2024 Summer Games
Cycling Registration

Due: May 3, 2024

Local Program:
Local Coordinator attending this event:
Email:

*Please count only those participants and personnel for **CYCLING**.

Participant	Meal Count	Overnight Count includes dinner&dance	Dinner& Dance only
Athlete			
Partner			

***Registration fee for this event is $30.00

Personnel	Meal Count	Overnight Count includes dinner&dance	Dinner& Dance only
Local Coordinator			
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 2024 Summer Games.

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

Level	Category	Event
Level 1	Category 1	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:
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**

Event	Code:

Cycling Registration Form

Individual Registration

Local Program Name:			
HEAD Coach Information			
First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip			

Note: Athletes are restricted to participation within one category as outlined in the registration packet.
Please list only athletes on this page. Partners are to be listed on the Unified Events Page.

Category	First/Last Name	DOB	M/F	A	Event	Time	Event	Time	Yes / No Recumbent
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					

Cycling Registration Form

Individual Registration

Local Program Name:			
HEAD Coach Information			
First/Last Name	Home Phone	Cell Phone	Email Address
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Note: Athletes are restricted to participation within one category as outlined in the registration packet. Please list only athletes on this page. Partners are to be listed on the Unified Events Page.

Category	First/Last Name	DOB	M/F	A	Event	Time	Event	Time	Yes / No Recumbent
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					
				A					

Cycling Registration Form

Unified Events Page

Local Program Name:			
HEAD Coach Information			
First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip			

Note: Athletes are restricted to participation within one category as outlined in the registration
Please list the team events on this page. List each team together and give them a team number.

Category	First/Last Name	DOB	M/F	A/P	Event	Time	Event	Time	Team Number	Yes / No Recumbent

Cycling Registration Form

Unified Events Page

Local Program Name:			
HEAD Coach Information			
First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip			

Note: Athletes are restricted to participation within one category as outlined in the registration
Please list the team events on this page. List each team together and give them a team number.

Category	First/Last Name	DOB	M/F	A/P	Event	Time	Event	Time	Team Number	Yes / No Recumbent

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.

Local Program:

First/Last Name	Street/City	Zip	Email	Type	Days attending

Special Olympics Connecticut Summer Games Cycling 2024

Roster Appeal / Scratch Form

Roster changes and participant scratches will be accepted up until **TWO WEEKS** prior to the day of the event (**MAY 17th**). 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 Summer Games Cycling 2024

Explanation of Absence from Qualifier form

Absence forms will be only accepted for the following reasons:
1. Illness with a doctor's note.
2. Religious reasons.
This form must be received in the SOCT State Headquarters within 3 days after the event.

Delegation _____

Participant Name _____

Qualifier missed _____ Date _____

Reason _____

Coach Information

Name _____

Phone _____

Event	Score

Qualifiers include:
Unified and Traditional Cycling
Northern and Southern Time Trials
Unified and Traditional Soccer
Unified and Traditional Softball
Unified Basketball
Unified Volleyball