

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
Athletes	
Partners	

Personnel Counts

	Meal Count
Local Coordinator	
Head Coach	
Coach	
Assistant Coach	
Chaperone	
Hometown Escorts	

Send forms to:

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

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
	6	5
10	5	4
	6	5
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

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

For office use only:

Team age group: _____ Number of exemptions: _____

Number of Athletes: _____ Number of partners: _____

Traditional Floorball Registration Form 2026

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

For office use only:

Team age group: _____ Number of exemptions: _____

Number of Athletes: _____ Number of partners: _____

Unified Floorball Registration Form 2026

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

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

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

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

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

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 whatever 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:

Name:	Event:	Team Name <i>if applicable</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____

Date:

Submitted By: _____