

2020 Winter Games Snowboarding Registration

Due: February 6, 2020

Local Program: _____

Local Coordinator attending event: _____

Email: _____

Please count only those participants and personnel for Snowboarding.

Participant Counts

	Meal Count	Overnight Count	Lift ticket Count
Athlete			
Partner			

Personnel Counts

	Meal Count	Overnight Count	Lift Ticket Count	
Local Coordinator				
Coach				
Assistant Coach				
Chaperone				
Hometown Escort				
				Total Lift Ticket Count for Powder Ridge

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.

1. Athletes are restricted to participation within one category as outlined below.
2. Athletes may register for a maximum of two events.
3. Athletes are registered in one level only. Levels are Developmental, Novice, Intermediate and Advanced.
4. Athletes registered in Categories 4 must be advanced skiers.

Category	Snowboarding Events Selection
Category 2	Super Glide (Developmental Level). This is a two day event.
Category 3	Slalom, Giant Slalom, for Novice, Intermediate and Advanced Snowboarders
Category 4	Unified Slalom, Unified Giant Slalom for Advanced Snowboarders.

Event	Code
Super Glide 1 & 2	SBSUGL
Advanced Giant Slalom	SBADGS
Intermediate Giant Slalom	SBINGS
Novice Giant Slalom	SBNOGS
Advanced Slalom	SBASSL
Intermediate Slalom	SBINSL
Novice Slalom	SBNOSL
Unified Giant Slalom	SBUGTS
Unified Slalom	SBUSLA

Send forms using secure email to:

Special Olympics CT
 2666 State St., Suite 1
 Hamden, CT 06517
susanm@soct.org

For information pertaining to Alpine and Snowboarding Competition, Training, and Registration contact:

Sara Pierson 203-230-1201 x 229
sarap@soct.org

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.

Special circumstances (such as behavioral issues, medical, etc.), may require that you bring Additional Personnel or Hometown Escorts 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 and if there will be a cost associated with the request.

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 last 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						

Roster Appeal/ Scratch Form

Roster changes and participant scratches will be accepted up to TWO WEEKS prior to the day of the event. Please refer to the Dates to Remember sheet for 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 <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 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)