

Graduating Athletes

As you take your next steps, make sure you continue your athletic careers
with Special Olympics Georgia!



Special Olympics Georgia (SOGA) serves over 17,537 athletes. Our goal is to provide year round sports programs for all children and adults with intellectual disabilities. We also seek to provide opportunities to develop physical fitness, demonstrate courage, as well as to participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community. As you take your next steps, make sure you continue your athletic careers with Special Olympics Georgia! As you, your loved one, or athlete you know nears graduation from high school, please remember Special Olympics Georgia wants to provide you the opportunity to stay involved with our local programs. Please take a few moments to fill out the attached form and return it to us.

WHY SHOULD ATHLETES STAY INVOLVED WITH SOGA?

- **I**mproves physical fitness and athletic ability
- **N**ourishes friendships and family relationships
- **S**trengthens teamwork
- **P**rovides skills for independent living
- **I**ncreases ability to make personal decisions
- **R**aises self-confidence and social competency
- **E**nhances skills that can be used at a job



SOGA SPORTS

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

STATE GAMES

Indoor Winter Games
January 31-February 1
Summer Games
May 16-18
Fall Games
October 17-18



HOW TO STAY INVOLVED

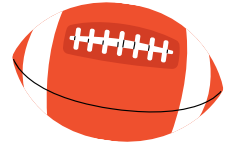
- Fill out the form attached to this flyer and send to your Program Manager
- Once SOGA receives your form, a Program Manager from your area will contact you
- You and your Program Manager will work together to find ways to continue participation

Special Olympics
Georgia





2025 Transition Flyer



Name of Athlete: _____

Male____ **Female**____ **Ethnicity (optional)**_____

Contact Person: _____

Relationship to Athlete: _____

E - Mail Address: _____

Daytime Phone: _____ **Mailing**

Address: _____ **City**

_____, **GA Zip Code** _____

Current SOGA Agency: _____

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

**6046 Financial Dr.
Norcross , GA 30071**

Santiago.Arias @SpecialOlympicsGA.org

Phone: 770-414-9390 Ext 1109

Fax: 404-393-2929

For more information, please visit our website:

www.specialolympicsga.org



***Special
Olympics***
Georgia