

2019 Winter Games Gymnastics Registration

Due: February 6, 2020

Local Program: _____

Local Coordinator attending event: _____

Email: _____

*Please count only those participants and personnel for Gymnastics.

Participant	Meal Count	Overnight Count
Athlete		
Partner		

Personnel	Meal Count	Overnight Count
Local Coordinator		
Coach		
Assistant Coach		
Chaperone		
Hometown Escort		

Forms are sent to:
Special Olympics CT
2666 State St., Suite 1
Hamden, CT 06517
Attn: Katie Dennett
katied@soct.org

USING SECURED EMAIL

**For information pertaining to Gymnastics registration and competition
please contact**

Katie Dennett
203-230-1201 ex 245
katied@soct.org

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

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.

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1:1 Athletes who use a wheelchair or athletes who are legally blind.

3:1 All other athletes.

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.

Please note on the personnel page those who are group home staff and which day/days they will be in attendance.

Roster Appeal / Scratch Form

Roster changes and participant scratches will be accepted up until 2/13/2020.
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 _____	_____	_____

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