

# REGISTRATION

## Registration and Entry Fee Policy

Special Olympics Texas provides local, area and regional competitions at no cost to teams. However, according to Special Olympics policy, Special Olympics teams may be assessed for part or all of the on-site costs for events. Special Olympics Texas assesses each team in the form of a per person entry fee if they participate in the Summer, Fall or Winter Games, to partially offset the costs associated with these events. All athletes and Unified Sports® partners must pay a \$30 registration fee to participate in Summer, Fall or Winter Games. In these instances, it is the responsibility of the local team, under the leadership of the head of delegation, to ensure that sufficient funds are available to support the needs of the team by having funds budgeted as a part of a sponsoring agency or school budget, or through fund raising events and solicitation in the community directed at the general public, civic organizations, agencies and local businesses. While it is acceptable to involve parents and guardians in fund raising events and activities, they should not be asked to directly provide any fee unless they offer to do so freely and willingly.

If full payment is not included with the entry forms, one of the following steps must be taken:

- Public or private schools, state institutions or other agencies whose accounting procedures require the use of purchase order numbers, must provide the purchase order number, amount due and projected date of payment in writing with the entry forms.
- Other organizations/teams must include with their entry forms a letter of intent to pay, stating the reason for late payment and the projected date of payment. They must contact the Vice President of Field Services in advance to exercise this option.
- Full payment of program service fees, purchase order numbers or letters of intent must be approved and received by the chapter office on or before the following dates for each Games:
  - February 9-12, 2012 for the 2012 Winter Games
  - May 18-20, 2012 for 2012 Summer Games Equestrian Competition
  - May 24-27, 2012 for 2012 Summer Games
  - October 6-7, 2012 for the 2012 Chapter Sailing and Kayaking Competition
  - TBD, 2012 for 2012 Fall Classic

Special Olympics Texas will consider each request for payment extension individually.

According to Special Olympics policy, it is the responsibility of the chapter and area levels of Special Olympics to assist teams in raising funds to meet such assessments. Technical assistance and ideas are available from any member of the development staff.

Please contact your program/area director first for additional information and assistance. Most of your needs will be quickly addressed by the program/area director.

The area and chapter levels of Special Olympics Texas will attempt to keep costs to a minimum and to successfully implement chapter fund raising projects that will provide increased services at lower costs. Also, the area and chapter levels of Special Olympics Texas will attempt to assist and advise you so that you will be able to meet your local organization (team) needs. However, please keep in mind that a major responsibility of a head of delegation is to develop and implement a budget and financial plan for the local organization (team).

### Scholarships

Torch Run scholarships are available to help off-set the cost of attending chapter games (see page S-12 for the scholarship form).





## High Participation Sports and Events

- Bowling
- Basketball
- Athletics
  - 50m Run
  - 100m Run
  - Softball Throw
  - Running Long Jump
  - Standing Long Jump
  - Mini-javelin

## Low Participation Sports

- Any sport not listed above
- Athletics
  - Any Race 200m or longer
  - Pentathlon
  - High Jump

## Chapter Games Entry Process

IMPORTANT NOTE: Social Security numbers ARE NOT REQUIRED ON ANY DELEGATION OR ATHLETE ENTRY FORMS. (The Class A Volunteer Application will still require a Social Security number for criminal background checks.) A SOTX ID Number will be created for all people registering including HoDs, head coaches, athletes and all support personnel. The SOTX ID Number will consist of the person's first initial, last name, date of birth (for athletes), then -00, -01, -02 as needed to identify twins or same names (EXAMPLE: JSmith09111974-00). This number will not be required on entry forms.

The head coach/head of delegation for each team/individual is responsible for submitting entry forms which meet the following criteria:

- Use new entry forms from the SOTX website, plus the Athlete In Training Roster.
- All forms correctly and completely filled out and legible.
- Three copies of the entry forms must be used for all chapter events (AIT Roster not required). Use the athlete entry forms found on the website or in the SIG and have a date at the bottom. Please make sure your forms are dated 2009 or later. A chapter-generated form will be mailed out a minimum of three weeks prior to the chapter entry deadline to the HoD of every delegation that attended last year's event. **If your delegation did not attend a specific chapter games last year, but plans to attend this year, contact the Director of Volunteer Services ([dir\\_volunteer.chp@sotx.org](mailto:dir_volunteer.chp@sotx.org)) to get your chapter-generated Delegation Entry Form.** The most current Delegation Personnel Entry Form has the season noted at top of page: 2012 Winter, 2012 Spring/Summer or 2012 Fall.
- Appropriate entry fees must be included.
- All entry forms should be submitted to the area office on or before the established deadline. Entries submitted directly to the chapter office will not be accepted. Forms will be accepted after the deadline date if they bear an official U.S. postmark dated seven days prior to the deadline. If the head coach is experiencing difficulties in meeting the deadline, he or she is encouraged to call their area office and speak to the area director for assistance. **No delegation may enter after the posted chapter entry deadline.**
- Those corrections due to coach errors will not be made on entry forms after the deadline.
- **No athlete will be added to a delegation once data input is complete. Check the data entry schedule posted on the website for that date.**



Appropriate chapter office personnel may make the following adjustments when processing the forms:

- Whenever an entry score is not indicated on an entry form, the participant may be placed in the highest ability division for his or her age and gender divisions.
- Whenever more than the allowed number of events are entered, the participant may be placed in the first event(s) indicated up to the maximum allowable.
- If all criteria for the chapter games entry has been met, the head of delegation will receive an information packet containing pertinent meet data. The head of delegation should thoroughly review the information for accuracy and fax corrections to the chapter office immediately if discrepancies occur. If a processing error is made by the chapter office it will be corrected, if the chapter office is contacted within established timelines.

An official notice of nonacceptance will be sent to those coaches who:

- Did not meet the deadline date.
- Did not correctly complete the appropriate entry form(s).

It is the responsibility of the head coach/head of delegation to ensure that all concerned parties – athletes, parents, coaches, supervisors, volunteers, etc. – are notified immediately if an individual or team has been declared ineligible for competition.

Program/area director, meet directors or any other members of Special Olympics Texas, other than chapter office personnel, are not authorized to declare individuals or teams eligible for chapter competition. Program/area director and meet directors may assist coaches and volunteers in completing entry forms and checking the forms for completeness and accuracy.

## **Athlete to Volunteer Ratio**

The official ratio for Special Olympics Texas is four athletes to one adult, and for the purpose of supervision all minor Unified Sports® partners (17 years old or younger) are included in the athlete side of the count. For overnight trips, the SOTX ratio of four athletes to one adult is required by gender as well, and any minor Unified Sports® partners need to be counted with the athletes. For example, if a delegation has six male athletes, three male minor Unified Sports® partners, and five female athletes, five chaperones are needed – three male chaperones and two female chaperones. Please contact your area office with questions about the ratio requirement.

## **Last Minute Volunteer Substitutions**

SOTX understands that situations come up that necessitate the use of substitute chaperones at events, which is why we really encourage you to have every person who might help out with your delegation at any point to go through the full registration process to become a registered volunteer by completing the four registration steps: submit a completed Class A Volunteer Application, attend General Orientation and Protective Behaviors, and pass a criminal background check.

In case of last minute delegation volunteer substitutions during event registration, the head of delegation must have the substitute volunteer present along with either his/her volunteer registration card sent from the chapter office or his/her Class A Volunteer Application. Please note that any substitute who has not completed all four steps of registration must be teamed up with a registered Class A volunteer until he/she receives the volunteer registration postcard.

Any discovery by SOTX that the HoD had people acting as delegation volunteers without being completely registered will have serious consequences to that HoD, as well as to the delegation itself. Consequences could range from the delegation being prohibited from competing in the next event, to the loss of HoD's certifications.

## **Dispensing of Medication**

The Permission to Give Medication Form and Medication Log was developed for delegations to use who do not currently have a medication dispensing policy in place. It is NOT required that each delegation use these forms. Please note that prescription medication cannot be administered by volunteer medical personnel at area or chapter competitions.

# Event Codes

## Aquatics

10m Assisted Swim .....	AQ10AS
15m Walk .....	AQ15WK
15m Unassisted Swim .....	AQ15US
15m Flotation Race .....	AQ15FL
25m Flotation Race .....	AQ25FL
25m Freestyle .....	AQ25MF
50m Freestyle .....	AQ50MF
100m Freestyle .....	AQ100MF
200m Freestyle .....	AQ200MF
400m Freestyle .....	AQ400MF
4x25m Freestyle Relay .....	AQ4X25MF
4x50m Freestyle Relay .....	AQ4X50MF
25m Backstroke .....	AQ25BK
50m Backstroke .....	AQ50BK
100m Backstroke .....	AQ100BK
200m Backstroke .....	AQ200BK
25m Breaststroke .....	AQ25BS
50m Breaststroke .....	AQ50BS
100m Breaststroke .....	AQ100BS
25m Butterfly .....	AQ25BF
50m Butterfly .....	AQ50BF
100m Butterfly .....	AQ100BF
100m Individual Medley .....	AQ100IM
4x25m Medley Relay .....	AQ4X25MR
4x50m Medley Relay .....	AQ4X50MR
1m Springboard Dive (Level 1, 2, 3) .....	AQ1MSD
4x25m Medley Unified Sports® Relay .....	AQ4X25UR
4x50m Medley Unified Sports® Relay .....	AQ4X50UR
4x25m Unified Sports® Relay .....	AQ4X25UF
4x50m Freestyle Unified Sports® Relay .....	AQ4X50UF

## Athletics – Track Events

10m Assisted Walk .....	AT10AW
25m Assisted Walk .....	AT25AW
50m Assisted Walk .....	AT50AW
25m Walk .....	AT25MW
50m Walk .....	AT50MW
10m Wheelchair Race .....	AT10WH
50m Dash .....	AT050M
100m Dash .....	AT100M
200m Dash .....	AT200M
400m Run .....	AT400M
800m Run .....	AT800M
1500m Run .....	AT1500M
3000m Run .....	AT3000M
4x100m Relay .....	AT4X100M
4x400m Relay .....	AT4X400M

100m Walk .....	AT100W
400m Race Walk .....	AT400W
25m Wheelchair Race .....	AT25WH
100m Wheelchair Race .....	AT100WH
30m Wheelchair Slalom .....	AT30MS
4x25m Wheelchair Shuttle Relay .....	AT1WSR
50m Motorized Wheelchair Slalom .....	AT50MS
25m Motorized Wheelchair Obstacle Course .....	ATWHOB
Unified Sports® 4x100m Relay .....	AT4X100U
Unified Sports® 4x400m Relay .....	AT4X400U

## Athletics – Field Events

Ball Throw for Distance .....	ATBLTD
High Jump .....	ATHIJP
Pentathlon .....	ATPENT
Running Long Jump .....	ATLNJP
Shot Put .....	ATSHPT
Shot Put Wheelchair .....	ATSPWH
Softball Throw .....	ATSOBT
Standing Long Jump .....	ATSTLJ
Mini-Javelin (formerly TurboJav) 300g .....	ATJAV3
Mini-Javelin (formerly TurboJav) 400g .....	ATJAV4
Unified Sports® Pentathlon .....	ATUNPT

## Basketball

BB Individual Skills 8-foot Goal .....	BBINSC8
BB Individual Skills 10-foot Goal .....	BBINSC
BB Team Competition .....	BBTEAM
BB Team Skills 8-foot Goal .....	BBTMSK8
BB Team Skills 10-foot Goal .....	BBTMSK
BB Unified Sports® Team .....	BBTEAMU
BB Half-Court 3-on-3, 8-foot Goal .....	BBHALF8
BB Half-Court 3-on-3, 10-foot Goal .....	BBHALF

## Bocce

BC Singles .....	BCSING
BC Doubles .....	BCDBLE
BC Team .....	BCTEAM
BC Unified Sports® Doubles .....	BCDBLEU
BC Unified Sports® Team .....	BCTEAMU
BC Ramp (Half-Court) Singles .....	BCRAMP
BC Half-Court Singles .....	BCHALF

## Bowling

BO Doubles .....	BODBLE
BO Frame Bowl .....	BOFRAM
BO Singles .....	BOSING
BO Mixed Doubles .....	BOMXDB

# Event Codes

BO Team.....	BOTEAM
BO Unassisted Ramp Bowling.....	BOSINR
BO Assisted Ramp Bowling.....	BOASR
BO Unified Sports® Team.....	BODBLEU
BO Unified Sports® Doubles.....	BOTEAMU

## Cycling

1km Time Trial.....	CY1KTT
1km Modified Bicycle Time Trial.....	CY1KMT
5km Modified Bicycle Time Trial.....	CY5KMT
5km Road Race.....	CY5KRR
5km Time Trial.....	CY5KTT
10km Road Race.....	CY10KRR
10km Time Trial.....	CY10KTT
25km Road Race.....	CY25KRR
500m Bicycle Modified Time Trial.....	CY5CMT
500m Bicycle Time Trial.....	CY500MTT
15km Road Race.....	CY15KRR
1km Unified Sports® Time Trial.....	CY1KTTU
5km Unified Sports® Time Trial.....	CY5KTTU
10km Unified Sports® Time Trial.....	CY10KTTU
1km Unified Sports® Road Race.....	CY1KRRU
5km Unified Sports® Road Race.....	CY5KRRU
10km Unified Sports® Road Race.....	CY10KRRU
15km Unified Sports® Road Race.....	CY15KRRU
25km Unified Sports® Road Race.....	CY25KRRU
40km Unified Sports® Road Race.....	CY40KRRU

## Equestrian

**(Make sure to list the level on your entry form.)**

Dressage (C-I, B-I, B-IP, A, AP).....	EQDRES
Showmanship	
(C-I, B-I, C-S, B-S, B-SP, C-SP, B-IP, AP, A).....	EQSHOW
Prix Caprilli (A, AP).....	EQPRCA
Team Relay	
(C-SP, C-S, C-I, B-S, B-SP).....	EQTMRE4
Unified Sports®.....	EQTMRE4U
English Equitation	
(C-SP, C-S, C-I, B-S, B-SP, B-I, B-IP, AP, A).....	EQENEQ
Western Equitation	
(C-SP, C-S, C-I, B-S, B-SP, B-I, B-IP, AP, A).....	EQWEEQ
Pole Bending (B-I, B-IP, AP, A).....	EQPOBD
Barrel Racing (B-I, B-IP, AP, A).....	EQBARC
Western Riding (C-I, B-I, B-IP, AP, A).....	EQWERI
Figure 8 Stake Race (B-I, B-IP, AP, A).....	EQSTRC
Working Trails	
(C-SP, C-S, C-I, B-S, B-SP, B-I, B-IP, AP, A).....	EQWOTR

Drill Team 2	
(C-SP, C-S, C-I, B-S, B-SP, B-I, B-IP, AP, A).....	EQDRT2
Unified Sports®.....	EQDRT2U
Drill Team 4	
(C-SP, C-S, C-I, B-S, B-SP, B-I, B-IP, AP, A).....	EQDRT4
Unified Sports®.....	EQDRT4U

## Figure Skating

FS Ice Dancing (Level 1, 2, 3).....	FSDANC
FS Pair Skating (Level 1, 2).....	FSPAIR
FS Singles Competition (Level 1, 2, 3, 4).....	FSSING
FS Individual Skills (1-11).....	FSSKIL
FS Badge Skills (1-12).....	FSDGGE
FS Unified Ice Dancing (Level 1, 2, 3).....	FSDANCU
FS Unified Pair Skating (Level 1, 2).....	FSPAIRU

## Flag Football

FF Individual Skills.....	FFINSC
FF Traditional Team.....	FFTEAM
FF Unified Sports® Team.....	FFTMUN

## Gymnastics – Artistic

Vault (Level A).....	GYAVAU
Wide Beam Walk (Level A, B).....	GYAWBM
Tumbling (Level A, B).....	GYATUM
Floor Exercise (Level A, B).....	GYAFLX
Single Bar (Level A).....	GYABAR
All-Round (Level A, B).....	GYAALL
Men's Floor Exercise (Level A, 1, 2, 3).....	GYMFLX
Men's Horizontal Bar (Level 1, 2, 3).....	GYMHBR
Men's Parallel (Level 1, 2, 3).....	GYMPAR
Men's Pommel Horse (Level 1, 2, 3).....	GYMPOH
Men's Rings (Level 1, 2, 3).....	GYMRNG
Men's Vaulting (Level A, 1, 2, 3).....	GYMVAU
Men's All-Round (Level A, 1, 2, 3).....	GYMALL
Women's Balance Beam (Level 1, 2, 3).....	GYWBMM
Women's Floor Exercise (Level A, 1, 2, 3).....	GYWFLX
Women's Uneven Bars (Level 1, 2, 3).....	GYWUNB
Women's Vaulting (Level 1, 2, 3).....	GYWVAU
Women's All-Round (Level A, 1, 2, 3).....	GYWALL

## Gymnastics – Rhythmic

Group Routine Ball.....	GYRBALG
Group Routine Hoop.....	GYGHOP
Group Routine Ribbon.....	GYGRIB
All-Round (Level A, B).....	GYRALLA
All-Round (Level 1, 2, 3).....	GYRALL

# Event Codes

Rhythmic Floor .....	GYRFLX
Ball (Level A, B) .....	GYRBALA
Ball (Level 1, 2, 3) .....	GYRBAL
Hoop (Level A, B) .....	GYRHOOA
Hoop (Level 1, 2, 3) .....	GYRHOO
Rope (Level A, B) .....	GYRROPA
Rope (Level 1) .....	GYRROP
Ribbon (Level A, B) .....	GYRRIBA
Ribbon (Level 1, 2, 3) .....	GYRRIB

## Golf

GF Individual Skills (Level 1) .....	GFINSC
GF Alternate Shot Team Play (Level 2) .....	GFASTM
GF Unified Sports® Team Play (Level 3) .....	GFTEAMU
GF Individual Stroke Play 9-Holes (Level 4) .....	GFSING9
GF Individual Stroke Play 18-Holes (Level 5) .....	GFSING18

## Kayaking

KY Singles Tourist 200m .....	KAT200M
KY Singles Tourist 500m .....	KAT500M
KY Doubles Tourist 200m .....	KADT200M
KY Doubles Tourist 500m .....	KADT500M
KY Unified Doubles Tourist 200m .....	KAT200MU
KY Unified Doubles Tourist 500m .....	KAT500MU

## Powerlifting

Bench Press .....	PLBHPR
Bench Press (Females) .....	PLBHPRF
Combination 2 (Bench, Deadlift) .....	PLCOM2
Combination 2 (Bench, Deadlift - Females) .....	PLCOMB2F
Combination 3 (Bench, Deadlift, Squat) .....	PLCOM3
Comb. 3 (Bench, DL, Squat - Females) .....	PLCOMBCF
Deadlift .....	PLDEAD
Deadlift (Females) .....	PLDEADF
Squat .....	PLSQAT
Squat (Females) .....	PLSQATF
Unified Sports® Bench .....	PLUNBR
Unified Sports® Deadlift .....	PLUNDL
Unified Sports® Squat .....	PLUNSQ
Unified Sports® Combination (Bench, Deadlift) .....	PLUNC2
Unified Sports® Combination (Bench, Deadlift, Squat) .....	PLUNC3

## Roller Skating

30m Carpet Race .....	RS30CR
30m Slalom Race .....	RS30SL
30m Straight Line Race .....	RS30SR

100m Race the Track .....	RS100M
300m Race the Track .....	RS300M
500m Race the Track .....	RS500M
1000m Race the Track .....	RS1000M
200m Two-Person Relay Race .....	RS2X100M
400m Four-Person Relay Race .....	RS4X100M
RS Freestyle Singles (Level 1, 2, 3, 4) .....	RSFREE
RS Unified Sports® Freestyle .....	RSUNFR
RS Unified Sports® Relay .....	RSUNRE

## Sailing

SA Unified Sports® (Level 1, 2) .....	SAMONHU
SA Unified Sports® (Level 3, 4, 5) .....	SAMONH

## Soccer

Five-A-Side Soccer .....	FBFIVE
SC Individual Skills .....	FBINSC
Unified Sports® 5-a-Side Soccer .....	FBFIVEU
SC 11-a-Side Team .....	FBTEAM
SC Unified Sports® 11-a-Side Team .....	FBTEAMU

## Softball

Base Race .....	SBBASE
Bat For Distance .....	SBBATD
SB Individual Skills 2 .....	SBINSC
Slow-Pitch Team Competition .....	SBTEAM
Co-Ed Slow Pitch Team Competition .....	SBCOED
T-Ball Competition .....	SBTEEB
SB Unified Sports® Team .....	SBTEAMU
Coach Pitch .....	SBCHPH

## Speed Skating

SP 50m race .....	SS050M
SP 100m race .....	SS100M

## Table Tennis

TT Doubles .....	TTDBLE
TT Individual Skills 2 .....	TTINSC
TT Mixed Doubles .....	TTMXDB
TT Singles .....	TTSING
TT Wheelchair Competition .....	TTWHCH
TT Unified Sports® Doubles .....	TTDBEU

## Tennis

TN Individual Skills - Red (Level 1) .....	TNINSC
TN Singles - Green - 78' (Level 2) .....	TNSG78
TN Doubles - Green - 78' (Level 2) .....	TNDG78
TN Unified Sports® Doubles - Green - 78' (Level 2) .....	TNUG78
TN Singles - Yellow - 78' (Level 3) .....	TNSY78
TN Doubles - Yellow - 78' (Level 3) .....	TNDY78
TN Unified Sports® Doubles - Yellow - 78' (Level 3) .....	TNUY78

# Event Codes

## Triathlon

TR Individual (Level 2) .....	TRIIND
TR Relay (Level 2) .....	TRIREL
TR Unified Sports® Relay (Level 2) .....	TRIUNR

## Volleyball

VB Individual Skills 1 .....	VBINSC
VB Individual Skills 2 .....	VBINS2
VB Team Competition .....	VBTEAM
VB Unified Sports® Team .....	VBTEAMU

## Competition Registration Checklist

1. \_\_\_\_ Athlete Enrollment/Medical Release Form on page B-7 (must be renewed every three years).
  - Complete athlete name
  - Check age
  - Check date of birth
  - Day and evening phone numbers
  - Head of delegation name
  - Delegation code
  - Parent/guardian name
  - Parent/guardian address
  - Parent/guardian phone numbers
  - Emergency contact
  - Completed medical history portion  
Physician signature required on back:  
If “yes” on 1-4 and 22  
If “new problem” on 5-9
  - Current prescription
  - Signature and date  
Parent/guardian/athlete signature: required for participation  
May be in lieu of physician if none of the above criteria are met
2. \_\_\_\_ Copy Athlete Enrollment/Medical Release Forms and submit with entries.
3. \_\_\_\_ Complete Team Evaluation Questionnaire for team sports.
4. \_\_\_\_ Complete sport specific forms, if necessary. (Equestrian Liability Team Rosters Release, Negative Coggins, Aquatics Liability Release, Tennis Rating Program, etc.).
5. \_\_\_\_ Complete athlete entry forms.
  - Delegation name
  - Delegation ID
  - Head coach name
  - Head coach contact numbers
  - Sport
  - Unified Sports® – Identify with “X” Unified Sports® partners only, not traditional athletes
  - Number of athletes
  - Number of teams
  - NO SSN or ID Number required on Athlete Entry Forms
  - Athlete name
  - Athlete gender
  - Athlete date of birth
  - Event code (pages N-4 to N-7)
  - TEAM ID: Link all teams, partners and relays with a Team ID (e.g., 01, 02)
  - Time/height/distance/weight
  - Total



6. \_\_\_\_ Complete the chapter-generated Delegation Personnel Entry Form that you received from the Director of Volunteer Services.

### Registration Process

A chapter-generated form will be mailed out a minimum of three weeks prior to the chapter Games entry deadline to the HoD of every delegation that attended last year's event. **If your delegation did not attend a specific chapter Games last year, but plans to attend this year, contact the Director of Volunteer Services ([dir\\_volunteer.chp@sotx.org](mailto:dir_volunteer.chp@sotx.org)) to get your chapter-generated Delegation Entry Form.**

1. HoD will use the latest chapter-generated Delegation Personnel Entry Form for his/her specific delegation detailing who is currently eligible to attend as a delegation volunteer.
  2. HoD will complete as usual the following areas on the Delegation Personnel Entry Form: a) the delegation summary tables (the off-campus housing or on-campus housing grids) and b) the delegation information table.
  3. HoD will indicate every person who is attending an event by marking their official role code in the box to the left of the person's name - refer to page N-10 for complete list of official role codes.
    - Make sure that all information is provided as needed.
    - Make sure to list your delegation personnel by legal names rather than nicknames. For example, the chapter database would have John Woods, not Bubba Woods.
7. \_\_\_\_ Count up the five following groups by gender: SO athletes, minor Unified partners, adult Unified partners (not chaperoning), adult Unified partners (also chaperoning), and all remaining adult personnel. See grid below for details.

## Delegation Ratio At-A-Glance

Remember to calculate along gender lines for all overnight trips.

Athletes	Personnel	Athletes	Personnel	Athletes	Personnel	Athletes	Personnel
0-4	1	61-64	16	121-124	31	181-184	46
5-8	2	65-68	17	125-128	32	185-188	47
9-12	3	69-72	18	129-132	33	189-192	48
13-16	4	73-76	19	133-136	34	193-196	49
17-20	5	77-80	20	137-140	35	197-200	50
21-24	6	81-84	21	141-144	36	201-204	51
25-28	7	85-88	22	145-148	37	205-208	52
29-32	8	89-92	23	149-152	38	209-212	53
33-36	9	93-96	24	153-156	39	213-216	54
37-40	10	97-100	25	157-160	40	217-220	55
41-44	11	101-104	26	161-164	41	221-224	56
45-48	12	105-108	27	165-168	42	225-228	57
49-52	13	109-112	28	169-172	43	229-232	58
53-56	14	113-116	29	173-176	44	233-236	59
57-60	15	117-120	30	177-180	45	237-240	60

Athletes = SO Athletes and Minor Unified Partners

Personnel = All Adult Coaches, Chaperones, Bus Drivers, plus any Adult Unified Partners acting as Chaperones

# Delegation Entry Form Instructions

Entries for chapter-level competitions must be on the latest chapter-generated Delegation Personnel Entry Form. The most current Delegation Personnel Entry Form has the season noted at the top of the page: 2012 Winter, 2012 Spring/Summer, or 2012 Fall.

For area-level competitions, please continue to use the blank Delegation Personnel Entry Form (page N-12) or use the Excel version. Contact your area office to obtain these forms.

Make sure the year is filled in and the chapter Games box is checked off.

Make sure delegation information is filled in correctly. All reports will be mailed from that data.

Delegation name ..... (e.g., Kingsville)  
Delegation ID ..... (e.g., KIN-02,02 is your area)  
Head of delegation ..... (e.g., Sue Jones)  
Address ..... (e.g., 111 Block Dr.)  
City, State, ZIP ..... (e.g., Austin, TX 78753)  
Day, night, cell phone numbers ..... (e.g., 512.586.9542 day/512.222.5856 night)  
Head of delegation email..... (e.g., coachsue@gmail.com)

## Personnel Information

Personnel consists of the head of delegation, coaches, assistant coaches, chaperones and bus drivers. The roster of eligible delegation volunteers is listed by gender and last name; so, first, all eligible females are alphabetized by last name, then all the eligible males are alphabetized by last name.

The only field you have to fill in is:

Role Code..... (e.g., BCHC)

The following information is already listed on the Delegation Personnel Entry Form for you:

Last name ..... (e.g., Jones)  
First name..... (e.g., Susan)  
Nickname ..... (e.g., Sue)  
Gender ..... (e.g., female or male)  
Age..... (e.g., 27)  
SSN ..... (e.g., 7653)  
Class A Expiration Date ..... (e.g., 11/12/2013 or 2/1/2012\*)

\* - An asterisk next to a person's Class A Expiration Date means his/her Class A Volunteer Form expires within six months. After that expiration date, he/she will be ineligible to be a Class A volunteer until a new Class A Volunteer Form is submitted to SOTX and processed by SOTX.

Coach Certifications ..... (e.g., AQ only current season certifications are listed)  
On campus housing ..... (e.g., YES or NO)

The codes are below. If the head of delegation is also the head coach, **list both the head of delegation code AND the head coach code.**

Please list all personnel information on one page unless you have more than 10. If you have more than 10, use an additional delegation form.

## Delegation Summary

All coaches will fill this area out.





### Official Role Codes

Aquatics Head Coach.....	AOHC	Head of Delegation.....	HDDL (HDDL=HoD)
Athletics Head Coach.....	ATHC	Kayaking Head Coach.....	KYHC
Basketball Head Coach.....	BBHC	Powerlifting Head Coach.....	PLHC
Bocce Head Coach.....	BCHC	Roller Skating Head Coach.....	RSHC
Bowling Head Coach.....	BOHC	Sailing Head Coach.....	SAHC
Bus Driver.....	BSDR	Soccer Head Coach.....	SCHC
Chaperone.....	CHPN	Softball Head Coach.....	SBHC
Coaching Staff.....	COST	Speed Skating Head Coach.....	SSHC
Cycling Head Coach.....	CYHC	Table Tennis Head Coach.....	TTHC
Equestrian Head Coach.....	EOHC	Tennis Head Coach.....	TNHC
Figure Skating Head Coach.....	FSHC	Triathlon Head Coach.....	TRHC
Flag Football Head Coach.....	FFHC	Unified Sports® Head Coach.....	UNHC
Gymnastics Head Coach.....	GYHC	Unified Sports® Partner.....	UNPT
Golf Head Coach.....	GFHC	Volleyball Head Coach.....	VBHC

## Athlete Entry Form Instructions

Please use one athlete entry form per sport, but put all totals on page 1 of 2 (page N-15).

You can now combine individual events with relay events together on one page; however, it must be the same sport.

Reminder: all relay times must be entered with team total scores on ALL athletes (see sample on page N-13).

- Delegation name ..... (e.g., Kingsville)
  - Delegation ID ..... (e.g., KIN-02)
  - Head coach name ..... (e.g., Sue Jones)
  - Head coach day and night phone ..... (e.g., 512.586.9542 day / 512.222.5856 night)
  - Head coach Address, City, State, ZIP..... (e.g., 34 Sue Street, Austin, TX 78758)
  - Unified Sports® partner ..... (e.g., Place a check if athlete is Unified)
  - No SSN or ID number required
  - Athlete's last name..... (e.g., Smith)
  - Athlete's first name ..... (e.g., Joe)
  - Sex..... (e.g., M/F)
  - Date of birth ..... (e.g., 09/11/74) Month / Day / Year
  - On-campus housing ..... (e.g., Circle Y or N)
  - Event code ..... (e.g., AT100M) see codes on pages N-4 to N-7
  - Time ..... (e.g., 00:19:19) - minutes: seconds: tenths
  - Height/distance ..... (e.g., 15m, 95cm) measured in meters and centimeters
  - Points..... (e.g., 1,408) The following sports require points:  
(e.g., bowling, pentathlon and powerlifting)
  - Team ID ..... List all teams, partners, and relays using a team ID
  - Event Level ..... List the athlete skill level if other than 1
  - Relay Position..... List the order in which the relay athletes will compete
- Local competition or two scrimmages must be listed on the Athlete Entry Form to advance to area competitions (not chapter competition).



# Delegation Entry Form



**Special Olympics**

Area Games \_\_\_\_\_ Year  
 State Games \_\_\_\_\_ Year

## DELEGATION SUMMARY

▼ FOR COACHES USE ONLY ▼

### OFF-CAMPUS HOUSING

GROUP	MALE	FEMALE	TOTAL
A. S.O. Athletes:			
B. Minor Unified Partners: ( <18 yrs)			
C. Adult Unified Partners: ( >18 yrs, <b>NOT CHPN</b> )			
D. Adult Unified Partners: ( >18 yrs, <b>ALSO CHPN</b> )			
<b>Grand Total of Athletes: (Add lines A + B + C + D)</b>			
E. Remaining Adult Personnel: (HDDL, HC/COST, CHPN, BSDR = >18 yrs)			
FYI: Add Lines A + B = your athlete count for ratio by gender.			
FYI: Add Lines D + E = your personnel count for ratio by gender.			

### ON-CAMPUS HOUSING

GROUP	MALE	FEMALE	TOTAL
A. S.O. Athletes:			
B. Minor Unified Partners: ( <18 yrs)			
C. Adult Unified Partners: ( >18 yrs, <b>NOT CHPN</b> )			
D. Adult Unified Partners: ( >18 yrs, <b>ALSO CHPN</b> )			
<b>Grand Total of Athletes: (Add lines A + B + C + D)</b>			
E. Remaining Adult Personnel: (HDDL, HC/COST, CHPN, BSDR = >18 yrs)			
FYI: Add Lines A + B = your athlete count for ratio by gender.			
FYI: Add Lines D + E = your personnel count for ratio by gender.			

## DELEGATION INFORMATION

DELEGATION NAME:		DELEGATION I.D.					
HEAD OF DELEGATION:		HOME PHONE:					
ADDRESS:		WORK PHONE:					
CITY:		ZIP:		CELL PHONE:			
HDDL EMAIL:							

## PERSONNEL INFORMATION

LIST ALL PERSONS ATTENDING AREA OR STATE GAMES: HEAD OF DELEGATION, COACHES, CHAPERONES AND BUS DRIVERS.

HDDL APPRVD	1.	LAST NAME	FIRST NAME	SEX M/F	ON CAMPUS HOUSING		LAST FOUR DIGITS OF SSN	CODES See Code Sheet
					Y	N		
	1.				<input type="checkbox"/>	<input type="checkbox"/>		
	2.				<input type="checkbox"/>	<input type="checkbox"/>		
	3.				<input type="checkbox"/>	<input type="checkbox"/>		
	4.				<input type="checkbox"/>	<input type="checkbox"/>		
	5.				<input type="checkbox"/>	<input type="checkbox"/>		
	6.				<input type="checkbox"/>	<input type="checkbox"/>		
	7.				<input type="checkbox"/>	<input type="checkbox"/>		
	8.				<input type="checkbox"/>	<input type="checkbox"/>		
	9.				<input type="checkbox"/>	<input type="checkbox"/>		
	10.				<input type="checkbox"/>	<input type="checkbox"/>		

# Athlete Entry Form - Sample Page 1



ATHLETE ENTRY FORM (Page 1 of 2)													
ADVANCEMENT TO AREA COMPETITION REQUIRES 1 LOCAL COMPETITION or 2 SCRIMMAGES. PLEASE IDENTIFY:				LOCAL COMPETITION:		Event Name:		Mustang Local Relays		Date:			
										4/19/2012			
										Location:			
										Location:			
										Location:			
DELEGATION NAME: Mayberry Mustangs				TEAM NAME:		Mustang Runners		DELEGATION I.D.:		M A Y 2 5			
HEAD COACH NAME: Freda Murphy				HEAD COACH EMAIL:		fmmurphy@jisp.com		HC FAX:		(555) 512-2589			
ADDRESS1: 9876 South 1st St.				EVENING PHONE#:		(555) 512-9876		DAY PHONE#:		(555) 512-2587			
ADDRESS2:				CITY:		Mayberry		STATE:		TX ZIP: 78700-			
<b>PLEASE USE ONE ATHLETE ENTRY FORM (Page 1 of 2) PER SPORT AND PER TEAM WITHIN A SPORT</b>													
<small>EACH SPORT MUST HAVE ONE CERTIFIED COACH, AND EACH TEAM MUST HAVE ITS OWN COACH (WITH THE EXCEPTION OF BOCCIE TEAMS, BOWLING TEAMS and RELAY TEAMS).</small>													
SPORT (2 letter code):		AT		# OF ATHLETES:		12		# OF DOUBLES:		0			
				# OF RELAYS:		2		# OF TEAMS:		0			
IF AN ATHLETE IS PARTICIPATING IN MULTIPLE EVENTS, LIST THE ATHLETE'S NAME ONCE AND ALL THE EVENTS THEY ARE COMPETING IN TOGETHER (INCLUDING RELAYS).													
PLACE AN "X" BY THE UNIFIED PARTNER'S NAME													
Unified Partner	Athlete Last Name	Athlete First Name	Sex M/F	DOB mm/dd/yyyy	On Campus Housing Y N	Event Code	Team ID	Event Level	Relay Position	Time MM:SS.ss	Dist or Height meters	Dist or Height cm	Points or Pounds
<input type="checkbox"/>	Askew	Benjamin	M	09-15-1985	<input type="checkbox"/>	AT100M				00:15.23			
<input type="checkbox"/>					<input type="checkbox"/>	ATSOBT					09	85	
<input type="checkbox"/>					<input type="checkbox"/>	AT4X100U	1		3	01:23.56			
<input type="checkbox"/>	Gonzales	Danny	M	07-23-1982	<input type="checkbox"/>	AT200M				00:29.92			
<input type="checkbox"/>					<input type="checkbox"/>	ATSOBT					13	29	
<input type="checkbox"/>					<input type="checkbox"/>	AT4X100U	1		1	01:23.56			
<input type="checkbox"/>	Johnson	Terri	F	06-14-1976	<input checked="" type="checkbox"/>	AT050MD				00:16.20			
<input type="checkbox"/>					<input type="checkbox"/>	ATSOBT					04	74	
<input type="checkbox"/>	Murphy	Missy	F	12-10-1981	<input checked="" type="checkbox"/>	AT4X100U	2		3	02:14.57			
<input type="checkbox"/>					<input type="checkbox"/>	AT050MD				00:13.51			
<input type="checkbox"/>					<input type="checkbox"/>	ATLNJP					02	32	
<input type="checkbox"/>					<input type="checkbox"/>	AT4X100U	2		2	02:14.57			
<input type="checkbox"/>	Norris	Norman	M	09-24-1979	<input checked="" type="checkbox"/>	AT100M				00:19.87			
<input type="checkbox"/>					<input type="checkbox"/>	ATSOBT					18	67	
				Total Athletes:						5			
				Total Y:						0			











# REGISTRATION

This page is intentionally left blank.



# Special Olympics Texas

## Permission to Give Medication Form

If an athlete is taking prescription or non-prescription medication during registered program hours this form must be completed. Every effort should be made by the parent/guardian to administer medication prior to or after program hours. If this is not possible then delegation personnel will administer medication according to the information provided by the parent/guardian on this form. The information provided on this form by the parent/guardian shall match the directions on the original container.

**Delegation personnel will only accept the exact dosage needed during the registered program hours** – personnel will not accept a complete bottle of liquid, tablets or powder. **The medication must be provided in the original container with the following information:** the athlete’s name, type of medication, time dosage to be given, and other specific instructions. Enrolled/Registered participants age 18 or younger are not allowed to dispense their own medication.

I authorize \_\_\_\_\_ to give my child,  
\_\_\_\_\_ (print name) the following medication(s) listed below.

### PRINT ONLY

Name of Medication	Dosage	Date(s) to Be Given	Time(s) to be Given am/pm	Special Instructions

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian or Emergency Contact: \_\_\_\_\_  
Date \_\_\_\_\_

