

2025 Summer Games Cycling Registration

Due: May 2, 2025

Local Program:
Local Coordinator attending this event:
Email:

*Please count only those participants and personnel for CYCLING.

Participant <u>Totals</u>	Meal Count	Overnight Count includes dinner&dance	Dinner& Dance only
Athlete			
Partner			

Registration fee \$30.00, If Staying Overnight \$60.00

Personnel	Meal Count	Overnight Count includes dinner&dance	Dinner& Dance only
Local Coordinator			
Head Coaches			
Coach			
Assistant Coach			
Chaperone			
Hometown Escort			

Forms are sent to:
Special Olympics CT
2666 State St., Suite 1
Hamden, CT 06517
Attn: David Pellino
or secure email to:
davidp@soct.org

For information pertaining to Cycling registration and competition please contact:

David Pellino
203-230-1201 x 277
davidp@soct.org

ALL PARTICIPANTS CERTIFICATIONS MUST BE CURRENT AT THE TIME OF REGISTRATION.

All Local Programs must adhere to the following event category distribution process in order to ensure each athlete's full participation in the 2025 Summer Games.

1. Athletes may register for TWO events within a category.

Level	Category	Event
Level 1	Category 1	250M, 500M
Level 1	Category 2	500M, 1K events
Level 2	Category 3	1K, 2K, 2.5K, 5K events
Level 2	Category 4	5K & 10K

Event	Code:
250M Time Trial	CY250MTT
500M Time Trial	CY500MTT
1K Time Trial	CY1KTT
1K Time Trial Unified	CY1KTTU
2K Time Trial	CY2KTT
2K Time Trial Unified	CY2KTTU
2.5 Time Trial	CY2.5KTT
2.5 Time Trial Unified	CY2.5KTTU
5K Time Trial	CY5KTT
5K Time Trial Unified	CY5KTTU
10K Time Trial	CY10KTT
10K Time Trial Unified	CY10KTTU

Instructions for Registering Personnel

All of the personnel listed below are to have their Class A certifications current before being registered for any SOCT event. Programs may not register more Head Coaches, Assistant Coaches, Chaperones, and Hometown Escorts then the number of registered athletes.

Local Coordinators: Each Delegation (Local Program) is allotted space for two Local Coordinators (LC). Please list the LC responsible for overseeing the event Checklist page. Registration fees do not apply to the two Local Coordinators

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.

***See below for registration fee information.**

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

***See below for registration fee information.**

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

***See below for registration fee information.**

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 counts, nor to be put on the housing forms as they are not allowed to stay overnight.

***See below for registration fee information.**

Registration fees:

No registration fees will be charged for Personnel provided the Athlete to Personnel Ratio is adhered to. The ratio is as follows:

1:1 Athletes who use a wheelchair or athletes who are legally blind.

3:1 All other athletes.

Special circumstances (such as behavioral issues, medical, etc.), may require that you bring additional personnel 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.

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

All others over the 3:1 ratio will be charged \$175 that covers housing and meal expenses.

Special Olympics Connecticut Summer Games Cycling 2025

Roster Appeal / Scratch Form

Roster changes and participant scratches will be accepted up until **TWO WEEKS** prior to the day of the event (**MAY 23RD**). 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*

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

Date: _____

Submitted by: _____