

# 2012 Winter Games Figure Skating Registration

Due: February 8, 2012

Local Program: \_\_\_\_\_

Local Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_

Please count only those participants for **Figure Skating**

## Participant Counts

	Meal Counts	Overnight
Athletes		
Partners		

## Personnel Counts

	Meal Count	Overnight
Local Coordinator		
Coach		
Assistant Coach		
Chaperone		
Hometown Escorts		

Forms are sent to your regional office.

SOCT Southwest Office  
101 Merritt Blvd, Suite 10  
Trumbull, CT 06611  
203.350.9990 Phone  
203.380.9991 Fax  
[jenniferw@soct.org](mailto:jenniferw@soct.org)

SOCT Eastern Office  
401 W. Thames St., Suite 107  
Norwich, CT 06360  
860.887.1555 Phone  
860.887.7435 Fax  
[timc@soct.org](mailto:timc@soct.org)

SOCT Northwest Office  
1459 South Britain Rd.  
Southbury, CT 06488  
203.267.6566 Phone  
203.349.6570 Fax  
[rebeccab@soct.org](mailto:rebeccab@soct.org)

For teams OUTSIDE of Connecticut:

Special Olympics CT  
2666 State Street  
Suite 1  
Hamden, CT 06517  
203.230.1201x239  
[susanm@soct.org](mailto:susanm@soct.org)

There is no limit to the number of events an Athlete may register for.

Please save this document and email it to your Regional Program Staff:

Special Olympics offers three official figure skating events:

Singles Competitions

Traditional and Pair Skating

Traditional and Pair Ice Dancing

To be eligible for competition in any of the three events, a skater should meet the technical requirements as outlined in the progressive levels of the skills assessment badge program.

<b>EVENT</b>	<b>LEVEL</b>	<b>CODE</b>
Singles Competition	1-5	FSSING
Pair Skating	1-2	FSPRSK
Unified Pairs Skating	2	FSUNPR
Ice Dancing	1 a,b,c II,III	FSICED
Unified Ice Dancing	C	FSUICD





Singles	1	Assist. Coach	Assistant Coach
Pairs	1a	Chaperone	Chaperone
Unified Pairs	1b	Hometown Escort	Coach
Ice Dancing	1c	Coach	Local Coordinator
Unified Ice Dancing	2	Local Coordinator	Athlete
	3		Partner

C

Yes  
No

## Instructions for Registering Personnel

**All of the individuals listed below are to have their Class A certifications including Protective Behaviors current before being registered for any SOCT event.**

**Local Coordinators:** Each Delegation (Local Program) is allotted space for two Local Coordinators (LC). Please list the LC responsible for overseeing the delegation at the event on the Checklist page. The Local Coordinators are not counted in the additional personnel ratio.

### **ADDITIONAL PERSONNEL:**

**Head Coach:** Please list the Head Coach for each sport with their current contact information on each roster page. Head Coaches are not listed on the personnel page, but are listed on the housing form.

**Assistant Coach:** Please list Assistant Coaches with their current contact information on the personnel page and housing form.

**Chaperone:** Please list Chaperones with their current contact information on the personnel page and housing form.

### **Additional Personnel Ratio:**

3 athletes to 1 Additional Personnel

1 athlete to 1 Additional Personnel for athletes who use a wheelchair or who are legally blind.

**Hometown Escorts:** Please list Hometown Escorts on the Personnel Page. Hometown Escorts are individuals that delegations recruit to meet the team during the day. These individuals are not to be included in housing count, or the Additional Personnel count. Hometown Escorts do not stay overnight.

### **Hometown Escort Ratio:**

2 athletes to 1 Hometown Escort

***Please note on the personnel page those who are group home staff and which day/days they will be in attendance.***

No registration fees will be charged for Personnel provided the Athlete to Personnel Ratio is adhered to. Delegations registering Additional Personnel and Hometown Escorts that exceed the ratios for what ever reason will be charged \$40.00 per person.

**Special circumstances (such as behavioral issues, medical, etc.), may require that you bring Additional Personnel or Hometown Escorts for adequate supervision. These requests must be in writing and must be included with your registration packet. The LC will be notified if the request is granted and if there will be a cost associated with the request.**

**Additional Personnel**

Local Program:

List **only** those who have completed the Class A screening process and completed Protective Behaviors below.

Please specify Junior vs/ Senior for those in your delegation with the same name.

List the day which a group home staff person (registered as a chaperone or hometown escort) will attend.

	First/Last Name	Street/City	Zip	Email	Type	Group Home Staff Day
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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Roster Appeal/ Scratch Form

Roster changes and participant scratches will be accepted up until TWO WEEKS prior to the day of the event. Please refer to the Dates To Remember sheet for the exact deadline. Participants added to your delegation MUST have all necessary paperwork on file at the State Office.

Delegation \_\_\_\_\_

Please remove (**scratch**) from this delegation

Name:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_

Please add to this delegation

Name	Event	Team <i>if applicable</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____

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

Submitted By: \_\_\_\_\_

Special Olympics Connecticut

2012 Winter Games  
Athlete Escort Survey

Delegation: \_\_\_\_\_

Name: \_\_\_\_\_

***This is the person who is responsible for picking up the Athlete Escorts***

Please list all of the Athlete Escorts your delegation wishes to request for the 2012 Winter Games. Please plan accordingly!!

	Apline	Snowshoeing	Cross Country	Figure Skating	Speed Skating	Floor Hockey
Saturday						
Sunday						

**Per SOI, Athlete Escorts by definition are Class "B" Volunteers.** Class "B" Volunteers by definition do not have to be screened and cannot be alone at any time with an athlete.

Class "B" Volunteers:

1. Have limited contact with athletes while accompanied by coaches and chaperones.
2. No screening required.
3. Includes but not limited to Day of Volunteers, Athlete Escorts, Healthy Athlete Volunteers.
4. Must sign in at volunteer registration as day of/ walk-in on sign-in sheet and present photo ID (an adult can vouch for a minor on the day of the event)