

**2026 Winter Games**  
**Snowboarding Registration**  
Registration AND Housing **Due: February 2, 2026**

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

**Local Coordinator attending event:** \_\_\_\_\_

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

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

**Participation fee for this event is \$60.00.**

**\*\*\*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	Overnight Count	Lift ticket Count
Athlete			
Partner			

**Personnel Counts**

	Meal Count	Overnight Count	Lift Ticket Count	
Local Coordinator				
Head Coach				
Coach				
Assistant Coach				<b>Total Lift Ticket Count for Powder Ridge</b>
Chaperone				
Hometown Escort		<b>N/A</b>		

**sarap@soct.org**

**For information pertaining to Alpine and Snowboarding Competition,  
Training, and Registration contact:**

Sara Pierson 203-230-1201 x 229

**sarap@soct.org**

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

**Registration Due: February 2, 2026**

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

**Registration Due: February 2, 2026**

**Local Program Name:**

Head Coach Information	
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First/Last Name	Type	Cell Phone	Email Address
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Type

Email Address

Category	First/Last Name	DOB	M/F	Type	Event 1	Time
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**Registration Due: February 2, 2026**

**Local Program Coordinator:**

Head Coach Information	
Head Coach	Mr. [Name]
Head Coach Email	[Email]
Head Coach Phone	[Phone]
Head Coach Address	[Address]
Head Coach City	[City]
Head Coach State	[State]
Head Coach Zip	[Zip]
Head Coach Title	[Title]
Head Coach Experience	[Experience]
Head Coach Education	[Education]
Head Coach Certifications	[Certifications]
Head Coach Awards	[Awards]
Head Coach References	[References]
Head Coach Notes	[Notes]

First/Last Name	Type	Cell Phone	Email Address
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	HEAD Coach		
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Category	First/Last Name	DOB	M/E	Type	Event 1	Time	Event 2	Time
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## 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.***

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

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

Delegation: \_\_\_\_\_

Please remove (scratch) from this delegation

Name	_____
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____

Please add to this delegation:

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

Date: \_\_\_\_\_  
Submitted By: \_\_\_\_\_