



2022 Indoor Winter Games  
Registration Checklist

Completed paperwork is due to the SOGA Office by 4:15pm on November 12, 2021. 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 12, 2021.

**Paperwork will not be accepted by SOGA after Wednesday, November 17, 2021.**

**\*\*Reminder – November 13<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 12<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 12<sup>th</sup> no exceptions. \*\***

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

**2022 INDOOR WINTER GAMES**  
**REGISTRATION FEES**



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

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

Number of Athletes & Partners		\$ 19 per person	
Number of Coaches		\$ 19 per person	

**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		\$ 25 per person	
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**There will be NO EXTRA HOUSING provided by Special Olympics Georgia!**

**\*\*New for 2022:**

All agencies attending will need to write their checks **dated January 1, 2022**. All paperwork and checks are still due on November 12<sup>th</sup>, but checks will not be deposited until the 2022 calendar year, so please be prepared for accounting purposes. Please date your checks for January 1, 2022.

**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.

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.

**NOTE: WE HOUSE 2 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 2 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.

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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.

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





## 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 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.\*\***

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION  
AGREEMENT FOR COMMUNICABLE DISEASES  
("Agreement") for  
SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics *Georgia* their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

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

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

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

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

### **Special Olympics Georgia Participant Code of Conduct**

**I understand I could get Coronavirus through sports, training, competition and/or any group activity at Special Olympics. I am choosing to participate in sports, competition and/or other Special Olympics activities at my own risk. During the time these precautions are needed, I agree to the following to help keep me and my fellow participants safe:**

- ☐ 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 14 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 events until 14 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 any training, competition and/or group activity.
- ☐ I will have my temperature checked upon arrival to any training, competition and/or group activity. If a fever exists, I will immediately depart to go home, this will include anyone I traveled with to this competition.
- ☐ Special Olympics Georgia provided me the education 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.
- ☐ I will keep at least 6 feet from all participants at all times. This includes bathrooms, delegation sitting area during competition, picking up food or snacks, Olympic Town, and seating during Opening Ceremony. I will not engage in hugging, hand shaking, or high fives.
- ☐ I will wear a mask at all times while at Special Olympics Georgia activities. I may or not have to wear it during active exercise, warm ups, or during competition.
- ☐ 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 or towels with other people.
- ☐ I understand that no spectators are allowed at any training, competition, or group activity.
- ☐ 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 equipment 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, t-shirts, snacks, 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 check-in and competition areas that my agency is assigned. I will continue practicing social distancing while in these areas.
- ☐ 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 dorm room. I will abide by the 10pm curfew.
- ☐ I understand that if I do not follow all of these rules, I may 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 HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

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

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

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

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





## **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](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.**

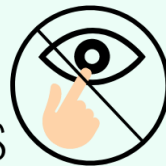
# SOGA's Guide for a Safe Time

Stay home if you feel sick



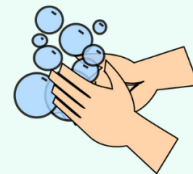
Wear your mask **AT ALL TIMES!**

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!*





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: \_\_\_\_\_

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

**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"/>							

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

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"/>							



## 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 (10 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	Height
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							





## FLOOR HOCKEY INDIVIDUAL SKILLS ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

Entrant Name	Gender	DOB	ISC Score

**\*\* For each entrant, insert the total points from each 5 skills in the appropriate section. Then, add those 5 scores up and input in the Total Score section. \*\***

## BOWLING SINGLES ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

**HOD – IMPORTANT** – Please fill this out if you have athletes competing in Singles.

Entrants Name	Gender	DOB	Age Group (Junior 8-15, Senior 16-21, Masters 22+)	Bowling Average

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



## BOWLING RAMP ENTRY FORM

Area #		Agency	
Certified Coach Name		Phone #	
Email Address			

- Please fill out if you have athletes competing in Ramp.
- **Assisted Ramp Bowler** – Athlete needs assistance aiming ramp... Needs assistance positioning ball on ramp... No assistance allowed once ball is on ramp... Athlete must support & propel ball down ramp independently. Check box below if bowler is an Assisted Bowler.
- **No Coaches will be allowed on the lanes. Volunteers will assist athletes if needed.**
- **Unassisted Ramp Bowler** – Athlete aims ramp without assistance, athlete manipulates ball on ramp to position desired without assistance and propels ball down ramp independently. Check box below if bowler is an Unassisted Bowler.

Entrants Name	Gender	DOB	Age Group (Junior 8-15, Senior 16-21, Masters 22+)	Wheelchair?	Assisted or Unassisted?	Bowling Average

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

## 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>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. \*\*



## BASKETBALL INDIVIDUAL 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.



## 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.