

# 2026 Winter Games Floorball Registration

**Due: February 2, 2026**

Local Program: \_\_\_\_\_

Local Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_

Please count only those participants for Unified, Traditional Floorball & Skills

**Participation fee for this event is \$30.00.**

**\*\*\*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: 2/14/2026**

## Participant Counts

	Meal Count
<b>Athletes</b>	
<b>Partners</b>	

## Personnel Counts

	Meal Count
<b>Local Coordinator</b>	
<b>Head Coach</b>	
<b>Coach</b>	
<b>Assistant Coach</b>	
<b>Chaperone</b>	
<b>Hometown Escorts</b>	

Send forms to:

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

Fax 203-230-1202

**For information pertaining to Floorball registration  
and competition, please contact:**

David Pellino 203-230-1201 x277

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

**SOCT Floorball Roster 2026**  
**Traditional & Unified Sports Floorball**

**1. Roster requirements TRADITIONAL: Minimum number of 6 players & Maximum number of 10 Players**

**2. Roster requirements UNIFIED: Minimum number of 8 players & Maximum number of 12 players**

**\*\*\*\*\* Please note the following Proportional Roster Sizes for Unified, THIS WILL BE STRICTLY ENFORCED Registration will be rejected and sent back to you if not followed! \*\*\*\*\***

Team Roster	# Athletes	# Partners
8	4	4
	5	3
9	5	4
10	5	5
	6	4
11	6	5
12	6	6
	7	5

Team Age Groups	Junior	8yrs - 16yrs
	Senior	13yrs - 21yrs
	Master	18yrs and over

# Traditional Floorball Registration Form 2026

<b>Local Program Name:</b>				<b>TEAM NAME:</b> _____		<b>AGE GROUP:</b> _____	
<b>Local Program Coordinator:</b>							
<b>List HEAD Coach Information Below</b>				<b>Please enter your suggested division for this</b>			
<b>First/Last Name</b>	<b>Type</b>	<b>Cell Phone</b>	<b>Email Address</b>				
	<b>HEAD Coach</b>			<b>Team Assessment Score</b>			

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

## List of Participants

	First /Last Name	DOB	M/F	A/P	Age	Shoot Around Goal	Receive & Pass	Shoot For Accuracy	Flip Pass Over Obstacle	Stick Handling	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

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

# Traditional Floorball Registration Form 2026

<b>Local Program Name:</b>				<b>TEAM NAME:</b> _____		<b>AGE GROUP:</b> _____	
<b>Local Program Coordinator:</b>							
<b>List HEAD Coach Information Below</b>				<b>Please enter your suggested division for this</b>			
<b>First/Last Name</b>	<b>Type</b>	<b>Cell Phone</b>	<b>Email Address</b>				
	<b>HEAD Coach</b>			<b>Team Assessment Score</b>			

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

## List of Participants

	First /Last Name	DOB	M/F	A/P	Age	Shoot Around Goal	Receive & Pass	Shoot For Accuracy	Flip Pass Over Obstacle	Stick Handling	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

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

# Unified Floorball Registration Form 2026

<b>Local Program Name:</b>				<b>TEAM NAME:</b> _____		<b>AGE GROUP:</b> _____	
<b>Local Program Coordinator:</b>							
<b>List HEAD Coach Information Below</b>				Please enter your suggested division for this team in			
<b>First/Last Name</b>	<b>Type</b>	<b>Cell Phone</b>	<b>Email Address</b>				
	<b>HEAD Coach</b>			Team Assessment Score			

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

## List of Participants

	First /Last Name	DOB	M/F	A/P	Age	Shoot Around Goal	Receive & Pass	Shoot For Accuracy	Flip Pass Over Obstacle	Stick Handling	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

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

# Unified Floorball Registration Form 2026

<b>Local Program Name:</b>				<b>TEAM NAME:</b> _____		<b>AGE GROUP:</b> _____	
<b>Local Program Coordinator:</b>							
<b>List HEAD Coach Information Below</b>				Please enter your suggested division for this team in			
<b>First/Last Name</b>	<b>Type</b>	<b>Cell Phone</b>	<b>Email Address</b>				
	<b>HEAD Coach</b>			Team Assessment Score			

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

## List of Participants

	First /Last Name	DOB	M/F	A/P	Age	Shoot Around Goal	Receive & Pass	Shoot For Accuracy	Flip Pass Over Obstacle	Stick Handling	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

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

# Unified Floorball Registration Form 2026

<b>Local Program Name:</b>				<b>TEAM NAME:</b> _____		<b>AGE GROUP:</b> _____	
<b>Local Program Coordinator:</b>							
<b>List HEAD Coach Information Below</b>				Please enter your suggested division for this team in			
<b>First/Last Name</b>	<b>Type</b>	<b>Cell Phone</b>	<b>Email Address</b>				
	<b>HEAD Coach</b>			Team Assessment Score			

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

## List of Participants

	First /Last Name	DOB	M/F	A/P	Age	Shoot Around Goal	Receive & Pass	Shoot For Accuracy	Flip Pass Over Obstacle	Stick Handling	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

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

# Floorball Skills Registration Form 2026

<b>Local Program Name:</b>			
<b>Local Program Coordinator:</b>			
<b>List HEAD Coach Information Below</b>			
<b>First/Last Name</b>	<b>Type</b>	<b>Cell Phone</b>	<b>Email Address</b>
	<b>HEAD Coach</b>		

## List of Participants

	First /Last Name	DOB	M/F	Left or Right Handed (L/R)	Event	Shoot Around Goal	Receive & Pass	Shoot For Accuracy	Flip Pass Over Obstacle	Stick Handling	Total
1					Skills						
2					Skills						
3					Skills						
4					Skills						
5					Skills						
6					Skills						
7					Skills						
8					Skills						
9					Skills						
10					Skills						
11					Skills						
12					Skills						
13					Skills						
14					Skills						
15					Skills						
16					Skills						

# 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. \*\*\*\*\***

**Local Coordinators:** 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:**

**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.

**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.

**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 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.***

No registration fees will be charged for Personnel provided the Athlete to Personnel Ratio is adhered to. Delegations registering Additional Personnel and Hometown Escorts that exceed the ratios for what ever reason will be charged \$30.00 per person.

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

# Special Olympics Connecticut

For all TEAM SPORTS- Roster changes will be accepted up to TWO WEEKS prior to the qualifying event.  
Participants added to your team roster must have all certifications current with SOCT.

For all sports- Participant scratches will be accepted TWO WEEKS prior to the state event.  
Programs will be charged the registration fee for participants scratched after the scratch deadline.  
Please refer to the Dates to Remember calendar for this date.

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: \_\_\_\_\_