



2024 Indoor Winter Games  
Registration Checklist

Completed paperwork is due to the SOGA Office by 4:00pm on November 9, 2023. The mailing address is 6046 Financial Drive, Norcross GA 30071.

Please put it to the attention of Liz Smith.

You may also attach your paperwork and email it to [liz.smith@specialolympicsga.org](mailto:liz.smith@specialolympicsga.org)

Agencies will incur a \$250 Late Paperwork Fee for paperwork received after November 9, 2023.

**Paperwork will not be accepted by SOGA after Wednesday, November 15, 2023.**

\*\*Reminder – November 9<sup>th</sup> is the eligibility deadline for all Athletes & Unified Partners wanting to compete at Indoor Winter Games. This means that ALL Athletes & Unified Partners MUST be registered with an active medical certification in the SOGA GMS Database by November 9<sup>th</sup> or a Doctor signed hard copy of the Athlete’s Medical form and/or Unified Partner Profile form MUST be included with the paperwork. Any Athlete and/or Unified Partner that is not in our GMS database or submitted within the paperwork, will be scratched and not registered to compete at Indoor Winter Games. If Agencies submit late paperwork, the eligibility deadline for Athletes & Unified Partners is STILL November 9<sup>th</sup> no exceptions.

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*\*\*Faxed paperwork will not be accepted\*\**

Completed paperwork packets include:

- REGISTRATION FEES - with check attached (can't process forms until fees received) If you can't get the check by the deadline you must attached a copy of the request for the check.
- HEAD OF DELEGATION / ROSTER – All delegations submit this form whether Housed or Day Only. If Day only, fill in all of delegates names & check “Day Only” at top of form. If Day only, please make sure that you list everyone coming.
- HOUSING COMMITMENT FORM
- Housing Policy Form
- HOD Contact Information
- 15 PASSENGER VAN POLICY
- COVID-19 PARTICIPANT CODE OF CONDUCT/RISK ASSESSMENT FORM - SIGNED BY EACH DELEGATE
- POWERLIFTING ATHLETE BIOS
- VOLUNTEER/ COACH SCREENING CERTIFICATION FORM – THIS FORM MUST LIST ALL VOLUNTEERS / COACHES / UNIFIED PARTNERS THAT ARE COMING TO GAMES.
- REGISTRATION/EVENT ENTRY FORMS for each athlete and team participating.

I have enclosed or completed all of the requirements above.

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

**2024 INDOOR WINTER GAMES**  
**REGISTRATION FEES**



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

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

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

**ADDITIONAL CHARGES:**

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

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

**\*\*Reminder – New Payment Process:**

All agencies attending will need to write their checks **dated January 1, 2024**. Although paperwork is due November 9<sup>th</sup>, checks will not be deposited until the 2024 calendar year, so please be prepared for accounting purposes. See separate memo for more details.

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

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

**STATE GAMES FEES SHEET:**

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

## Head of Delegation & Roster Form – MALES ONLY

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

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

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

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

## Head of Delegation & Roster Form – MALES ONLY

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

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

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

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## Head of Delegation & Roster Form – MALES ONLY

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

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

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

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## Head of Delegation & Roster Form – FEMALES ONLY

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

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

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

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## Head of Delegation & Roster Form – FEMALES ONLY

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

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

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

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## Head of Delegation & Roster Form – FEMALES ONLY

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

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

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

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## STATE INDOOR WINTER GAMES HOUSING COMMITMENT

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

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

**Housing Notice:** Due to COVID-19 and maintaining efforts to implement social distancing, housing assignments will be 1 person per king room, 2 persons per queen/queen room, 2 persons per king with pullout.

- Our agency will need housing for Friday night.
- Our agency will need housing for Friday & Saturday nights.
- Our agency will need NO housing.

\_\_\_\_\_  
Signature of Person completing this form

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

# **Special Olympics** Georgia



## HOUSING POLICY

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

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

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

Special Olympics Georgia totals the number of athletes / unified partners and coaches registered in the games. We then review the paperwork and the breakdown of males and females. We supply agencies allotted room numbers based on that quota. **When determining allotted room numbers, we allocate and provide 2 persons per room for a Double / Double or a King with a pullout, 1 person per room for a King, 3 persons per room for a Queen / Queen with a pullout. In dorm rooms, we allot one bed per person. Athletes/partners/coaches and general volunteers may not share a room with athletes/partners/coaches and general volunteers of the opposite sex.**

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

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



## HOD Contact Information

Delegation \_\_\_\_\_

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



ATHLETE AND PARTNER BIOS: PLEASE FILL OUT ONE FOR EACH ATHLETE AND PARTNER PARTICIPATING  
IN POWERLIFTING

**\*\* Please attach the athlete participation form or the Unified partner form for this person\*\***

Name:

Athlete or Partner:

T-Shirt Size:

Delegation:

Height:

Weight:

Number of years in Powerlifting:

Personal Bests:

Interesting Facts, Hobbies, Etc:

**\*\*\*Lifting "Uniform":** Lifters should bring their own lifting belts. A competition singlet is required to lift.  
(Note SOI rules modification on lifters in wheelchairs being allowed to wear form fitting 2 piece outfits)

**\*\*\*Rules Changes:** Lifters must wear a long sock in the deadlift (over the shin)  
Lifter's head must be flat on the bench during bench press.  
Lifters can not wear lace up combat boot type shoes for lifting.

### Volunteer Screening Certification Form

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

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

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

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

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

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

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

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

**SOGA USE ONLY IN THIS SECTION**

Full Name	Head Coach	HOD	Medical	Asst. Coach	Unified Partner	Other (Specify)	Vol. Profile Form	Coach Code of Conduct	Protective Behaviors	Screened	Concussion Training	COVID Waiver
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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







## POWERLIFTING ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	ENTRANTS NAME	DOB	WEIGHT CLASS	BENCH PRESS	DEADLIFT	SQUAT	Push Pull	Full Power
1			_____ lbs.	_____ lbs.	_____ lbs.	_____ lbs.		
2			_____ lbs.	_____ lbs.	_____ lbs.	_____ lbs.		
3			_____ lbs.	_____ lbs.	_____ lbs.	_____ lbs.		
4			_____ lbs.	_____ lbs.	_____ lbs.	_____ lbs.		
5			_____ lbs.	_____ lbs.	_____ lbs.	_____ lbs.		
6			_____ lbs.	_____ lbs.	_____ lbs.	_____ lbs.		
7			_____ lbs.	_____ lbs.	_____ lbs.	_____ lbs.		

- Indicate whether the lifter will also compete in Push Pull or Full Power Competition.
- Record the MAXIMUM lift the athlete has achieved for each event he/she is entering.
- The lifter may elect to enter one or all of the events.

## UNIFIED TEAM FEMALE ARTISTIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

CHECK ROLE	ENTRANTS NAME	DOB	Floor Exercise 1,2,3 4	Balance Beam 1,2,3,4	Vaulting 1,2,3,4	Uneven Bars 1,2,3,4	All Around 1,2,3,4
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							

- ⇒ Check the level in each event that the Unified Team is going to compete in.
- ⇒ The Athlete & Unified Partner must perform on the same levels & must perform the same routines.
- ⇒ Enter **ONLY Females** on this form.

## UNIFIED TEAM MALE ARTISTIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

CHECK ROLE	ENTRANTS NAME	DOB	Floor Exercise 1,2,3 4	Pommel Horse 1,2,3,4	Vault 1,2,3,4	Still Rings 1,2,3,4	Parallel Bar 1,2,3,4	Horizontal Bar 1,2,3,4	All Around 1,2,3,4
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>									
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>									
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>									
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>									
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>									
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>									
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>									

- ⇒ Check the level in each event that the Unified Team is going to compete in.
- ⇒ The Athlete & Unified Partner must perform on the same levels & must perform the same routines.
- ⇒ Enter **ONLY Males** on this form.

## LEVEL A, B, & C FEMALE UNIFIED ARTISTIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

**\*\*Please mark in box "A" or "B" to denote Level of Event\*\***

CHECK ROLE	ENTRANTS NAME	DOB	Vaulting A / B / C	Uneven Bars A / B / C	Balance Beam A / B / C	Floor Exercise A / B / C	All Around A / B / C
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>							

- ⇒ Check the level in each event that the Unified Team is going to compete in.
- ⇒ The Athlete & Unified Partner must perform on the same levels & must perform the same routines.
- ⇒ Enter **ONLY Females** on this form.

## LEVEL A, B, & C MALE UNIFIED ARTISTIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

**\*\*Please mark in box "A" or "B" or "C" to denote Level of Event\*\***

CHECK ROLE	ENTRANTS NAME	DOB	Floor Exercise A / B / C	Vaulting A / B / C	Parallel Bars A	Horizontal Bar A / B / C	Pommel Horse B / C	All Around A / B / C
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>								
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>								
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>								
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>								
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>								
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>								
ATHLETE <input type="checkbox"/> PARTNER <input type="checkbox"/>								

⇒ Enter **ONLY Males** on this form & the Athlete & Unified Partner must perform on the same levels & must perform the same routines.

## LEVEL 1,2,3,4 FEMALE ARTISTIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

#	ENTRANTS NAME	DOB	Floor Exercise 1,2,3,4	Balance Beam 1,2,3,4	Vaulting 1,2,3,4	Uneven Bars 1,2,3,4	All Around 1,2,3,4
1							
2							
3							
4							
5							
6							
7							

- ⇒ Check the events the athlete is entering in the space provided above.
- ⇒ Enter **ONLY Females** on this form.

## LEVEL 1,2,3,4 MALE ARTISTIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	ENTRANTS NAME	DOB	Floor Exercise 1,2,3,4	Pommel Horse 1,2,3,4	Vault 1,2,3,4	Still Rings 1,2,3,4	Parallel Bar 1,2,3,4	Horizontal Bar 1,2,3,4	All Around 1,2,3,4
1									
2									
3									
4									
5									
6									
7									

- ⇒ Check the events the athlete is entering in the space provided above.
- ⇒ Enter **ONLY Males** on this form.



## LEVEL A, B, & C FEMALE ARTISTIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	ENTRANTS NAME	DOB	Vaulting A / B / C	Uneven Bars A / B / C	Balance Beam A / B / C	Floor Exercise A / B / C	All Around A / B / C
1							
2							
3							
4							
5							
6							
7							

- ⇒ Check the events the athlete is entering in the space provided above.
- ⇒ ONLY Females on this form
- ⇒ **\*\*Circle "A" or "B" or "C" to denote Level of Event\*\***

## LEVEL A, B, & C MALE ARTISTIC GYMNASTICS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

	ENTRANTS NAME	DOB	Floor Exercise A / B / C	Vaulting A / B / C	Parallel Bars A	Horizontal Bar A / B / C	Pommel Horse B / C	All Around A / B / C
1								
2								
3								
4								
5								
6								
7								

- ⇒ Check the events the athlete is entering in the space provided above.
- ⇒ ONLY Males on this form
- ⇒ **\*\*Circle "A" or "B" or "C" to denote Level of Event\*\***

## FLOOR HOCKEY TEAM ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

<b>Traditional Team (13 Athletes per team)</b>	<b>Team Name:</b>
<input type="checkbox"/> Junior (age 8-15)	
<input type="checkbox"/> Senior (age 16-21)	
<input type="checkbox"/> Masters (ages 22 & over)	

	Role	Entrants Name	Gender	DOB	Age	ISC Rating
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						







## TEAM BOWLING ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Please fill out if you have bowling teams. NO jeans during competition!

Traditional Team (4 Athletes per team)	Unified Team (2 Athletes, 2 Partners per team)
<input type="checkbox"/> Junior (age 8-15)	<input type="checkbox"/> Junior (age 8-15)
<input type="checkbox"/> Senior (age 16-21)	<input type="checkbox"/> Senior (age 16-21)
	<input type="checkbox"/> Masters (age 22+)

Role	Entrants Name	Gender	DOB	Bowling Average
<b>Role</b>				
<b>Team Name:</b>				
<b>Role</b>				
<b>Team Name:</b>				
<b>Role</b>				
<b>Team Name:</b>				

\*\* The Bowler's Average should be calculated from the last fifteen (15) games scratch scores (no handicaps, please). Total the scores of the 15 games, then divide that by 15 to get the player's average. \*\*





## LEVEL A BASKETBALL SKILLS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Entrant Name	Gender	DOB	ISC Score

- ⇒ THERE WILL BE **NO "PRACTICE" ROUND** OF COMPETITION AT STATE GAMES!!
- ⇒ The Individual Skills Contest scores will be used to place your athletes in a group of other athletes with similar ability.
- ⇒ Please be as accurate as possible.

### 3. vs. 3 BASKETBALL TEAM ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

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

	Entrants Name	Gender	DOB	Age	Overall Rating Score
1					
2					
3					
4					
5					

- Before completing, see the “Determining Basketball Levels” document.
- Five Athletes per team Maximum. Must have 3 Athletes to begin a game.
- All Athletes must play during the game.
- Games are played to 20 points or to 20 minutes, whichever comes first.

### BASKETBALL TEAM ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

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

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

**\*\* Teams shall consist of a minimum of five (5) players. \*\***

## BASKETBALL TEAM SKILLS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			
Age Group	<input type="checkbox"/> Junior (age 8-15) <input type="checkbox"/> Senior (age 16-21) <input type="checkbox"/> Masters (ages 22 & over)		

To assist in Divisioning your team, please provide team scores for 10 rounds of a practice or game.

Round 1 Score: _____	Round 2 Score: _____	Round 3 Score: _____	Round 4 Score: _____	Round 5 Score: _____	Round 6 Score: _____
Round 7 Score: _____	Round 8 Score: _____	Round 9 Score: _____	Round 10 Score: _____	Total Score: _____	Total Average Score: _____

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

A **maximum** of ten (10) players on this Team may attend the Games..... Your Team must have a **minimum** of six (6) to attend.



## PICKLEBALL DOUBLES ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

**Important Reminders for filling out the Pickleball Entry Form:**

Athletes competing may only participate in 1 event: Skills, Singles, or Doubles.

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

Please Check One:		Please Check One:		Team Name:	
<input type="checkbox"/> Junior (age 8 – 15)		Level 1 <input type="checkbox"/> Unified <input type="checkbox"/> Traditional Doubles			
<input type="checkbox"/> Senior (age 16 – 21)		Level 2 <input type="checkbox"/> Unified <input type="checkbox"/> Traditional Doubles			
<input type="checkbox"/> Masters (age 22 – older)		Level 3 <input type="checkbox"/> Unified <input type="checkbox"/> Traditional Doubles			
		Level 4 <input type="checkbox"/> Unified <input type="checkbox"/> Traditional Doubles			
Role	Entrants Name		Gender	DOB	Pickleball Rating

Please Check One:		Please Check One:		Team Name:	
<input type="checkbox"/> Junior (age 8 – 15)		Level 1 <input type="checkbox"/> Unified <input type="checkbox"/> Traditional Doubles			
<input type="checkbox"/> Senior (age 16 – 21)		Level 2 <input type="checkbox"/> Unified <input type="checkbox"/> Traditional Doubles			
<input type="checkbox"/> Masters (age 22 – older)		Level 3 <input type="checkbox"/> Unified <input type="checkbox"/> Traditional Doubles			
		Level 4 <input type="checkbox"/> Unified <input type="checkbox"/> Traditional Doubles			
Role	Entrants Name		Gender	DOB	Pickleball Rating