

# 2012 Winter Games Snowshoeing Registration

Due: February 8, 2012

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

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

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

Please count only those Participants for **Snowshoeing**

## Participant Counts

	Meal Count	Overnight
Athlete		
Partner		

## Personnel Counts

	Meal Counts	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 Phone  
203.230.1202 Fax  
[susanm@soct.org](mailto:susanm@soct.org)

All Local Programs must adhere to the following event category distribution process in order to ensure each Athlete's full participation in the 2012 Winter Games

Athletes are restricted to participation within one category as outlined below.

Athletes registered in Category 1 may register for a maximum of two events.

Athletes registered in Categories 2, 3, and 4 may register for a maximum of four events.

Category	Snowshoeing Events Selection
Category 1	25M/50M Walk.
Category 2	25M/50M Races, 4x25Relay and 4x50 Relay.
Category 3	50M/100M Races, 4x50 Relay and 4x100 Relays.
Category 4	100M/200M/400M Races and 4x100 Relays.

Event	Code
<b>25M WALK</b>	<b>SN25W</b>
<b>50M WALK</b>	<b>SN50W</b>
<b>25M RACE</b>	<b>SN25M</b>
<b>50M RACE</b>	<b>SN50M</b>
<b>100M RACE</b>	<b>SN100M</b>
<b>200M RACE</b>	<b>SN200M</b>
<b>400M RACE</b>	<b>SN400M</b>
<b>4X25 Relay Race</b>	<b>SN4x25R</b>
<b>4x50 Relay Race</b>	<b>SN4x50R</b>
<b>4x100 Relay Race</b>	<b>SN4x100R</b>
<b>4x100 Unified Relay Race</b>	<b>SN4x100UR</b>









25 M Walk	1	Assistant Coach	Assist. Coach	Yes
50 M Walk	2	Chaperone	Chaperone	No
25 M Race	3	Coach	Hometown Escort	
50 M Race	4	Local Coordinator		
100 M Race		Athlete		
200 M Race		Partner		
400 M Race				
4X25 Relay Race				
4X50 Relay Race				
4X100 Relay Race				
4X100 Unified Relay Race				

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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 *if applicable*

- |          |       |       |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |
| 6) _____ | _____ | _____ |
| 7) _____ | _____ | _____ |

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

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

## 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: \_\_\_\_\_

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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 last 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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2012 Winter Games  
Athlete Escort Survey

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

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

***This person 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!!

	Alpine	Snowshoe	Cross Country	F. Skating	S. Skating	Floor Hockey
Fri						
Sat						
Sun						

**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)