

2020 Winter Games Snowshoeing Registration

Due: February 6, 2020

Local Program: _____

Local Coordinator: _____

Email: _____

Please count only those Participants for **Snowshoeing**

Participant Counts

	Meal Count	Overnight
Athlete		
Partner		

Personnel Counts

	Meal Count	Overnight
Local Coordinator		
Coach		
Assistant Coach		
Chaperone		
Hometown Escorts		

All Local Programs must adhere to the following event category distribution process in order to ensure each Athlete's full participation in the 2020 Winter Games

Athletes are restricted to participation within one category as outlined below.

Athletes registered in Category 1 may register for a maximum of two events.

Athletes registered in Categories 2, 3, and 4 may register for a maximum of four events.

Category	Snowshoeing Events Selection
Category 1	25M/50M Walk.
Category 2	25M/50M Races, 4x25Relay and 4x50 Relay.
Category 3	50M/100M Races, 4x50 Relay and 4x100 Relays.
Category 4	100M/200M/400M Races and 4x100 Relays.

Event	Code
25M WALK	SN025W
50M WALK	SN050W
25M RACE	SN025M
50M RACE	SN050M
100M RACE	SN100M
200M RACE	SN200M
400M RACE	SN400M
4X25 Relay Race	SN4X25M
4x50 Relay Race	SN4X50M
4x100 Relay Race	SN4X100M
4x100 Unified Relay Race	SN4X100U

Send form to:
 Special Olympics CT
 2666 State St
 Hamden, CT 06517
 Fax 203-230-1202
kathryny@soct.org

USING SECURE EMAIL

For information pertaining to Snowshoe registration and competition please contact:

Katie York 203-230-1201 ext. 224
kathryny@soct.org

Snowshoeing Registration Form

RELAY TEAMS

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

Athletes are restricted to participation within one category as outlined on the information page.

List only relay teams on the this page with a team name and score for each team.

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

Snowshoeing Registration Form

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Special Olympics Connecticut

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 if applicable

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

Date: _____

Submitted By: _____

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.

Special Olympics Connecticut

2020 Winter Games
Athlete Escort Survey

Delegation Name: _____

Name: _____

*This person responsible for picking up the
Athlete Escorts*

Please list all of the Athlete Escorts your delegation wishes to request
for the 2020 Winter Games. Please plan accordingly!!

	Alpine	Snowshoe	Cross Country	F. Skating	S. Skating	Floor Hockey	Gymnastics
Fri							
Sat							
Sun							

Per SOI, Athlete Escorts by definition are Class "B" Volunteers. Class "B" Volunteers
by definition do not have to be 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 volunteer 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)