



**2021 Horse Show
Registration Checklist**

Completed paperwork packets are due to the SOGA Atlanta Office by 4:15pm on April 2, 2021.

Agencies will incur a \$250 Late Paperwork Fee for any paperwork received after April 2nd.

Paperwork will not be accepted by SOGA after Wednesday, April 7th!!

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

Completed paperwork packets include:

- ☐ **REGISTRATION FEES** - with check attached (will not process forms until fees received) If you do not get the check by the deadline you must attach 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.
- ☐ **FEE SHEET FORM**
- ☐ **HOUSING COMMITMENT FORM**
- ☐ **HOD Contact Information**
- ☐ **15 PASSENGER VAN POLICY-** Make sure the form is specific to Horse Show.
- ☐ **COVID-19 Waiver Form** – signed by each delegate
- ☐ **VERIFICATION OF STALLS FORM**
- ☐ **REGISTRATION FORMS** for each athlete and team participating.
- ☐ **FACILITIES RULES AND REGULATIONS FORM**
- ☐ **List of HORSES FORM**
- ☐ **VOLUNTEER/ COACH SCREENING CERTIFICATION FORM** – THIS FORM MUST LIST ALL VOLUNTEERS / HORSE HANDLERS/ COACHES / ***UNIFIED PARTNERS*** THAT ARE COMING TO GAMES.
- ☐ **VOLUNTEER PROFILE FORM FOR COACH / ASST. COACH / BUS DRIVER OR NURSE** for all Coaches and Horse Handlers 18+ attending games. If you already sent in a form and have been screened, you do not need to send in another one
- ☐ **COACH’S CODE OF CONDUCT** for all new Coaches and Horse Handlers 18+ attending games. If you already sent in a form, you do not need to send in another one.

I have enclosed or completed all of the requirements above.

Signature of Head of Delegation_____

2021 HORSE SHOW
REGISTRATION FEES

Special Olympics
Georgia



AREA: _____

AGENCY: _____

Number of Athletes & Partners		\$ 25 per person	
Number of Coaches		\$ 25 per person	
Number of Horse Handlers		\$ 25 per person	

** Please refer to the "Cheat Sheet for Horse Show Housing" document and Approved Allotment on the next page for clarification **

ADDITIONAL CHARGES:

Extra Coaches not in Quota / Bus Drivers / Nurses (\$25 per extra person)

(The \$25 fee includes all meals, credentials, insurance) **Extra Coaches do not receive housing.**

Number of Extra's **Please refer to Approved Allotment on next page		\$ 25 per person	
Number of Bags of Shavings		\$ 10 per bag	
Number of Extra Stalls not in Quota **Note: only 1 extra stall allotted per agency		\$ 38 per stall	

There will be NO EXTRA HOUSING provided by Special Olympics Georgia!

Enclose full payment to: Special Olympics Georgia

Check # _____ Total of above enclosed = _____

STATE GAMES FEES SHEET:

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

Call Liz at 770-414-9390 ext. 1108 with any questions concerning fees. (Rev. 3/15/19)

APPROVED ALLOTMENT

Please refer to the table below in calculating how many coaches, horse handlers, side walkers, chaperones, additional assistants, and extra persons not in quota will be allotted per number of athletes/partners.

<u># of Athletes / Partners</u>	<u># Coaches (includes Chaperones, Horse Handlers, etc.</u>	<u># Additional Assistants</u>	<u># Extra Persons not in quota</u>
1-3	1	1	1
4-6	2	1	2
7-9	3	1	2
10-12	4	1	3
13-15	5	1	3
16-18	6	2	4
19-21	7	2	4
22-24	8	2	4
25-27	9	2	5
28-30	10	2	5

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 4 TO A ROOM IN DOUBLE ROOMS AND KING ROOMS WITH PULLOUT SOFAS.

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

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

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

NOTE: WE HOUSE 4 TO A ROOM IN DOUBLE ROOMS AND KING ROOMS WITH PULLOUT SOFAS.

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

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

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

NOTE: WE HOUSE 4 TO A ROOM IN DOUBLE ROOMS AND KING ROOMS WITH PULLOUT SOFAS.

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

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

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

NOTE: WE HOUSE 4 TO A ROOM IN DOUBLE ROOMS AND KING ROOMS WITH PULLOUT SOFAS.

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

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

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

NOTE: WE HOUSE 4 TO A ROOM IN DOUBLE ROOMS AND KING ROOMS WITH PULLOUT SOFAS.

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

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

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

NOTE: WE HOUSE 4 TO A ROOM IN DOUBLE ROOMS AND KING ROOMS WITH PULLOUT SOFAS.



STATE 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: _____

Agencies that are competing in Friday events (Showmanship, Dressage, & Western Riding) and are 200 or more miles away from the Wills Park Equestrian Center will be given the option to receive housing for Thursday night. Please note whether you will need SOGA to provide your Thursday night housing on the Housing Commitment Form.

Agencies that are eligible for the 200 mile or more policy are:

Pegasus Riding Academy

Jacobs Ladder

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 both Thursday and Friday nights (If you choose this option you must stay both nights or your agency will be charged for the rooms / nights not accounted for)

_____ Our agency will need housing for Friday night only.

_____ Our agency will need NO housing.

Signature of Person completing this form

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.****



2021 State Horse Show – Participant Code of Conduct

In consideration of participating in the Special Olympics Georgia 2021 State Horse Show, I acknowledge & agree to the following:

- ☐ I confirm that I do not have symptoms of COVID-19 and have not been in contact with anyone that has tested positive for COVID-19 symptoms in past 14 days (cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell)
- ☐ If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 8 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure.
- ☐ If I get or have had COVID, I will not go to any in-person Special Olympics Georgia trainings, gatherings, or events until 8 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.
- ☐ I will have my temperature checked prior to leaving home to attend the State Horse Show
- ☐ I will have my temperature checked daily upon arrival at Wills Park Equestrian Center. If a fever exists, I will immediately depart to go home, this will include the entire delegation.
- ☐ Special Olympics Georgia educated me on Special Olympics rules for COVID-19 and who is at high risk.
- ☐ I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Special Olympics Georgia events in person, until there is little or no Coronavirus in my community and no state restrictions in effect.
- ☐ I will follow social distancing guidelines and keep at least 6 feet from all participants at all times. This includes bathrooms, barns, mounting on horses, picking up food or snacks, Healthy Athletes, seating in stands. I will not engage in hugging, hand shaking, or high fives.
- ☐ I will wear a mask (not provided by SOGA, BRING OWN MASK) and gloves (provided by SOGA) at all times while at Special Olympics Georgia activities. I may not have to wear it during active exercise, warmups, or competing in the Arena.
- ☐ I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty.
- ☐ I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.
- ☐ I will not share drinking bottles, utensils, or towels with other people.
- ☐ I understand that no spectators are allowed. This includes, parents, guardians, family, friends, or anyone planning to attend to watch competition, that is not a registered delegate.

☐ I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first. If tack must be shared, the appropriate cleaning supplies must be used to wipe down before the next athlete uses for competition or warmups.

☐ I agree to contactless pickups. Special Olympics Georgia will provide certain materials, HOD packets, class schedules, water, etc. and understand that there will be no direct contact in picking up these items.

☐ I will only enter, leave, or move around the barns in the designated areas that my agency is assigned. I will continue practicing social distancing while in the barn area.

☐ I will abide by Special Olympics Georgia's housing policy. Only the same gender will be allowed in each room. 1 person assigned to a king room, and 2 persons assigned to a double/double or king with pullout. I will abide by the 10pm curfew.

☐ I understand that if I do not follow all of these rules, I will not be allowed to participate in Special Olympics Georgia activities during this time.

☐ I understand that any medical services needed for sickness or illness while participating at any Special Olympics Georgia event will not be covered by the Special Olympics Georgia insurance carrier, but instead will be covered by the insurance provider of the individual participant.

I hereby fully understand and accept responsibility and will adhere to all policies set forth by Special Olympics Georgia.

Participant Name (Printed)

Participant Signature: _____ Date: _____

Participant Role (circle one): Athlete Coach Horse Handler Volunteer

Parent/Guardian Signature: (required if under 18 years old or has a legal guardian)
By signing, I agree to this form on my own behalf and on behalf of the Participant.

Parent/Guardian Name (Printed)

Parent/Guardian Signature: _____ Date: _____



Fact Sheet: Who is at High-Risk for COVID-19

Who is at higher risk of COVID-19?

COVID-19 is a new disease and information is changing on who is more likely to get COVID-19 and who is will have more complications. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of severe illness resulting in death from COVID-19.

Current clinical guidance and information from the U.S. Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) lists those at high-risk for severe illness from COVID-19 as:

- People 65 years and older. Risk increases with age.
- People who live in a nursing home or licensed long-term care facilities

Regardless of age, individuals with underlying conditions, such as the following, are or maybe at increased risk of severe illness from COVID-19:


- People with chronic lung disease, chronic obstructive pulmonary disease or moderate to severe asthma
- People who have serious heart conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathy, hypertension)
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with obesity (body mass index [BMI] of 30 or higher). To calculate BMI, refer to:
 - https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html
- People with diabetes (Type 1 and 2)
- People with chronic kidney disease
- People with liver disease
- People with dementia

The list may change as evidence is learned. Please review the latest list of conditions that put individuals at increased risk available at the [CDC website \(https://bit.ly/2VEJcSK\)](https://bit.ly/2VEJcSK)

If you are at a high risk, you may be putting yourself at risk when you return to activities with Special Olympics. But, you may also put your family and your teammates at risk. If you have these conditions, you should not return to Special Olympics in person activities until Phase 3.

If you have been diagnosed with COVID-19, you should consult with a healthcare professional for written medical clearance before returning to Special Olympics in person activities as serious cardiac, respiratory, and neurological issues may develop as a result of COVID-19.

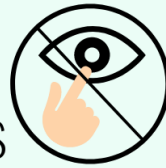
SOGA's Guide for a Safe Time

Stay home if you feel sick 



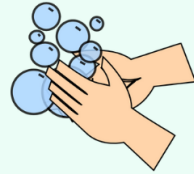
Wear your mask **AT ALL TIMES!**

Don't touch eyes, nose or mouth with unwashed hands



Cover your sneezes and coughs

Wash your hands frequently



Social Distance
6 Feet



No hugs or high-fives



Thank you!

**Special
Olympics**
Georgia



Volunteer Screening Certification Form

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

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

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

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

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

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

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

AREA: _____ **AGENCY:** _____

						SOGA USE ONLY IN THIS SECTION				
Full Name	Head Coach	HOD	Medical	Asst. Coach	Other (Specify)	Screened	Not Screened	Protective Behaviors	Coach Code of Conduct	Concussion Training
	<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: _____

AREA: _____

AGENCY: _____

SOGA USE ONLY IN THIS SECTION[illegible]

AREA: _____

AGENCY: _____

SOGA USE ONLY IN THIS SECTION[illegible]

Verification of Stalls

The following is a breakdown of approved stall allotments for the Horse Show.

All numbers outside of the approved allotment will be paid for completely by the agency.

Extra Stalls are \$38 for the weekend. **Only 1 extra stall is allotted to each agency. List the number of extra stalls on Fee Sheet for payment.

Due to COVID-19 and continuing efforts of social distancing, tack stalls will be limited to 1-2 stalls per agency.

MAXIMUM APPROVED ALLOTMENT

# Horses	#Stalls for Tack
1 - 6	1
7 - 12	2

Your Agency: _____

of stalls for horses: _____

of stalls for tack: _____

Will need a total of _____ stalls.

REMINDER: Please use your assigned tack and supply stall. Items cannot be left in the hallways.

If you have any questions please call Liz Smith
@ 770-414-9390 ext. 1108

Thank You!!!

WILLS PARK EQUESTRIAN CENTER

RULES AND REGULATIONS

1. Event can start no sooner than 6 a.m. and must finish by 10 p.m.
2. No vehicle will be permitted to park within 30 feet of any stabling facility. All vehicles must be kept in designated parking areas. Trailers may be pulled to stalls to load and unload only, after which time you must move vehicle to designated parking area.
3. All aisles and roadways around barns must be kept open at all times due to fire regulations. Owners will be asked to move vehicles or risk towing and/or fines.
4. Only licensed vehicles with licensed operator will be permitted on park roadways. No motorcycles, mopeds, "four wheelers" or golf carts allowed except those designated "official use only" for show personnel, trainers, competitors.
5. No horses will be lunged in any show ring. No horses will be permitted on areas designated for pedestrian traffic; roped, chained or fenced off rings or grounds; or otherwise off limit areas.
6. All pets must be kept on a maximum 6' leash at all times and are the owner's responsibility. Only one warning. **NO PETS** are allowed in any office at any time.
7. No alcoholic beverages allowed on premises without prior written consent from the City of Alpharetta.
8. Smoking is prohibited inside city buildings and offices and in stall areas at all times.
9. No recreational vehicles or trailers will be allowed to hook-up to electrical outlets in the stall barn areas. Hook ups must be in a designated RV hook-up only.
10. Gas, electric or propane heaters, propane tanks, hot plates, AC window units, refrigerators and microwaves are prohibited in stall areas at all times.

11. All electrical extension cords must be twelve (12) gauge, three (3) wire and prong negative ground type.
12. All droppings and used shavings removed from stalls or trailers must be placed at the end of stall buildings. Refuse emptied between barns will not be picked up during the show.
13. Posters, flyers, and other printed materials shall not be stapled on any building. They may be posted on designated bulletin boards only.
14. The user will maintain clean facilities and grounds during scheduled events, by placing litter in trash receptacles for removal by City of Alpharetta personnel. This specifically includes the bleachers and barns/stalls.
15. Proof of a negative Coggins test is required to bring horses on the Show Grounds. NO EXCEPTIONS.
16. Invoice for facility usage will be issued at the completion of the event and all fees are due at that time. All keys will be turned in at this time also.
17. Stalls and bedding **mandatory** for all horses at all events/shows.
18. These rules and regulations, coupled with a signed copy of the Rental Agreement, comprise the contract between Lessor and Lessee.

WARNING: UNDER GEORGIA LAW, AN EQUINE SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

My signature indicates that I have read, understand, and agree to abide by the rules and regulations as stated above.

Signature

Date

Witness

Date



Instructor / Coach Information

Please complete this form for every coach or instructor that will be attending the Horse Show with your delegation

Name _____

Certified Special Olympics Georgia? Yes _____ No _____

Address _____

City _____ State _____ Zip _____

Phone # Day (____) _____ Night (____) _____

Fax (____) _____ E-mail _____

Best time to call? _____

Name of Stables/Facility where you train _____

City/Town _____

- Please be as accurate as possible in selecting the division for your athlete according to his/her ability level. Refer to class descriptions and patterns for each division.
- Beginner I through Intermediate III must choose English or Western. Riders may not cross between divisions.
- Intermediate IV, Advanced I and Advanced II must declare English and Western classes in 2021
- Please indicate if other horses are being used for each class. (Rider Entry Form)

I certify that I have read, understand and shall abide by the Official Special Olympics Sports Rules for Equestrian Sports and the information provided by Special Olympics Georgia for Equestrian Sports. I have entered this athlete in the safest, most appropriate division level for his/her ability.

Signature of person completing entry form

Date



LIST OF ALL HORSES AT STATE HORSE SHOW

Please list all of the horses your agency will be using during the Horse Show.

Due to COVID-19 and continuing efforts for social distancing, the list of horse names will be submitted for approval.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

2021 State Horse Show
RV / Golf Cart / Mule (Gator) Agreements



Please complete the following information and return by April 30th

RV Hookup (\$35 per night, per site) – Send money to SOGA by April 30th

- _____ Our agency does not need RV Hookup
- _____ Our agency will need RV Hookup Thursday, Friday How many? _____
- _____ Our agency will need RV Hookup Friday How many? _____

Golf Cart / Mule (Gator) Agreement

Chicopee Woods Agricultural Center has agreed to allow agencies to bring Golf Carts / Mules (Gators) to assist with transportation. A licensed driver is required to drive. Privileges will be revoked if anyone is deemed reckless or careless on any vehicle. This ***will not*** be for recreational purposes.

- _____ Our agency will not bring any additional transportation
- _____ Our agency will bring Golf Cart(s) How many? _____
- _____ Our agency will bring Mule / Gator (s) How many? _____

HOD Signature



OFFICIAL GEORGIA HORSE SHOW INDIVIDUAL ENTRY FORM



Athlete Name: _____ D.O.B. _____ Area: _____ Gender: _____

Horse Name: _____ Delegation: _____

SOGA Certified Equestrian Coach: _____

Email: _____ Phone Number: _____

**English Equitation & Western Horsemanship will not be offered in 2021

**Riders must declare English or Western. English events offered: Dressage, Trail, Showmanship. Western events offered: Western Riding, Trail, Showmanship

Athletes must declare English or Western. Athletes must declare same level with the exception of Showmanship.

Please check all events that apply to this rider:

Dressage: Horse Name

Beg I	Beg I-A	Beg II	Inter I	Inter II	Inter III	Inter IV	Adv I	Adv II

Trail: Horse Name

Beg I	Beg I-A	Beg II	Inter I	Inter II	Inter III	Inter IV	Adv I	Adv II

Western Riding: Horse Name

Beg I	Beg I-A	Beg II	Inter I	Inter II	Inter III	Inter IV	Adv I	Adv II

Showmanship: Horse Name

Adaptive	Beg	Inter	Adv					

OFFICIAL HORSE SHOW UNIFIED DRILL ENTRY FORM

Music Requirements: An audio copy of your selected music and written copy of any lyrics that are used must be submitted to SOGA staff for approval prior to the event. Please ensure that you have received written approval for your selection prior to the show. Submit music and written copy of lyrics to SOGA by paperwork deadline.

*An INFORMED member of your agency must meet with SOGA staff 2 hours prior to the beginning of the class to discuss synchronization for your performance. You will need to provide a copy of the music in the form of a CD, CUED to the beginning of your routine.

AREA #: _____ **AGENCY:** _____

Certified Coach Registered with SOGA: _____ **Phone Number:** _____

TEAM NAME:			NAME OF DRILL:		
MUSIC:			LENGTH OF DRILL:		
	"P" IF UNIFIED PARTNER	PLAYER'S LAST NAME:	FIRST NAME:	DOB:	HORSE NAME:
1					
2					
3					
4					
5					
6					
TEAM NAME:			NAME OF DRILL:		
MUSIC:			LENGTH OF DRILL:		
	"P" IF UNIFIED PARTNER	PLAYER'S LAST NAME:	FIRST NAME:	DOB:	HORSE NAME:
1					
2					
3					
4					
5					
6					

****ALL UNIFIED DRILL TEAMS MUST CONSIST OF EQUAL ATHLETES AND PARTNERS****