coach, assistant coach, games official, or volunteer board.
- Gives Special Education students the chance to get involved with their community and gives them something to look forward to at school.
  
- Physical Education teachers can organize Special Olympics clinics and events.
- Teachers and students can work together to create, manage and coach a Special Olympics team.
  
- Unified Sports – started in 1987 – involve athletes with and without intellectual disabilities. They mainstream special education and other students in athletic competition. They facilitate the forming of friendships, fun group activities for a team sport.

### **State Events**

Indoor Winter Games – Marietta                      1900 athletes    1200 volunteers  
Basketball, Bowling, Floor Hockey, Powerlifting, Rhythmic Gymnastics,

Summer Games –                      Atlanta                      1900 athletes    2100 volunteers  
Aquatics, Artistic Gymnastics, Athletics, Soccer, Table Tennis, Tennis, Volleyball, Flag Football and long distance walking and running.

Fall Games -                      Gainesville                      1,350 athletes    750 volunteers  
Bocce, Cycling, Golf, Softball

State Horse Show -                      Gainesville                      250 athletes                      100 volunteers

Master's Bowling -                      Warner Robins                      1,000 athletes                      550 volunteers

**\*\*\*Regional (SE) and USA competitions are also offered**

**\*\*\*World Games are held every two years – alternating between Winter and Summer sports.**

## **Volunteer Programs**

Coach: Special Olympics athletes need proper training from devoted coaches and assistant coaches. Coaches go through a training/certification sessions that will explain what is expected and what to expect during training.

State Games Organizing Committee: This team of individuals is devoted to planning, organizing and implementing each of the 5 state competitions. Volunteers organize and plan every aspect of the state competitions from the Athlete dance to each sporting venue.

Local Games Organizing Committee / Area Games Organizing Committee: The state is divided into 18 areas with several local programs making up each area. Volunteers organize and efficiently run the local or area Special Olympics program.

Local Coordinator: Plan and implement local events for the area. Manage media, organize volunteers, and are volunteers themselves. Make our program succeed.

Special Event Volunteer: Several fundraisers that need planners, recruiters and participants.

## **Law Enforcement Torch Run (LETR)**

The largest annual fundraising event benefiting Special Olympics Georgia. LETR involves more than 1,500 law enforcement officers from over 100 agencies who take part in fundraising and a 1,000 mile, two week torch relay to pass the "Flame of Hope" across the State. The torch relays converge at Emory University (Atlanta) during the State Summer Games Opening Ceremony.

\*\*Other funds are raised through special events, and donations from individuals, corporate sponsors and foundations.

## **SPONSORS**

Statewide Premier Sponsors: UPS, Publix, Winter Construction Company, and Marlow's Tavern.

Platinum Partners: The Coca-Cola Company, GEICO, and Cox Automotive

## **Eligibility to Become an Athlete**

To be eligible to participate in Special Olympics, athletes must be at least 8 years old and identified by an agency or professional as having one of the following conditions:

1. Intellectual disability;
2. A cognitive delay as determined by standardized measures; or a closely related development disability, i.e., functional limitations in both general learning and adaptive skills.

There is no cost to participate in Special Olympics. All prospective athletes must register to participate in Special Olympics.

Contact the [Sports and Program Manager for your area](#) for registration information.

## **Training**

Athletes are required to engage in an eight-week training program prior to any Special Olympics competition to develop fitness and skills and learn rules and strategies from their coaches. Special Olympics also trains and certifies coaches, officials and games Games Organizing Committee members to ensure that all athletes receive the highest quality training and competition.

## **Age Requirements**

There is no maximum age limitation for participation in Special Olympics. The minimum age requirement for participation in Special Olympics competition is 8 years of age. An **Accredited Program** may permit children who are at 2-7 years old to participate in Special Olympics Young Athletes programs offered by that Accredited Program, or in specific (and age-appropriate) cultural or social activities offered during the course of a Special Olympics event. However, no child may participate in a Special Olympics competition (or be awarded medals or ribbons associated with competition) before his or her 8th birthday.

## **Identifying Persons with Intellectual Disabilities**

Special Olympics uses the definition of intellectual disabilities provided by the World Health Organization (WHO), the United Nations' specialized agency for health. According to the WHO, intellectual disability is a condition of arrested or incomplete development of the mind characterized by impairment of skills and overall intelligence in areas such as cognition, language, and motor and social abilities. Intellectual disability can occur with or without any other physical or mental disorders. Although reduced level of intellectual functioning is the characteristic feature of this disorder, the diagnosis is made only if it is associated with a diminished ability to adapt to the daily demands of the normal social environment. (Visit [www.who.int](http://www.who.int) for more information.)

A person is considered to have an intellectual disability for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies any one of the following requirements:

- The person has been identified by an agency or professional as having an intellectual disability as determined by their localities; or
- The person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning and in adaptive skills (such as in recreation, work, independent living, self-direction, or self-care). However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to volunteer for Special Olympics as partners in **Unified Sports®**, if they otherwise meet the separate eligibility requirements for participation in Unified Sports set forth in the Sports Rules.

## **Degree of Disability**

Participation in Special Olympics training and competition is open to all persons with intellectual disabilities who meet the age requirements, regardless of the level or degree of that person's disability, and whether or not that person also has other mental or physical disabilities, so long as that person registers to participate in Special Olympics as required.

## **Multiple Handicaps**

Persons who have multiple handicaps may participate in Special Olympics provided they are eligible as noted above.

## **Profound Disabilities**

Individuals with profound disabilities can participate through Special Olympics **Motor Activities Training Program (MATP)**, developed by physical educators, physical therapists and recreation therapists. MATP emphasizes training and participation rather than competition.

## **Sign Me Up**

If you're interested in competing in Special Olympics, go to [www.specialolympicsga.org](http://www.specialolympicsga.org) and click on "Athletes/Resources" to find out how you can get involved with a local program.

## **USING SOGA PHOTOS**

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## **OTHER INFORMATION TOOLS (E-NEWSLETTER, BULK MAIL, SOCIAL MEDIA)**

Other ways Special Olympics Georgia disseminates information about its organization is through a monthly e-newsletter, *Georgia's Champions*, and [www.SpecialOlympicsGA.org](http://www.SpecialOlympicsGA.org). Special Olympics Georgia posts news releases on its Web site, as well as sends them out to media across the state. For each state games and for most special events, the organization blasts radio commercials advertising the events. SOGA staff are regularly interviewed on TV news, radio and print newspapers about Special Olympics Georgia. The organization also periodically sends out information on special events or ways volunteers and families can get state games pictures through mass e-mail blasts. The organization regularly posts special event, competition and program updates on the following social media outlets: Facebook, Instagram, LinkedIn and Twitter.