

2024 Summer Games Soccer Registration

Due: April 8th

Local Program: _____
 Local Coordinator attending this event: _____
 Email: _____

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

Participant Counts

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

Personnel Counts

	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
 Att: Derrick Ford
 or secure email to:
derrickf@soct.org

For information pertaining to Soccer registration and competition please contact
 Derrick Ford
 203-230-1201 x 272
derrickf@soct.org

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

Roster Requirements

Unified Sports Soccer 7 Aside

1. **Roster Requirements:** Minimum of 11 players: 6 athletes & 5 partners; maximum of 12 players
2. Unified Team configuration recommended to be equal or one more Athlete
3. Unified Team configuration recommended to be no more than a 2 person differential between the number of athletes and partners
4. Teams strongly encouraged to have 2 subs for both athletes and partners going in to competition
5. All players on the roster must play at the qualifier unless an absence is due to an illness or injury (must submit a doctor's note) or death in the family
6. Going into Competition, a team may come with the minimum # of players provided they have at least 4 athletes and 3 partners

Unified Sports Soccer: 5 Aside

1. **Roster Requirements:** Minimum of 9 players: 5 athletes & 4 partners; maximum of 10 players
2. Unified Team configuration recommended to be equal or one more Athlete
3. Unified Team configuration recommended to be no more than a 2 person differential between the number of athletes and partners
4. Teams strongly encouraged to have 2 subs for both athletes and partners going in to competition
5. All players on the roster must play at the qualifier unless an absence is due to an illness or injury (must submit a doctor's note) or death in the family
6. Going into Competition, a team may come with the minimum # of players provided they have at least 3 athletes and 2 partners

Traditional Soccer: 5 Aside

1. Roster Requirements: Minimum of 7 players; maximum of 10 players
2. Teams strongly encouraged to have 2 subs for athletes going in to competition
3. All players on the roster must play at the qualifier unless an absence is due to an illness or injury (must submit a doctor's note) or death in the family
4. Going into Competition, a team may come with the minimum # of players provided they have at least 5

Team Age Groups

Junior 8-16

Senior 13-21

Masters 18+

Event Information

The final team Divisions will be determined at the Divisioning Rounds in April and will be the Divisions used during the State Games competition.

The teams within their specific Division will play all other teams in a 'round robin' competition.

The team results at the conclusion of the first day of competition will determine their bracket position within their division for the Medal Rounds.

Roster Appeals

Only participants with all their completed paperwork, (Medicals, Consent partner forms, Class A application, and Protective Behaviors), may be added to your roster.

Each team must have a separate, certified head coach listed.

5 a-side 2024 Soccer Registration Form

Check One

Team Name

Team Age Group

Junior
Senior
Master

Local Program Coordinator:

Head Coach Information

First/Last Name	Type	Cell Phone	Email Address
	Head Coach		

Score is the total number for each player divided by the number of players.

Team Assessment Score 0.0

List of Participants

First /Last Name	DOB	M/F	Type	Event	Shooting	Dribbling	Control and Pass	Total
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0

For office use only:	Team age group: _____	Number of exemptions: _____	Number of Athletes: _____
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5 a-side 2024 Soccer Registration Form

Check One

Team Name

Team Age Group

Junior
Senior
Master

Local Program Coordinator:

Head Coach Information

First/Last Name	Type	Cell Phone	Email Address
	Head Coach		

Score is the total number for each player divided by the number of players.

Team Assessment Score **0.0**

List of Participants

First /Last Name	DOB	M/F	Type	Event	Shooting	Dribbling	Control and Pass	Total
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0
			A	FBTEAM5 Traditional Five-a-side Team				0

For office use only: Team age group: _____ Number of exemptions: _____
 Number of Athletes: _____

5 a-side Unified 2024 Soccer Registration Form

Check One

Team Name

Team Age Group

Junior
Senior
Master

Local Program Coordinator:

Head Coach Information

First/Last Name	Type	Cell Phone	Email Address
	Head Coach		

Score is the total number for each player divided by the number of players.

Team Assessment Score 0.0

List of Participants

First /Last Name	DOB	M/F	A/P	Event	Shooting	Dribbling	Control and Pass	Total
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0
				FRUTEAM5 Unified Five-a-side Team				0

For office use only:	Team age group: _____	Number of exemptions: _____	Number of Athletes: _____	Number of partners: _____
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5 a-side Unified 2024 Soccer Registration Form

Check One

Team Name

Team Age Group

Junior
Senior
Master

Local Program Coordinator:

Head Coach Information

First/Last Name	Type	Cell Phone	Email Address
	Head Coach		

Score is the total number for each player divided by the number of players.

Team Assessment Score 0.0

List of Participants

First /Last Name	DOB	M/F	A/P	Event	Shooting	Dribbling	Control and Pass	Total
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0
				FRUTEAM5 Unified Five-a-				0

For office use only:	Team age group: _____	Number of exemptions: _____	Number of Athletes: _____	Number of partners: _____
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7 a-side 2024 Soccer Registration Form

Team Name

Local Program Coordinator:

Head Coach Information

First/Last Name	Type	Cell Phone	Email Address
	Head Coach		

Score is the total number for each player divided by the number of players.

Team Assessment Score **0.0**

List of Participants

First /Last Name	DOB	M/F	A/P	Event	Shooting	Dribbling	Control and Pass	Total
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
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				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0

For office use only: Team age group: _____ Number of exemptions: _____
 Number of Athletes: _____ Number of partners: _____

7 a-side 2024 Soccer Registration Form

Team Name

Local Program Coordinator:

Head Coach Information

First/Last Name	Type	Cell Phone	Email Address
	Head Coach		

Score is the total number for each player divided by the number of players.

Team Assessment Score **0.0**

List of Participants

First /Last Name	DOB	M/F	A/P	Event	Shooting	Dribbling	Control and Pass	Total
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
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				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0
				FBUTEAM7 Unified Sports Seven-a-side				0

For office use only:	Team age group: _____	Number of exemptions: _____	Number of Athletes: _____	Number of partners: _____
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2024 Summer Games

Instructions for Registering Personnel

Due: APRIL 8, 2024

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.

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.

2024 Summer Games

Roster changes and participant scratches will be accepted up until TWO WEEKS prior to the day of the event (5/17/24). 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 _____

Please add this to delegation

Name

Event

Team name *if applicable*

- | | | |
|---------|-------|-------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |
| 4 _____ | _____ | _____ |
| 5 _____ | _____ | _____ |

Date:

Submitted by: _____

2024 Summer Games

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 _____ Team _____

Coach Information
Name _____
Phone _____

Qualifiers include:

- Unified and Traditional Cycling
- Northern and Southern Time Trials
- Unified and Traditional Soccer
- Unified and Traditional Softball
- Unified Basketball
- Unified Volleyball