

2020 Winter Games Figure Skating Registration

Due: February 6, 2020

Local Program: _____

Local Coordinator attending event: _____

Email: _____

Please count only those participants for **Figure Skating**

Participant Counts

	Meal Count	Overnight
Athletes		
Partners		

Personnel Counts

Housing Forms are emailed to the Local Coordinator

	Meal Count	Overnight
Local Coordinator		
Coach		
Assistant Coach		
Chaperone		
Hometown Escorts		

**ALL PARTICIPANT CERTIFICATIONS MUST BE CURRENT AT
THE TIME OF REGISTRATION**

There is no limit to the number of events an Athlete may register for.

Please save this document and email it to your Regional Program Staff:

Special Olympics offers four official figure skating events:

Skills

Singles Competitions

Traditional and Pair Skating

Traditional and Pair Ice Dancing

To be eligible for competition in any of the three events, a skater should meet the technical requirements as outlined in the progressive levels of the skills assessment badge program.

EVENT	LEVEL	CODE
Figure Skating Skills		FSSKILL
Singles Competition	1-5	FSSING
Pair Skating	1-2	FSPAIR
Unified Pairs Skating	2	FSPAIRU
Ice Dancing	1-4	FSDANC
Unified Ice Dancing	C	FSDANCU

Send forms to:

Special Olympics CT
2666 State St., Suite 1
Hamden, CT 06517

derrickf@soct.org

**For information pertaining to Figure Skating registration
and competition please contact:**

Derrick Ford 203-230-1201 x272

derrickf@soct.org

Figure Skating Pairs Registration Form

Local Program Name:			
Local Program Coordinator:			
Head Coach information			
First/Last Name	Type	Cell Phone	Email Address
	Coach		

List only pairs events on the this page

First/Last Name	DOB	M/F	Type	Event	Team Name

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 (3:1) is adhered to. 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. The LC will be notified if the request is granted.

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 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 until TWO WEEKS prior to the day of the event. Please refer to the Dates To Remember sheet 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	Team <i>if applicable</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____

Date: _____

Submitted By: _____

Special Olympics Connecticut

2020 Winter Games
Athlete Escort Survey

Delegation: _____

Name: _____

This is the person who is responsible for picking up the Athlete Escorts

Please list all of the Athlete Escorts your delegation wishes to request for the 2019 Winter Games. Please plan accordingly!!

	Apline	Snowshoeing	Cross Country	Figure Skating	Speed Skating	Floor Hockey
Saturday						
Sunday						

Per SOI, Athlete Escorts by definition are Class "B" Volunteers. Class "B" Volunteers by defintion do not have to screened and cannot be alone at any time with an athlete.

Class "B" Volunteers:

1. Have limited contact with athletes while accompanied by coaches and chaperones.
- 2 No screening required.
3. Includes but not limited to Day of Volunteers, Athlete Escorts, Healthy Athlete Volunteers.
4. Must sign in at volunter registration as day of/ walk-in on sign-in sheet and present photo ID (an adult can vouch for a minor on the day of the event)