

2021 Unified Fall Sports Festival Sailing Registration

REGISTRATION DUE August 14th

Local Program: _____

Local Coordinator: _____

Email: _____

Please count only those participants and personnel for Sailing

Participant Counts

Fee for this event \$60.00	Count
Athlete	
Partner	

Personnel Counts

	Count
Local Coordinator	
Coach	
Assistant Coach	
Chaperone	
Hometown Escort	

Special Olympics Connecticut
2666 State St., Suite 1
Hamden, CT 06517
Attn: Dave Pellino
davidp@soct.org

Sailing Information

All Unified Partners, Coaches, Chaperones, and Hometown Escorts are to have the class A screening process,(including Protective Behaviors), completed prior to the start of practice.

Athletes and Partners are to have completed forms on file prior to the start of practice.

A regatta shall consist of at least three scheduled races.

The competition committee shall provide competitors with a Notice of Race and Sailing Instructions.

At all regional, national and international competitions there shall be catamaran class boats and/or monohull class boats used.

Racing for all levels of competition shall be available at regattas.

Level 2,3,4 teams may elect to use spinnaker sails.

LEVEL 1 - Unified Team, the Special Olympics athlete member(s) of the crew will have responsibility for headsail trim.

LEVEL 2 - Unified Team, the Special Olympics athlete member of the crew shall control the helm for at least 50% of the race.

LEVEL 3- All Special Olympics athlete team with an onboard coach. The athletes have complete control of the boat. The coach can offer verbal assistance. If for any reason the coach becomes physically involved in the sailing of the boat the team must retire from the race and will be scored "did not finish"

LEVEL 4- The entire team consists of Special Olympics athletes. No coach is onboard.

LEVEL 5- Special Olympics athletes shall compete single handedly.

Sailing Registration

Local Program Name: _____

Local Coordinator: _____

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

Team	First/Last Name	DOB	M/F	A/P	Swim Test Date	Team Level
1						

2						

3						

4						

5						

6						

7						

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Team	First/Last Name	DOB	M/F	A/P	Swim Test Date	Team Level
1						

2						

3						

4						

5						

6						

7						

8						

9						

10						

11						

12						

Instructions for Registering Personnel

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

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 to the two Local Coordinators

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. The LC will be notified if the request is granted.

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.

Additional Personnel

Local Program:

List **only** those who have completed their Class A screening process below.

	First/Last Name	Street/ City	Zip	Email	Type
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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 Name *if applicable*

- | | | |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |
| 6) _____ | _____ | _____ |
| 7) _____ | _____ | _____ |

Date: _____

Submitted By: _____

2021 Housing Form - Sailing

Delegation _____

	First Name	Last Name	Status (A/P/C)	Double	King
Room 1					
Room 2					
Room 3					
Room 4					
Room 5					
Room 6					
Room 7					
Room 8					
Room 9					
Room 10					
Room 11					
Room 12					
Room 13					
Room 14					
Room 15					