

# 2024 Winter Games Gymnastics Registration

**Due: February 5, 2024**

Local Program:

Local Coordinator attending event:

Email:

\*Please count only those participants and personnel for **Gymnastics**.

Participant	Meal Count
Athlete	
Partner	

Personnel	Meal Count
Local Coordinator	
Coach	
Assistant Coach	
Chaperone	
Hometown Escort	

Forms are sent to:  
Special Olympics CT  
2666 State St., Suite 1  
Hamden, CT 06517

Attn: Chantel Overton

[chantelo@soct.org](mailto:chantelo@soct.org)

USING SECURED EMAIL

For information pertaining to Gymnastics registration and competition please contact Chantel Overton  
203-230-1201 ex 235  
[chantelo@soct.org](mailto:chantelo@soct.org)

**ALL PARTICIPANT CERTIFICATIONS MUST BE CURRENT AT THE TIME OF REGISTRATION**

# Gymnastics Registration Form 2024

## Unified Events Page

Local Program Name:

### List HEAD Coach Information Below

First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip			

	First/Last Name	DOB	M/F	A/P	Event	Team Name










# 2024 Winter Games

## 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 than 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.

**Attn: David Pellino**

[davidp@soct.org](mailto:davidp@soct.org)

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**

**Roster Appeal / Scratch Form**

Roster changes and participant scratches will be accepted up until TWO WEEKS prior to the event  
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 <i>if applicable</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____

Attn: Chantel Overton  
[chantelo@soct.org](mailto:chantelo@soct.org) \_\_\_\_\_  
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