2023 Winter Games Snowboarding Registration

Due: February 6, 2023

Local Program: _			
Local Coordinate	 or attending ε	event:	
Email:	-		
	ly those parti	cipants and pe	ersonnel for Snowboarding.
Parti	cipant Cou	nts	_
	Meal	Lift ticket	1
	Count	Count	
Athlete			1
Partner			1
Pers	onnel Cou	nts	•
	Meal	Lift Ticket	1
	Count	Count	
Local			1
Coordinator			
Coach			<u> </u>
Assistant			Total Lift Ticket Count for Powder Ridge
Coach			Fowder Riuge
Chaperone			
Hometown			
Escort	1		

All Local Programs must adhere to the following event category distribution process in order to ensure each athlete's full participation in the 2023 Winter Games.

- 1. Athletes are restricted to participation within one category as outlined below.
- 2. Athletes may register for a maximum of two events.
- 3. Athletes are registered in one level only. Levels are Developmental, Novice, Intermediate and Advanced.
- 4. Athletes registered in Categories 4 must be advanced skiers.

Category	Snowboarding Events Selection
Category 2	Super Glide (Developmental Level).
Category 3	Slalom, Giant Slalom, for Novice, Intermediate and Advanced Snowboarders
Category 4	Unified Slalom, Unified Giant Slalom for Advanced Snowboarders.

Event	Code
Super Glide 1 & 2	SBSUGL
Advanced Giant Slalom	SBADGS
Intermediate Giant Slalom	SBINGS
Novice Giant Slalom	SBNOGS
Advanced Slalom	SBASSL
Intermediate Slalom	SBINSL
Novice Slalom	SBNOSL
Unified Giant Slalom	SBUGTS
Unified Slalom	SBUSLA

Send forms using secure email to: Special Olympics CT 2666 State St., Suite 1 Hamden, CT 06517 emilyp@soct.org

For information pertaining to Alpine and Snowboarding Competition, Training, and Registration contact:
Sara Pierson 203-230-1201 x 229

sarap@soct.org

Snowboarding Registration Form

Local Progi	ram Name:							
Local Progr	ram Coordinator:							
		Head Coad						
F	First/Last Name	Type	Cell	Phone	Email Add	Iress		
		Coach						
Category	First/Last Name	DOB	M/F	Type	Event 1	Time	Event 2	Time
				Α				
			1	A				
		†		A				
				A				
			+	A				
				A				
				Α				
				A				
		1		A				
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		1		A				
				A				
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				A				

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		Coach						
Category	First/Last Name	DOB	M/F	Type	Event 1	Time	Event 2	Time
				Α				
			1	A				
		†		A				
				A				
			+	A				
				A				
				Α				
				A				
		1		A				
				A				
		+	+	A				
		+	+	A				
				A				
				A				
				Α				
				A				
				A				
		1		A				
				A				
		+		A				
				A				

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.

<u>Local Coordinators:</u> 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:

<u>Head Coach:</u> 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.

<u>Hometown Escorts:</u> 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.

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:

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	Туре	Group Home Staff Day
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13					1	
14						
15						
16 17						
18						
19			 		1	
20						

Special Olympics Connecticut

Roster Appeal/ Scratch Form

Roster changes and participant scratches will be accepted up to TWO WEEKS prior to the day of the event. Please refer to the Dates to Remember sheet for exact deadline Participants added to your delegation MUST have all necessary paperwork on file at the State Office

elegation:		
lease remove <mark>(scratch)</mark> fror	n this delegation	
ame		
lease add to this delegation:		
		Team Name if applicable
	Event	Team Name if applicable
		Team Name <i>if applicable</i>
		Team Name if applicable
ame		Team Name if applicable
		Team Name if applicable
ame		Team Name if applicable
lease add to this delegation: ame ate: ubmitted By:		Team Name if applicable