

# 2012 Winter Games Speed Skating Registration

Due: February 8, 2012

Local Program: \_\_\_\_\_  
 Local Coordinator: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

## Participant Counts

	Meal Counts	Overnight
Athletes		
Partners		

## Personnel Counts

	Meal Count	Overnight
<b>Local Coordinator</b>		
<b>Coach</b>		
<b>Assistant Coach</b>		
<b>Chaperone</b>		
<b>Hometown Escorts</b>		

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)

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 may register for a maximum of three events, provided one is a relay.

Category	Speed Skating Events Selection
Category 1	10M/25M/50M/ Assisted, 25 Straightaway, 50M Half Lap, 125M Relay. **
Category 2	100M/200M/300M and 800M Unified Relay.
Category 3	300M/500M/800M/1000M, 1500M Unified Team Sprint and 200M Unified Relay

\*\*\* (Please note: An athlete can race in both assisted and unassisted races **as long as** the **shortest** Assisted Race is **longer** than the **longest** unassisted race. For Example: an athlete in the 10M Assisted Race **can not** race in the 10M unassisted race, but a 25M assisted athlete **can** race in the 10M Unassisted Race.

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

**Eastern Region: [timc@soct.org](mailto:timc@soct.org)**

**Northwest Region: [rebeccab@soct.org](mailto:rebeccab@soct.org)**

**Southwest Region: [jenniferw@soct.org](mailto:jenniferw@soct.org)**

**For Teams outside of Connecticut: [susanm@soct.org](mailto:susanm@soct.org)**









10M Asst	Assist. Coach	Assistant Coach	Yes
25M Asst	Chaperone	Coach	No
50M Asst	Hometown Escort	Local Coordinator	
25M S/away		Chaperone	
50M Half Lap		Athlete	
100M		Partner	
300M			
800M			
200M			
500M			
1000M			
125M Relay			
800M U Relay			
1500M U Sprint			
2000M U Relay			

## 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						

Special Olympics Connecticut

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 Name *if applicable*

- |          |       |       |
|----------|-------|-------|
| 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 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	Snowshoeing	Cross Country	Floor Hockey	Speed Skating
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)

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