

2026 Summer Games Athletics Registration

Due: May 1st, 2026

Local Program:
Local Coordinator attending event:
Email:

*Please count only those participants and personnel for Athletics.

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

******Registration fee for this event: \$60.00. This is a 2-day event!**

***Participant scratches will be accepted up until TWO WEEKS prior to the day of the event.
Programs will be charged for any scratches after the scratch date: 5/22/2026

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

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

For information pertaining to Athletics registration and competition
please contact: **Emily Pitney**
203-230-1201 x 254

or secured emailed to:
emilyp@soct.org

ALL PARTICIPANTS CERTIFICATIONS MUST BE CURRENT AT TIME OF REGISTRATION.

To ensure an Athlete's full participation in the 2026 Summer Games:

- 1. THROWING EVENTS ARE TO BE MEASURED/RECORDED IN METERS !!!!!!!**
- 2. RUNNING/WALKING EVENTS= MEASURED IN SECONDS AND MINUTES TIME INCREMENTS !!!!!!!!!!!**
- 3. An Athlete may enter in a maximum of FOUR events (this includes 3 events and 1 relay)**
- 4. Athletes participating in Running Long Jump events MUST be able to jump at least 1 METER. (This is the minimum distance between take off board and pit)**
- 5. AN ATHLETE IS EITHER A WALKER OR A RUNNER PLEASE PLAN EVENTS ACCORDINGLY**
- 6. An Athlete may not be registered for walk or running events OR both Softball Throw and Mini Javelin**
- 7. Softball Throw: Distances 30m or over are PROHIBITED from this event. Must do Mini Javelin instead!**
- 8. THERE IS A 40 MINUTE LIMIT FOR THE 1500M WALK**
- 9. ASSISTED WALKS INCLUDE MECHANICAL ASSISTANCE (WALKER,CANE, GAIT BELT, ETC) AS WELL AS PHYSICAL HUMAN ASSISTANCE (1 CLASS A CERTIFIED AND REGISTERED ADDITIONAL PERSONNEL WALKING BEHIND)**

Your Registration will be returned to you if these guidelines are not followed

All Local Programs must adhere to the following event category distribution process in order to ensure each athlete's full participation in the 2026 Summer Games.

Athletes are restricted to participation within one category as outlined below.

*See EVENT RESTRICTIONS TAB FOR EVENT SPECIFICS

Category	Athletics Events Selection
Category 1	All Wheelchair events, Assisted Walks, 25M Walk, 50M Walk, Softball Throw, or Mini Jav
Category 2	50M Run, 50M Walk, 100M Run, 100M Walk, Shot put events, Standing Long Jump Softball or Mini Jav. All 4x100 Relays
Category 3	100M Run, 100M Walk, 200M Run, 200M Walk, 400M Run, 400M Walk, Shot put events Softball or Mini Jav, Standing Long Jump, or Running Long Jump events all relays
Category 4	400M Run, 400M Walk, 1500M Run, 1500M Walk, Mini Jav Running Long Jump events, Shot put events, all relays
Category 5	1500M, 3000M, Mini Jav, Shot put events, Running Long Jump events, High Jump events, ALL relays

Code	Walking Events	Code	Running Events	
AT25AW	25 Meter Assisted Walk	AT050M	50 Meter Run	
AT50AW	50 Meter Assisted Walk	AT100M	100 Meter Run	
AT25WK	25 Meter Walk	AT200M	200 Meter Run	
AT50WK	50 Meter Walk	AT400M	400 Meter Run	
AT100W	100 Meter Walk	AT1500	1500 Meter Run	FRIDAY
AT200W	200 Meter Walk	AT4x1R	4x100 Meter Relay	
AT400W	400 Meter Walk	AT4x1U	4x100 Meter Unified Relay	
ATUSWK	1500 Meter Unified Walk (2 person)	AT800M	800 Meter Run	NEW! SUNDAY
AT4x1W	4x100 Meter Walk			

Code	Wheelchair Race Events	Code	Field Events	
AT25WH	25 Meter Wheelchair Race	ATSP1M	Shot put Men 4K	
AT30WS	30 Meter Wheelchair Slalom	ATSP2W	Shot put Women 3Kg	
AT50MS	50 Meter Motorized Wheelchair Slalom	ATUNSP	Unified Shot put	
ATMWOR	Motorized Wheelchair Obstacle Race	ATSOBT	Softball Throw	
AT1CWH	100 Meter Wheelchair Race	MINIJ300W	Mini Jav 300g (Women)	See above*
		MINIJ300	Mini Jav 300g (Males 8-15)	
		MINIJ400	Mini Jav 400g (Male)	
Code	Wheelchair Field Events			
ATWCSOBT	Wheel Chair Throw-Softball	ATSTLJ	Standing Long Jump	
		ATLNJP	Running Long Jump	
		ATHIJP	High Jump	
		UNLNJP	Unified Running Long Jump	

<p>Please register Athletes for a maximum of FOUR events. If an Athlete is participating in a relay, then that Athlete may register for 3 other events.</p>	<p>***The 1500M Run will be FRIDAY EVENING AT 6:30PM This event will be held as a highlight to our Opening Ceremonies at Jess Dow Stadium</p>
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	A	B	C	D	E	F	G	H	I
1	Athletics Registration Form- RELAY TEAMS								
2	Local Program Name:								
3	List HEAD Coach Information Below								
4	First/Last Name		Home Phone	Cell Phone		Email Address			
5									
6	First/Last Name	DOB	M/F	A/P	Event	Time or Score	Team Name		
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21	A= Athlete								
22	P= Partner								
23	***PLEASE INDICATED THE CORRECT ROLE IN THIS CATEGORY								

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Athletics Registration: Individual Event Registration

Local Program Name: _____

List HEAD Coach Information Below

First/Last Name	DOB	Cell Phone	Email Address

Note: Athletes are restricted to participation within one category as outlined in the registration packet.

Please list only athletes on this page. Team participants are to be listed on the Team Events Page.

Add time/score underneath event

Category	First/Last Name	DOB	M/F	A	Event/ Time & Score	Event/ Time & Score	Event/ Time & Score
				A			
				Time/score			
				A			
				Time/score			
				A			
				Time/score			
				A			
				Time/score			
				A			
				Time/score			
				A			
				Time/score			

Instructions for Registering Personnel

All of the personnel listed below are to have their Class A certifications current before being registered for any SOCT

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

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.

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 2026 Summer Games Athletics

Roster Appeal / Scratch Form

Roster changes and participant scratches will be accepted up until TWO WEEKS prior to the day of the event (MAY 22nd). Please refer to the 2025 Registration Calendar 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	Score	Team Name <i>if applicable</i>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

Date: _____
Submitted by: _____