

2020 Winter Games Cross Country Skiing Registration

Due: February 6, 2020

Local Program: _____
 Local Coordinator attending event: _____
 Email: _____

Please count only those participants for **Cross Country Skiing**

Participant Counts

	Meal Count	Overnight
Athletes		
Partners		

Personnel Counts

	Meal Count	Overnight
Local Coordinator		
Coach		
Assistant Coach		
Chaperone		
Hometown Escorts		

Housing forms are emailed to the Local Coordinator

ALL PARTICIPANT CERTIFICATIONS MUST BE CURRENT AT THE TIME OF REGISTRATION

Event Information

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

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

Category	Cross Country Skiing Event Selection
Category 1	25M, 50M maximum of two events
Category 2	50M, 100M, 4X100 Unified Relay, Maximum of three events.
Category 3	100M, 250M, 500M, 4X100 and 4X500 Relays. Maximum of four events.
Category 4	500M, 1K, 4X500 and 4X1K Unified Relays. Maximum of four events.

Event Codes

Event	Code	
25M	CC025M	
50M	CC050M	
100M	CC100M	
250M	CC250MF	
500M	CC500MF	
1K	CC1KLMF	
4X1K Unified Relay	CC4X1K	Times must be submitted
4x100M Traditional Relay	CC4100M	Times must be submitted
4X100M Unified Relay	CC4X100MU	Times must be submitted
4X500M Unified Relay	CC4X500MU	Times must be submitted

Send registration forms to:
Special Olympics CT
2666 State St
Hamden, CT 06517
Fax 203-230-1202
kathryny@soct.org
using secured email

For information pertaining to Cross Country Skiing registration and competition please contact:

Katie York
kathryny@soct.org

203-230-1201 ex224

Cross Country Skiing 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 events on the this page with team name and score for each team.

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

Cross Country Skiing Registration Form

RELAY TEAMS

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

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						Team Score

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						

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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 *if applicable*

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

Date:

Submitted By: _____

Special Olympics Connecticut

2020 Winter Games
Athlete Escort Survey

Delegation: _____

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
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)