

# COACHES' GUIDE



## *Special Olympics Iowa*

Special Olympics Iowa

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2018 – 2019 Coaches' Guide Updates highlighted in blue throughout the guide

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*Special Olympics*  
Iowa

# **SECTION 1**

# **INTRODUCTION**

# **TO**

# **SPECIAL OLYMPICS**

## **SPECIAL OLYMPICS ATHLETE OATH**

**“Let me win. But if I cannot win, let me be brave in the attempt.”**

## **MISSION STATEMENT**

The mission of Special Olympics is to provide year-round sports training and athletic competitions in a variety of Olympic-type sports for children and adults with intellectual disability, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendships with their families, other Special Olympics athletes and the community.

## **GOAL OF SPECIAL OLYMPICS**

The ultimate goal of Special Olympics is to help persons with intellectual disabilities participate as productive and respected members of society at large, by offering them a fair opportunity to develop and demonstrate their skills and talents through sports training and competition, and by increasing the public's awareness of their capabilities and needs. The Founding Principles support this goal by emphasizing that people with intellectual disabilities can enjoy, learn and benefit from participation in individual and team sports, underpinned by consistent training and by competition opportunities for all levels of ability. According to the Principles, Special Olympics must transcend all boundaries of race, gender, religion, national origin, geography, and political philosophy. They also state that every person with an intellectual disability should have the opportunity to participate and be challenged to achieve their full potential, with the focus at community level, to each the greatest number of athletes, strengthen their families and create an environment of equality, respect and acceptance.

## **SPREAD THE WORD TO END THE WORD**

“Spread the Word to End the Word” is a campaign created by youth, in an ongoing effort with Special Olympics and Best Buddies International, to engage schools, organizations and communities by raising the consciousness of society about the dehumanizing and hurtful effects of the word “retarded” and encouraging everyone to stop using the R-word.

The day is devoted to educating and raising awareness of the positive impact individuals with intellectual disabilities have in our communities and why the use of the R-word is hurtful, even in casual conversation. The day has become an annually recognized event (in March) to raise awareness and ultimately encourage acceptance and respect for people with intellectual disabilities in everyday lives.

To get involved or find out more information on Spread the Word to End the Word, visit <http://www.r-word.org/>.

## **SPECIAL OLYMPICS, INC.**

Special Olympics, Inc. has the right and the responsibility to ensure that all sports training and competition offered to persons with intellectual disability under the name or auspices of “Special Olympics” are organized, financed and conducted in accordance with uniform international standards, and in a manner that preserves the quality and reputation of Special Olympics and best serves the interests of persons with intellectual disability worldwide. To that end, SOI has the authority to interpret, issue and periodically amend or update the General Rules and the other Uniform Standards as well as other written policies on matters covering the entire scope of the Special Olympics Movement including, to the extent necessary in SOI's judgment, authority on all matters affecting the organization accreditation, financing and conduct of Accredited Programs and other Special Olympics programs rests with SOI as the creator, developer, and world governing body for Special Olympics.

## **ROLE OF ACCREDITED PROGRAMS**

SOI licenses and accredits qualified Accredited Programs throughout the world to operate Special Olympics training and competition programs within their respective geographic boundaries. To the extent permitted by the General Rules, Accredited Programs may, in turn, directly operate, or license and accredit other qualified organizations to operate local Sub-Programs within their respective geographical jurisdictions.

## **LANGUAGE GUIDELINES**

Words matter. Words can open doors to cultivate the understanding and respect that enable people with disabilities to lead fuller, more independent lives. Words can also create barriers or stereotypes that are not only demeaning to people with disabilities, but also rob them of their individuality. The following language guidelines have been developed by experts for use by anyone writing or speaking about people with intellectual disabilities to ensure that all people are portrayed with individuality and dignity.

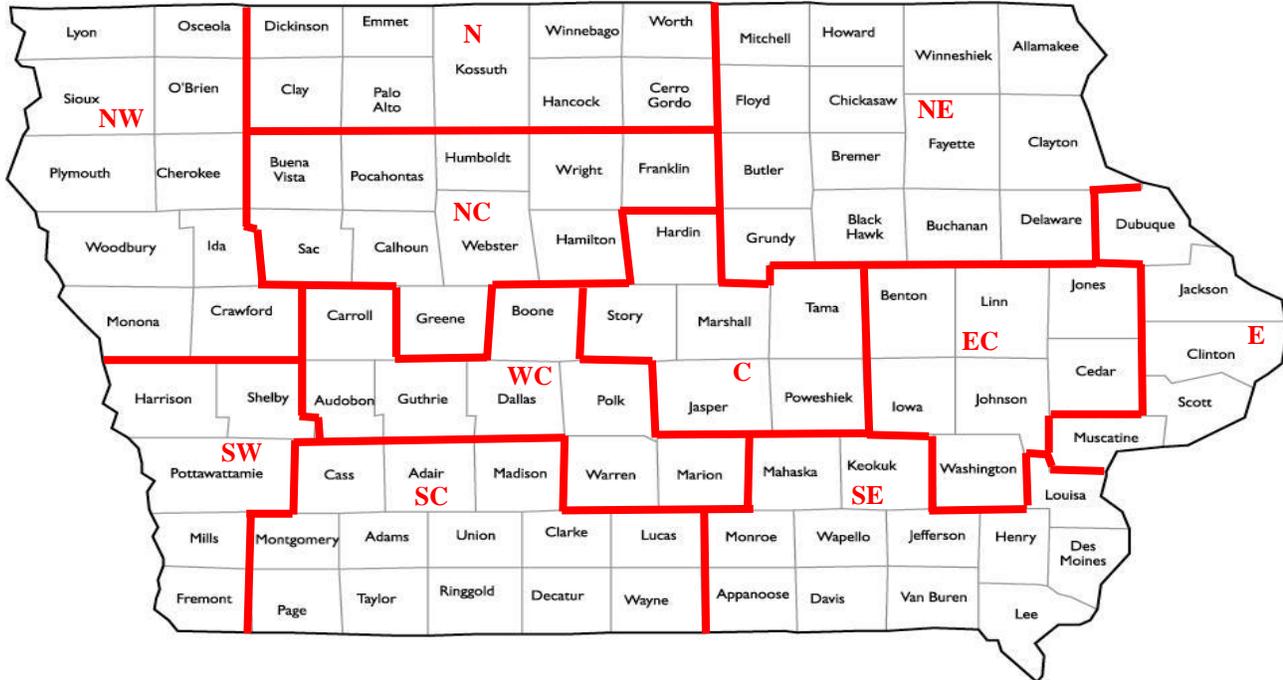
### **Appropriate Terminology**

- Refer to participants in Special Olympics as Special Olympics athletes rather than Special Olympians or Special Olympic athletes
- Refer to individuals, persons or people with intellectual disabilities, rather than intellectually disabled people or the intellectually disabled
- A person has intellectual disabilities, rather than is suffering from, is afflicted with or is a victim of mental retardation/intellectual disabilities
- Distinguish between adults and children with intellectual disabilities. Use adults or children, or older or younger athletes
- A person uses a wheelchair, rather than is confined or restricted to a wheelchair
- "Down syndrome" has replaced "Down's Syndrome" and mongoloid
- Refer to participants in Special Olympics as athletes. In no case should the word athletes appear in quotation marks
- When writing, refer to persons with a disability in the same style as persons without a disability: full name on first reference and last name on subsequent references
- Do not refer to an individual with intellectual disabilities as "Bill" rather use the journalistically correct "Bill Smith" or "Smith"
- A person has a physical disability rather than crippled
- Use the words "Special Olympics" when referring to the worldwide Special Olympics movement

### **Terminology to Avoid**

- Do not use the label "kids" when referring to Special Olympics athletes. Adult athletes are an integral part of the movement
- Do not use the word "the" in front of Special Olympics unless describing a specific Special Olympics event or official
- Do not use the adjective "unfortunate" when talking about persons with an intellectual disability. Disabling conditions do not have to be life-defining in a negative way
- Do not sensationalize the accomplishments of persons with disabilities. While these accomplishments should be recognized and applauded, people in the disability rights movement have tried to make the public aware of the negative impact of referring to the achievements of people with physical or intellectual disabilities with excessive hyperbole
- Use the word "special" with extreme care when talking about persons with intellectual disabilities. The term, if used excessively in references to Special Olympics athletes and activities, can become a cliché

## SPECIAL OLYMPICS IOWA AREA MAP



Adams	SC	Davis	SE	Jefferson	SE	Pocahontas	NC
Adair	SC	Decatur	SC	Johnson	EC	Polk	WC
Allamakee	NE	Delaware	NE	Jones	EC	Pottawattamie	SW
Appanoose	SE	Des Moines	SE	Keokuk	SE	Poweshiek	C
Audubon	WC	Dickinson	N	Kossuth	N	Ringgold	SC
Benton	EC	Dubuque	E	Lee	SE	Sac	NC
Black Hawk	NE	Emmett	N	Linn	EC	Scott	E
Boone	WC	Fayette	NE	Louisa	SE	Shelby	SW
Bremer	NE	Floyd	NE	Lucas	SC	Sioux	NW
Buchanan	NE	Franklin	NC	Lyon	NW	Story	C
Buena Vista	NC	Fremont	SW	Madison	SC	Tama	C
Butler	NE	Greene	NC	Mahaska	SE	Taylor	SC
Calhoun	NC	Grundy	NE	Marion	WC	Union	SC
Carroll	WC	Guthrie	WC	Marshall	C	Van Buren	SE
Cass	SC	Hamilton	NC	Mills	SW	Wapello	SE
Cedar	EC	Hancock	N	Mitchell	NE	Warren	WC
Cerro Gordo	N	Harrison	SW	Monroe	SE	Washington	EC
Cherokee	NW	Hardin	C	Monona	NW	Wayne	SC
Chickasaw	NE	Henry	SE	Montgomery	SC	Webster	NC
Clarke	SC	Howard	NE	Muscatine	E	Winnebago	N
Clay	N	Humboldt	NC	O'Brien	NW	Winneshiek	NE
Clayton	NE	Ida	NW	Osceola	NW	Woodbury	NW
Clinton	E	Iowa	EC	Page	SC	Worth	N
Crawford	NW	Jackson	E	Palo Alto	N	Wright	N
Dallas	WC	Jasper	C	Plymouth	NW		

### Director of Regional Field Services – each region includes the following areas:

- **North Region – Central, North, North Central, Northeast**
- **Southeast Region – East, East Central, Southeast**
- **West Region – Northwest, South Central, Southwest, West Central**



*Special Olympics*  
Iowa

# **SECTION 2**

# **ATHLETE**

# **INFORMATION**

## **ATHLETE ELIGIBILITY FOR SPECIAL OLYMPICS**

Under the “Eligibility” section of the Official Special Olympics Sport Rules, it states that people are eligible for Special Olympics provided they meet the following criteria:

- People age eight and above who are considered to have intellectual disability\* as determined by their localities
- People with closely related developmental disabilities\*\* such as those who have functional limitations, both in general learning and in adaptive skills, such as recreation, work, independent living, self-direction, or self-care

Note: People with functional limitations based solely on a physical, behavioral, emotional, specific learning disability, or sensory disability are not eligible.

\*Any person eight (8) years of age or older who is identified as having intellectual disability by an agency or a professional in any given local area is considered eligible for Special Olympics. Other terms that may be used synonymously with intellectual disability include: cognitive disabilities, mental handicaps, or mentally challenged.

\*\*When the term “intellectual disability” or other similar description is not used to identify the person in a local area, eligibility should be determined by whether or not the person has functional limitations in both general learning and adaptive skills. “Developmental disability” is the term most often used to describe persons with both limitations. Other terms that may be used synonymously with developmental disabilities are developmental handicap, developmentally delayed, or severe disabilities.

General learning limitations refer to substantial deficits in conceptual, practical and social intelligence that will result in performance problems in academic learning and/or general life functions. Learning limitations may be assessed by standardized tests or through criterion-referenced measures (such as teacher/parent observations or actual performance samples).

Adaptive skills limitations refers to on-going performance deficits in skill areas considered essential to successful life functioning. These adaptive skills areas include: communication, self-care, home-living, social skills, community use, self-direction, health and safety, functional academics, recreation/leisure, and work. Adaptive skills limitations may be measured by standardized tests (such as adaptive behavior scales or checklists) or through criterion-referenced measures (such as teacher/parent observations or actual performance samples).

If a person is identified as having a developmental disability with functional limitations in both general learning and adaptive skills, it must still be determined by an agency or professional whether or not the functional limitations are solely due to intellectual disability or a closely related developmental disability. If the functional limitations are solely due to physical disabilities, emotional disturbance, behavior disorders, specific learning disabilities, visual impairments, or sensory disabilities, this person is not eligible for Special Olympics.

## **REGISTRATION OF ATHLETES**

An individual with an intellectual disability who meets the eligibility requirements may register as a SOIA athlete by submitting a Special Olympic Iowa Release & Medical Form. Click [here](#) or go to **Section 9 – GENERAL FORMS**. **All athletes must have a completed release & medical form submitted to the State Office prior to training and competition.**

## **PARTICIPATION OF ATHLETES WITH CRIMINAL RECORDS OR A HISTORY OF VIOLENT OR ABUSIVE BEHAVIOR**

### **Principles**

Special Olympics Iowa is an athlete-centered movement that welcomes athletes of all abilities with intellectual disabilities to participate in sports training and competition. Special Olympics Iowa is inclusive for all persons with intellectual disability over the age of eight.

The health and safety of all Special Olympics Iowa participants is of paramount importance to Special Olympics Iowa. Participants should feel that every Special Olympics Iowa event is a safe and positive experience and should not be fearful of other athletes, coaches and volunteers.

Because of our inclusive philosophy, the issue of how to treat athletes who have been convicted of violent crimes or who engage in violent, abusive or disruptive behavior or sexual abuse is particularly sensitive.

Special Olympics Iowa must balance the principle of inclusiveness and of providing a safe environment for all athletes, volunteers and staff members.

It is incompatible with Special Olympics Iowa principles to exclude athletes from participation based solely on a criminal conviction or a sexual abuse incident. Special Olympics Iowa accepts individuals with intellectual disabilities as they are: Special Olympics Iowa needs to understand their intellectual disability, should applaud and nurture their abilities, and must evaluate each athlete with a criminal record or a behavioral problem individually. Hard and fast rules would unfairly deny many potential Special Olympics athletes an opportunity to compete, to be accepted, and to feel joy.

### **Policy**

Special Olympics Iowa has established a policy on dealing with athletes with violent criminal records or with a history of violent, abusive or disruptive behavior or sexual abuse. Special Olympics Iowa will take into account several factors when determining the severity of an incident and what, if any, action needs to be taken. The criteria established by Special Olympics Iowa must be applied on a case-by-case basis. The criteria should include the following:

1. **Type of offense/incident.** Violent behavior that damages property, while not to be ignored, should not be accorded the level of seriousness as behavior that injures or is intended to injure a person, such as a physical assault or sexual assault.
2. **Recency of the offense/incident occurred.** A recent offense/incident is of greater concern than one that took place many years ago (assuming no further incidents) – Special Olympics Iowa should recognize that an individual can change and merit re-evaluation.
3. **Number of offenses.** Has the athlete committed multiple offenses/incidences of a similar nature, or are there a few isolated incidences?
4. **Athlete Capacity.** Is the athlete higher or lower functioning? Making this determination, if possible, can help Special Olympics Iowa to determine if the athlete understood his/her conduct at the time of the offense/incident – Special Olympics Iowa has a higher obligation to make reasonable accommodations for lower functioning athletes.
5. **Medication.** Was medication a cause of the behavior, either through its omission or its effect on the athlete? Adjustment in medications or protocols could reduce the risk or potential for adverse behaviors.

## Options

Establishing a policy that addresses athletes with violent criminal records or with a history of violent, abusive or disruptive behavior or sexual abuse, Special Olympics Iowa has developed multiple options that it can use according to the results of the above evaluation. The following list demonstrates several possibilities, in no particular order. Depending on the facts, Special Olympics Iowa may immediately move to suspend an athlete or take other action that Special Olympics Iowa deems necessary to protect all of its athletes, volunteers and staff.

1. **Special Olympics Iowa will allow the athlete to participate on a probationary basis.** This gives Special Olympics Iowa, the athlete, coach, facility, and the family/guardian a chance to review conduct on a systematic basis and to make any changes that the program deems necessary. The athlete, coach, facility, and the family/guardian should be informed from the outset that participation is conditional upon continued satisfactory behavior, what the probationary period is, and the system review.
2. **Special Olympics Iowa will ensure there is a one-on-one volunteer chaperone with the athlete.** In the case of a nonviolent athlete, Special Olympics Iowa may require that there is a one-on-one volunteer to chaperone an athlete with a history of sexual abuse. The athlete is required to have a volunteer provided by their delegation.
3. **Special Olympics Iowa requires the athlete to attend counseling or anger management courses.** Athletes exhibiting certain types of behavior may respond well to counseling services including anger management, stress reduction or psychotherapy. Special Olympics Iowa cannot provide these services; however, Special Olympics Iowa can require that athletes attend such meeting or session as a condition of participation. This option may be combined with other options and should be monitored to ensure compliance/progress.
4. **Special Olympics Iowa has the right to prohibit athletes with histories of sexual abuse or violent behavior from overnight trips.** This option is less desirable than assigning a one-on-one volunteer to an athlete who has previously engaged in inappropriate sexual behavior or violent behavior, but would be appropriate when the risk to others cannot be sufficiently eliminated by a chaperone.
5. **Sex Offender Registry.** Any Special Olympics athlete whose name appears on the Sex Offender Registry will be barred from competition in Special Olympics Iowa.
6. **Special Olympics Iowa can restrict the sports in which an athlete may compete.** Some sports, such as flag football and basketball, involve physical contact and emotion that can agitate an athlete to the point that he/she has a violent reaction. One option is to steer the athlete into sports such as athletics or swimming with a lower likelihood of physical contact.
7. **Special Olympics Iowa may suspend the athlete temporarily.** A temporary suspension for a defined period of time may be the best solution depending on the seriousness of the behavior, in which case Special Olympics Iowa should make clear to the athlete, coach, facility, and family/guardian what steps must be taken for reinstatement, including when the review will take place, by whom, and what factors will be considered.
8. **Special Olympics Iowa may expel the athlete from or deny participation in Special Olympics.** This is the last, and, least desirable option inasmuch as it is the harshest for the athlete and is the most likely to lead to litigation. Thus, expulsion or denial of participation must be subject to due process safeguards, including a hearing and right to appeal, in order to protect the athlete and Special Olympics Iowa.

## **Liability**

Special Olympics Iowa is concerned about potential liability if it permits a person, known to have a criminal record or history of violent, abusive or disruptive behavior or sexual abuse, to participate as an athlete. Conversely, Special Olympics Iowa may be concerned about liability if it denies such a person the opportunity to participate. If Special Olympics Iowa undertakes the above analysis, applying the guidelines and documenting the steps consistently for all athletes, Special Olympics Iowa will reduce its potential liability for whatever action Special Olympics Iowa takes.

If Special Olympics Iowa thoroughly reviews the situation, determines that the athlete can participate and implements one of the options outlined above, then Special Olympics Iowa can demonstrate that it has taken appropriate and reasonable precautions to protect the health, safety and rights of all who participate in Special Olympics.

Conversely, Special Olympics Iowa is not obligated by law to permit a potential athlete with a criminal record or a history of violent, abusive or disruptive behavior or sexual abuse to participate. If Special Olympics Iowa conducts the type of review suggested above and concludes that the athlete should not participate, Special Olympics Iowa will be acting prudently within its rights as a Special Olympics Program. While an athlete or his/her coach, facility or family/guardian may be unhappy with the decision, or may threaten legal action, Special Olympics Iowa should have a strong defense for its decision.

## **Administration of the Policy**

A committee will be appointed by the state office of Special Olympics Iowa to review and direct these policies.

## **SEX OFFENDER REGISTRY**

All Special Olympics Iowa Release & Medical Forms will trigger a sex offender check on the name of the submitting individual to make certain they do not appear on this list.

Any Special Olympics Athlete whose name appears on the Sex Offender Registry is barred from participation or attendance at any SOIA sponsored event. If your delegation has athletes who fall under such criteria, you must prohibit them from participation in any practices and/or Special Olympics sanctioned events or opportunities.

If the Athlete was listed on the Sex Offender Public Registry but has since been removed, contact the Special Olympics Iowa office for instructions before submitting the Special Olympics Iowa Release & Medical form.

## **SPECIAL OLYMPICS IOWA RELEASE & MEDICAL FORMS – (See Section 9 - GENERAL FORMS)**

### **INSTRUCTIONS FOR COMPLETING THE SPECIAL OLYMPICS IOWA RELEASE & MEDICAL FORMS**

- The Special Olympics Iowa Release & Medical Forms must be filled in completely
- Forms with blank sections will not be accepted
- Detailed instructions and guidance regarding these forms can be found [here](#)

The Physical Exam and the Athlete Information Form are valid three (3) years from the examination date. The Participant Release Form only needs to be completed one time unless an athletes name legally changes.

**Any physical other than the Special Olympics Iowa Release & Medical forms will not be accepted.** If an athlete is transferring from another Special Olympics state program, we may accept their physical upon review.

#### **ATHLETE INFORMATION FORM**

One page that needs to be submitted every three years with the physical exam. This form gathers basic information and demographics on the athlete. These sections must be filled in completely.

#### **PARTICIPANT RELEASE FORM**

One page that only needs to be filled out once for an athlete. This is a legal document that must be submitted one time unless an athletes name legally changes.

Verbal consents for signatures will not be accepted due to liability reasons.

#### **ATHLETE MEDICAL FORM – HEALTH HISTORY**

Two page document that must be completed by the athlete and/or parent/guardian/caregiver and submitted with the Physical Exam.

#### **ATHLETE MEDICAL FORM – PHYSICAL EXAM**

Indicates if the athlete has been cleared to participate in sports. Must be completed by a licensed health professional who can administer physical examinations by the state in which he/she practices. This person, by signing the Physical Exam, is stating that the athlete is in good health and can safely participate in Special Olympics sports training and competition

#### **ADDITIONAL FORMS**

Additional forms may be required for the athlete depending on boxes checked on the Participant Release Form and/or the Physical Exam. These forms can be requested at [physicals@soiowa.org](mailto:physicals@soiowa.org).

#### **AFTER COMPLETING THE RELEASE & MEDICAL FORMS**

Scan a copy of all completed Release & Medical Forms and email to [physicals@soiowa.org](mailto:physicals@soiowa.org).

**To help eliminate confusion and errors please only send one (1) athlete Release & Medical Form per email.** An automatic reply will be sent once we have received the email, this does not mean that the physical has been processed. Please allow up to two weeks for all forms to be processed. If there are any questions and/or errors regarding the forms submitted, additional follow-up will occur.

If you are unable to scan and email, make a copy of the Special Olympics Iowa Release & Medical Form and send it to Special Olympics Iowa, PO Box 620, Grimes, Iowa, 50111. If the copy is not legible, we may ask for the original copy. Once the form is received, the State Office will then begin to process it. The Release & Medical Form will not be validated until all information is correct and completed on the approved forms.

SOIA requires that all Special Olympics Iowa Release & Medical Forms be presented prior to or at the time of the [registration for the event](#). All forms for the event in question must be valid throughout the completion of that competition.

## **ATLANTOAXIAL INSTABILITY**

Atlantoaxial instability can be defined as an abnormal increase of mobility of the two upper cervical vertebrae (C-1 and C-2) located at the top of the neck (Cooke, 1974). The stability of the atlantoaxial joint is determined by the integrity of the cranovertebrae ligaments and other factors (Aung, 1973). A displacement of the C-1 vertebrae in relation to the C-2 vertebrae results in atlantoaxial dislocation (Shriver, 1983). According to Aung (1973), this dislocation, which only rarely affects individuals with Down syndrome, "...occurs spontaneously or can be induced by minor injury." (p.197) The results of this dislocation is generally an excessive anterior movement of the upper spine and has quite serious implications (Giblin & Micheli, 1979).

SOI has an outstanding safety record and was the first organization serving disabled populations to react to the concerns of the medical community. As best as can be determined, no individual with Down syndrome participation in the Special Olympics program has been injured due to atlantoaxial instability (Cooke, 1984; Shriver, 1983). In March, 1983, Special Olympics outlined the following procedures in response to the situation.

There is evidence from medical research that up to 10% of individuals with Down syndrome suffer from a mal-alignment of the cervical vertebrae C-1 and C-2 in the neck. This condition exposes Down syndrome individuals to the possibility of injury if they participate in activities that hyper-extend or radically flex the neck or upper spine.

Restrictions of individuals with Down syndrome to participate in certain activities apply:

- National and U.S. Programs may allow all individuals with Down syndrome to continue in most Special Olympics sports training and competition activities. However, such individuals shall be temporarily restricted from participating in sports training and competition activities which, by nature, result in hyper-extension, radical flexion, or direct pressure on the neck or upper spine, unless the requirements below are satisfied. Such sports training and competition activities include: butterfly stroke and diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer), alpine skiing, and any warm-up exercise placing undue stress on the head and neck;
- Restriction from participation in the above-listed activities continue until an individual with Down syndrome has been examined (including x-ray views of full extension and flexion of the neck) by a physician who has been briefed on the nature of the atlantoaxial instability condition, and the results of such an examination demonstrate that the individual does not have the atlantoaxial instability condition; OR
- For any individual diagnosed as having the atlantoaxial instability condition, the examining physician shall notify the athlete's parents or guardians of the nature and extent of the individual's condition, and such athlete shall be allowed to participate in the activities listed above only if the athlete submits written certifications from two physicians, on forms prescribed by SOI, combined with an acknowledgement of risks signed by the adult athlete or his or her parents or guardian if the athlete is a minor.

## **ATHLETE CODE OF CONDUCT FORM – (See Section 9 – GENERAL FORMS)**

## **ATHLETE CODE OF CONDUCT INCIDENT REPORT FORM – (See Section 9 – GENERAL FORMS)**

### **ATHLETE CODE OF CONDUCT - DISCIPLINARY STEPS FOR VIOLATION**

The following progressive disciplinary steps may be taken with the delegation at whichever step is deemed appropriate under the circumstances by a sanctioned representative. **The representative must notify the Area Director and State Office of any action that is taken.**

**Step 1** Verbal warning to the athlete and to the parent/guardian or caseworker with a written copy of the Incident Form to the Area Director and State Office.

**Step 2** A written Incident Report must be completed giving warning to the athlete with a copy to the Area Director, State Office, and parent/guardian or caseworker.

**Step 3** A personal meeting to review the unacceptable behavior of the athlete and to agree on a plan for behavior improvement shall be conducted by the local coach with the athlete, the athlete's parent(s) / guardian(s) and / or the athlete's case worker. If the athlete is over 18 and his / her own guardian, then the athlete may choose to have another adult present for the meeting. If necessary, the Area Director and / or SOIA staff may attend the meeting.

The meeting shall be documented in writing. Meeting notes will be distributed to the athlete, the athlete's parent(s) / guardian(s) and / or caseworker, Area Director and the State Office.

**Step 4** Suspension from practices or competition for a specific time period (such as during the specific sport season).

The Area Director and State Office must be contacted before an athlete is suspended. The action will be documented in writing and presented to the athlete, parent/guardian or caseworker, Area Director and a copy sent to the State Office.

Any further action must be approved by the Area Director and State Office.

Further action could be, but is not limited to:

- Suspension for a longer period
- Permanent expulsion

### **ATHLETE APPEAL PROCESS**

The athlete has the right to appeal any disciplinary action to the State Office. The athlete or the athlete's representative must submit a written notice of appeal to the President/CEO of SOIA. This notice must include a request for a meeting within 30 days of being notified of the disciplinary action.

The appeal will be heard by a designated advisory committee. A decision must be rendered in writing within 21 days following the meeting and may reverse, amend or affirm the disciplinary action. The decision shall be submitted to the athlete and to their local delegation and should include, if applicable, a plan of action for the athlete to correct the unacceptable behavior that led to the disciplinary action.

## **HONEST EFFORT / 20% RULE**

According to the Official Special Olympics Sports Rules, athletes are to participate honestly and with maximum effort in all preliminary trials and/or finals. The Honest Effort Rule may be followed unless occasional circumstances warrant exceptions as determined by the Area Director at area competitions / Sport Venue Director at state competitions.

Coaches are responsible for assuming that the reported assessments and preliminary or qualifying scores for their athletes accurately reflect the ability of their athletes. Coaches should submit their athletes best available performance time/measurement whether it is from a preliminary event or practice.

## **ATHLETE SPECIAL PRIVILEGE FORM** – (See Section 9 – GENERAL FORMS)

The Delegation Manager or Head Coach may request a sport rule exception for an athlete. The Athlete Special Privilege Form is to be submitted to the Area Director for area swimming, athletics, basketball skills and bowling events. The form is to be submitted to the State Office for all state competitions. The Area Director or State Staff will let you know if the exception is approved. If your request is not allowed, you will have the option of entering that athlete in a different event, i.e. shorter running event, swimming freestyle in place of breast stroke, developmental event, etc.

- Special Privilege Form is to be submitted along with your entry/registration form for specific sport you are requesting





# **SECTION 3**

# **VOLUNTEER**

# **INFORMATION**

## **VOLUNTEER SCREENING AND REQUIREMENTS**

SOIA appreciates the thousands of volunteers who share their time and talents with Special Olympics athletes throughout the year. SOIA is committed to protecting the athletes, volunteers and staff involved with the program. SOIA has a mandatory Volunteer Registration and Screening Policy for all Class A volunteers. Failure to complete the requirements may result in rejection of the application or termination of any involvement with the program.

### **CLASS A VOLUNTEERS**

- Volunteers who have regular, close physical contact with athletes
- Volunteers in a position of authority or supervision with athletes
- Volunteers in a position of trust of athletes
- Volunteers who handle substantial amounts of cash or other assets of SOIA

Examples: Coaches, Chaperones, Athlete Leadership Program mentors, family members who drive/chaperone non-related athletes, Unified Sports Partners, LETR members, athletes that are coaching and steering committee members.

### **To become a Class A Volunteer**

- Complete a [Class A Volunteer Application](#). This allows SOIA to run a criminal and sex offender background check using a national vendor
  1. Driver's License – **ONLY** need front side
- Complete the Protective Behavior Training and quiz [online](#) or request a printed copy from the State Office. At the end of the online quiz, you will be asked to submit your contact information. Both you and SOIA will receive a confirmation email. Do not delete this email in case you need to provide proof of completion. If you requested a printed copy of the quiz, return it to the State Office by mail or email to [classa@soiowa.org](mailto:classa@soiowa.org)
  1. Note – A Minor (17 years and under) does not have to take the quiz it is optional
- Submit a color photo, passport quality. The easiest way to submit a photo is to email to [classa@soiowa.org](mailto:classa@soiowa.org). Please make sure it is not blurry or black and white and is appropriate for all to see. Your driver's license photo is not allowed to be used as your colored photo. If you would prefer, you may mail a photo to the SOIA State Office. Your photo will be returned with your credential
- Read the Coach/Chaperone/Unified Sport Partner Code of Conduct (found in **Section 9 – GENERAL FORMS**) and check the box on the Class A Volunteer Application form

\*The first three requirements listed above must be completed and submitted before a background check may be processed. To ensure that a credential is issued by a certain date, please complete the requirements at least 30 days in advance. Incomplete applications will be held at the State Office for only three (3) months. After that, the application will be shredded and a new application will need to be submitted.

Class A credential expiration date begins when the background check is complete, not when it is submitted.

Class A Volunteer Application is required to be renewed every 3 years.

Credentials will be mailed to the Delegation Manager to distribute to volunteers, unless stated otherwise.

## **CLASS A PROCESS & SECURITY**

SOIA understands that in this age of identity theft that providing personal information for our criminal and sex offender background checks may cause some concern. Below is information on how your personal information is handled by SOIA.

Who may view the Class A Volunteer Application information?

- The Program Administrative Assistant and CEO

Where is personal information stored?

- All Class A Volunteer Applications are stored in a locked filing cabinet
- Applications are kept for **five years** and then shredded
- Name, address, and birth date are stored on the SOIA GMS database system. SOIA tracks birthdates to help verify volunteers in the system.
- Social Security numbers are not stored on any electronic files

Minors:

- Age 17 and under
- Minors are **not** run through a National vendor. SOIA runs minors against the Iowa Sex Offender registry as a precaution
- A minor does not need to provide SOIA with their social security number.
- SOIA does need birth date and all other information
- Protective Behavior Training quiz is optional but encouraged

**CLASS A VOLUNTEER APPLICATION** – (See Section 9 – GENERAL FORMS)

**PROTECTIVE BEHAVIOR TRAINING SLIDES AND QUIZ** – (See Section 9 – GENERAL FORMS)

**COACH/CHAPERONE/UNIFIED SPORT PARTNER CODE OF CONDUCT** – (See Section 9 – GENERAL FORMS)

**COACH/CHAPERONE/UNIFIED SPORT PARTNER CODE OF CONDUCT INCIDENT REPORT FORM** – (See Section 9 – GENERAL FORMS)

**DISCIPLINARY STEPS FOR VIOLATING COACH/CHAPERONE/UNIFIED SPORT PARTNER CODE OF CONDUCT**

The following progressive disciplinary steps may be taken with the delegation at whichever step is deemed appropriate under the circumstances by the Area Director and staff of Special Olympics Iowa.

**Step 1** Verbal warning to the coach/chaperone/Unified Sport Partner with a written copy of the Incident Form to the Area Director and State Office.

**Step 2** A written Incident Report must be completed giving warning to the coach/chaperone/Unified Sport Partner with a copy to the Area Director and State Office.

**Step 3** The State Office and Area Director will conduct a personal meeting with the coach / chaperone/Unified Sport Partner to review unacceptable behavior and to agree on a plan for improvement.

The meeting will be documented in writing and copies distributed to the coach/chaperone/Unified Sport Partner, Area Director and State Office.

**Step 4** Suspension from coaching/chaperoning/Unified Sport Partner for a specific time period.

The State Office and Area Director will discuss the circumstances and must approve/disapprove the action. The action will be documented in writing and presented to the coach/chaperone/Unified Sport Partner and a copy will be sent to the local delegation.

Any further action must be approved by the Area Director and State Office. Further action could be, but is not limited to:

- Suspension for a longer period
- Permanent expulsion

**APPEAL PROCESS**

The coach/chaperone/Unified Sport Partner has the right to appeal any disciplinary action to the State Office. The coach/chaperone/Unified Sport Partner must submit a written notice of appeal to the President/CEO of SOIA. This notice must include a request for a meeting within 30 days of being notified of the disciplinary action.

The appeal will be heard by a designated advisory committee. A decision must be rendered in writing within 21 days following the meeting and may reverse, amend or affirm the disciplinary action. The decision shall be submitted to the coach/chaperone/Unified Sport Partner and to their local delegation and should include, if applicable, a plan of action for the coach/chaperone/Unified Sport Partner to correct the unacceptable behavior that led to the disciplinary action.



*Special Olympics*  
Iowa

# **SECTION 4**

# **COACH**

# **INFORMATION**

## **COACH EDUCATION PROGRAM**

Special Olympics Incorporated (SOI) mandates that all Special Olympics Coaches must be certified in any sport for which they are a head coach. The SOIA Coach Education Program will help coaches fulfill the needed requirements.

The goal of the SOIA Coach Education Program is to give all athletes the benefit of quality coaching. Results of the program are an improvement in competitions, better awareness of rules and better training.

Athletes are asked to practice at least eight weeks or ten hours prior to a competition. During this time, athletes will learn and understand the specific sport rules, develop the skills needed for the sport and become physically and mentally prepared for practice and competition.

Sport specific Coaches' trainings are offered on the SOIA website at [SOIA Sports Online Training](#). Sports not listed will be offered at the state competition and / or by request. For more information regarding [Special Olympics sports, rules, and coaching guidebooks](#), please visit the Special Olympics, Inc. website at [www.specialolympics.org](http://www.specialolympics.org).

Additional online training opportunities are also available on the [SOIA Sports Online Training](#) page. These are provided through the American Sport Education Program (ASEP) and the National Federation of State High Schools (NFSHS). Trainings are sport-specific but are **not** Special Olympics-specific. Some fees are associated with online courses. You may apply to have up to half the cost of your on-line coaches trainings paid for by a SOIA scholarship. Visit the [Participation Forms](#) page to download the scholarship application or **See Section 9 - GENERAL FORMS**.

Please contact the State Office at 515-986-5520 or go to the SOIA website with any questions or comments regarding SOIA coaches training.

Requirements are listed below for Class A Volunteers who serve in the following capacities:

### **ASSISTANT COACH OR CHAPERONE**

The following must be completed *before* contact is made with SOIA athletes:

- [Class A Volunteer Application](#)
- [Protective Behaviors Training and Quiz](#)
- [General Orientation Quiz](#)
- [Heads-Up Concussion in Youth Sports](#)

*An Assistant Coach is not a "certified" or "head" coach and is unable to file a protest.*

The following requirements are for certification in each sport a coach trains athletes:

## **HEAD COACH**

A Head Coach is SOI Certified and is able to file a protest. Coaches have three (3) years to become a Head Coach in each sport in which they train athletes.

- Complete all the Assistant Coach requirements listed previously
- Complete [SOIA Sports Online Training](#) in each sport offered by your delegation
- Complete the coach development course training sessions of “The Principles of Coaching” and “Coaching Special Olympics Athletes” in person or online

## **ADVANCED COACH**

An Advanced Coach has obtained certification in their sport from a recognized state or national governing body.

- SOIA may ask Advanced Level coaches to be clinicians at in-person training
- Duties may include assisting new SOIA coaches and delegations and informing local schools and agencies about Special Olympics

## **COACH RECERTIFICATION**

Coach certification needs to be renewed every three (3) years and can be accomplished by completing any of the following:

- Complete [SOIA Sports Online Training](#)
- Complete an online American Sport Education Program (ASEP) course or National Federation of State High Schools (NFSHS) course. (Some contain fees)
- Complete a continuing education course associated with working with persons with intellectual disabilities. Courses included those on Autism, learning and behavior disorders, Down syndrome
- First Aid
- CPR
- Concussion training
- Other courses that would be beneficial to a SOIA coach

## **ESTABLISHING A SPECIAL OLYMPICS IOWA DELEGATION**

When establishing a Special Olympics Iowa delegation, the following steps should be taken:

1. Contact the State Office at (515) 986-5520 to get in touch with your Regional Field Director who can assist in this process.
2. Complete and/or submit the following paperwork to your Regional Field Director as soon as possible (the majority of forms can be found on the [Participation Forms page](#) of the SOIA website or in **Section 9 – GENERAL FORMS**):
  - a. [Delegation Manager Form](#) – Form can also be found in **Section 9 – GENERAL FORMS**.
  - b. [Coaching Requirements](#) – The Delegation Manager and all coaches/chaperones are required to fulfill the coaching responsibilities. All documents and further information can be found in **Section 9 – GENERAL FORMS**.
    - i. [Class A Volunteer Application](#) – Found in **Section 9 – GENERAL FORMS**
    - ii. Coach / Chaperone Code of Conduct – Form found in **Section 9 – GENERAL FORMS**
    - iii. [Protective Behaviors Training and Quiz](#) – More information in **Section 3 – VOLUNTEER INFORMATION** or slides and quiz may be found in **Section 9 – GENERAL FORM**
    - iv. [General Orientation and Quiz](#) – Found on the SOIA website and **Section 9 – GENERAL FORMS**
  - c. **Centralized Accounting** – For tax reporting purposes, all money raised in the name of Special Olympics Iowa must be filtered through the SOIA State Office. Please contact the State Office to establish an account.
  - d. **Special Olympics Sports Certification** – Required within three years of coaching in each sport – upcoming trainings can be found in the newsletter or you can find online courses [on our website](#)
3. Complete athlete paperwork and training requirements:
  - a. [Athlete Special Olympic Iowa Release & Medical Form](#) – Form can also be found in **Section 9 – GENERAL FORMS**. All SOIA athletes are **required** to complete and submit this form to the State Office prior to training and competing. The form must be renewed every three (3) years. Keep copies of your athletes' form and have available at all practices and events in case of an emergency.
  - b. [Athlete Code of Conduct](#) – The form can be found in **Section 9 – GENERAL FORMS**. All athletes should sign for accountability purposes. Keep this form for your own records.
  - c. **Training** – Athletes must begin training at least eight weeks or ten hours prior to any competition.
  - d. **Unified Sports Partners** – Unified Sports Partners are individuals without intellectual disabilities who practice and compete alongside Special Olympics athletes in team sports. Unified Sports Partners are **required** to receive Class A status prior to contact with Special Olympics athletes. The [Class A Application](#) can be found in **Section 9 – GENERAL FORMS**. You can find more information about the Unified Sports program in **Section 6 – SPECIAL PROGRAMS**.

4. To register for events and competitions:

- a. [Schedule of Events](#) – You can find a current schedule of all events on our website [schedule of events](#).
- b. [Area Competitions](#)– Qualifying competitions are held at the Area level. You may find these on the SOIA website under - [Competition/Participation Forms](#) . Area entry forms are due to the Area Director prior to deadlines.
- c. [State Competitions](#) – Competition registration materials provide additional details regarding State Competitions, entry forms, and deadlines. You can find these on the SOIA website under [Competitions / Participation Forms](#). All entry forms are due to the State Office prior to deadlines.
- d. [Special Programs](#) – Special Programs include Athlete Leadership Programs (ALP's), Challenge Days, Healthy Athletes, Unified Champion Schools, Unified Sports and Young Athlete's Play Day. **See Section 6 – SPECIAL PROGRAMS** for additional information.
- e. [Fundraising Events](#) – SOIA conducts many fundraising events throughout the year in order to provide opportunities for our athletes.

5. Maintain regular communication with the State Office:

- a. [Newsletter](#) – You will be added to this email list after submitting your Delegation Manager Form. Please review information to stay current.
- b. [Annual Coaches Meetings](#) – Coaches meetings are held annually in the fall within each Area. Meeting dates will be posted on the [schedule of events](#) and in the newsletter. *Please attend for important updates, event dates, and deadlines.*

**DELEGATION MANAGER FORM – (See Section 9 – GENERAL FORMS)**

Each delegation of SOIA will designate a Delegation Manager. The primary role of the Delegation Manager is to serve as a liaison between the delegation, Area Director and State Office. Responsibilities of the Delegation Manager include providing ongoing communication with the Area Director, State Office, delegation volunteers including coaches, athletes and athlete families and/or staff, submitting registration forms including entry forms to the Area Director and State Office and distributing Class A credentials to delegation members.

- This form only needs to be filled out once or whenever there are any changes
- Submit additions or changes to [classa@soiowa.org](mailto:classa@soiowa.org)

**COMPETITION AND TRAINING ADVISORY COMMITTEE**

This committee consists of key volunteers who are located throughout the state and serve as a valuable and necessary link between the SOIA volunteers and the SOIA staff. This committee will advise staff in the areas of training, competition, and overall customer service concerns. A list of current committee members can be found on the “Competition and Training Advisory Committee” page of the SOIA [website](#) under “About Us”.

## **CONCUSSION AWARENESS AND SAFETY RECOGNITION**

The Special Olympics U.S. Risk Management & Insurance Task Force (RMITF) with input from the Medical Advisory Committee (MAC) has created the following concussion awareness and safety recognition policy that was implemented by all U.S. Programs effective January 1, 2015. The attached policy represents minimum requirements all U.S. Programs must follow. In addition, Iowa law requires that additional safety measures be enacted in order to properly manage the health, safety and welfare of all participants in the state of Iowa. Those measures are described in the following documentation.

The two key governing bodies regarding athlete safety MAC and the RMITF have discussed the need for a concussion management policy to ensure the health and safety of all Special Olympics participants on both national and state levels. Additionally, insurance requirements and state law have driven many sports organizations to implement concussion management policies.

If you have any additional questions concerning this policy please feel free to contact Jina Doyle ([jdoyle@amerspec.com](mailto:jdoyle@amerspec.com)) or Jocelyn Starzak ([jstarzak@specialolympics.org](mailto:jstarzak@specialolympics.org)) to discuss the situation further. The primary focus of this policy is the well-being of Special Olympics participants, and all decisions should be made in the best interest of the participants. **“When in doubt, sit them out!”**

As noted, please feel free to contact either of the two individuals listed above and/or the State Office if you have questions that are specific to the actual policy.

### **OBJECTIVE**

It is Special Olympics’ intent to take steps to help ensure the health and safety of all Special Olympics participants. All Special Olympics participants should remember that safety comes first and should take reasonable steps to help minimize the risks for concussion or other serious brain injuries.

### **DEFINING A CONCUSSION**

A concussion is defined by the Centers for Disease Control as a type of traumatic brain injury caused by a bump, blow, or jolt to the head as well as serial, cumulative hits to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth—causing the brain to bounce around or twist within the skull. Although concussions are usually not life-threatening, their effects can be serious and therefore proper attention must be paid to individuals suspected of sustaining a concussion. Subsequently, the State of Iowa defines this as the terms approved in Senate File 367, Iowa Code 280.13, affected in the Eighty-fourth General Assembly.

### **SUSPECTED OR CONFIRMED CONCUSSION**

Effective January 1, 2015, a participant who is suspected of sustaining a concussion in a practice, game or competition shall be removed from practice, play or competition at that time. Removal from activity may be due to the observance of/from/by a coach, a contest official, or a qualified medical professional. If a qualified medical professional is available on-site to render an evaluation, that person shall have final authority as to the removal or return to play of the participant. If applicable, the participant’s parent or guardian should be made aware that the participant is suspected of sustaining a concussion.

## **RETURN TO PLAY**

A participant who has been removed from practice, play or competition due to a suspected concussion may not participate in Special Olympics sports activities until either of the following occurs (1) at least seven (7) consecutive days have passed since the participant was removed from play and a currently licensed, qualified medical professional provides written clearance for the participant to return to practice, play and competition or (2) a currently licensed, qualified medical professional determines that the participant did not suffer a concussion and provides written clearance for the participant to return to practice play immediately. Written clearance in either of the scenarios above shall become a **permanent record**. (See attached, approved return to participation protocol following a concussion guidelines for licensed health care providers).

## **REQUIRED TRAINING AND TIMELINE**

All coaches are required to complete concussion awareness training, which is available at [www.cdc.gov/concussion](http://www.cdc.gov/concussion) and submit the certificate of completion to their state Program. Any concussion awareness training other than the CDC's Heads Up training must be approved by SOI. For coaches registering for the first time on or after January 1, 2015, confirmation of such training must be provided to the U.S. Program prior to the individual beginning volunteer duties. For Coaches registered prior to December 31, 2014, confirmation of such training must be provided to the U.S. Program no later than December 31, 2015.

U.S. Programs must implement a system for tracking completion of the concussion awareness training by coaches. Verification of completion of training must be emailed to the attention of the State Office no later than 45 days prior to the three year anniversary date of training in order to maintain certification status.

## **FREQUENCY OF TRAINING**

Concussion awareness training must be completed by all Coaches at least once every three years.

## **COMMUNICATION WITH PARENTS AND GUARDIANS**

U.S. Programs are required to communicate in writing to all participants and/or parents/guardians, the concussion awareness and safety recognition program, as outlined in the "Suspected or Confirmed Concussion" and "Return to Play" sections of this policy.

The Centers for Disease Control website [www.cdc.gov/concussion](http://www.cdc.gov/concussion) provides additional resources relative to concussions that may be of interest to participants and their families.

## **FIRST AID / EMERGENCY MEDICAL PLAN**

### **ACCIDENT / INCIDENT FORM – (See Section 9 – General Forms)**

## **DEVELOPING YOUR EMERGENCY MEDICAL PLAN**

Planning and preparation are the keys to appropriate handling of athletic injuries. Regardless of the seriousness of an injury, failure to properly prepare for every foreseeable occurrence is inexcusable. In the case of a severe injury, careful preparation and an effective emergency plan can have a major effect on the outcome. **All incidents should be reported to SOIA within 24 hours using the Special Olympics Accident / Incident Report Form found in Section 9 – GENERAL FORMS.**

## **FIRST AID KIT**

The initial focus of your preparation is equipment and supplies required for treating injuries. Never begin a practice or event without a properly stocked first aid kit that is immediately accessible. All first aid kits should be updated/checked/re-stocked prior to any practice, event or travel situation.

### **Minimum components are:**

- Plastic adhesive strips (various sizes) and adhesive tape
- Gauze pads (sterile and non-sterile) and rolled gauze
- Triangle bandages and elastic wraps
- Squirt-top container of sterile water and cotton swabs
- Antibacterial cream, petroleum jelly and sun block cream
- Scissors and sharp knife
- Phone numbers for emergency services
- Emergency information card for each athlete
- Medical gloves

### **Other essential items to have at the activity are:**

- Adequate supply of ice in a well-insulated container
- Water reserved for emergency care
- Towels, blankets and splints

## **ACCESS TO EMERGENCY MEDICAL SERVICES (EMS)**

The term “Access EMS” is used frequently in medical circles. This simply means that the highest level of pre-hospital care available in your area should be summoned as quickly as possible.

There are several principles that will aid in the rapid responses of EMS;

- Know whom to call before the need arises. The type of service available varies in different locales. It is important that you have knowledge of the services in your area. To locate this service, contact the hospital(s) in your area (or in the area where the event or practice is held) and ask what emergency services are available. If you wait until service is needed, valuable time will be wasted
- Record the phone numbers of local EMS services and have them available at all times. An index card will be useful when sending the assigned person to make the call for emergency help, and should be kept in the first aid kit. In addition, including this number in one’s cell phone contact list is strongly advised. This is even more important when 911 is not available
- Know the location of the nearest operational phone at all times during practice and games. Cell phones should be carried at all times in case of emergency. Establish a procedure for obtaining this information when traveling to an “away” event or practice site
- Know where you are by street name at all practices and games. This is especially true when you are in unfamiliar territory. It is much better to give too many directions than too few
- Know the easiest entrance to the field or building. Be sure that the access gate(s) or door(s) is unlocked, or that you have all necessary keys
- Assign a person to meet and direct the emergency units to the scene. That person must remain at designated “entrance” until all EMS units have arrived
- Ensure that you are prepared and available to give a complete report to arriving EMS personnel. Have the athletes’ medical information in hand and remain with the athlete until questions are answered

- Ensure that you have all athletes' insurance coverage information available. This will save valuable time and avoid possible delays in treatment due to concern about payment of medical expense
- Keep parents, spectators and others calm and well informed. It is often better to keep families away from the injured athlete, but not at risk of a confrontation. Keep them fully advised at what is happening and allow them to accompany the athlete if ambulance transport is required (assuming the ambulance company/EMT's will allow it)
- Remain calm and cooperative. Stress that everyone involved in the care of an injured athlete must work together

## **DOCUMENTED PLAN**

It is essential that your plan for handling medical emergencies be set forth in writing and distributed to all staff members. Anyone who may be called upon to assist in an emergency situation must receive, and be completely familiar with the plan.

Include specific indications of policies and procedures to be followed. Key concerns are:

- Notification of parents
- Notification of administration
- Selection of transport method
- Designation of hospital
- Accompanying athlete to treatment
- Supervision of remaining athletes
- Preparation of injury report

If an athlete is injured during practice or a competition, delegations are to work with medical personnel to determine when the athlete can return to training and activities.

## **COACHES' RESPONSIBILITIES AT COMPETITIONS, GAMES & TOURNAMENTS**

- Coaches are responsible for athletes throughout SOIA competitions and events, including travel to and from the events and any overnight stays. It is up to the coach to ensure that the athletes' physical and emotional needs are met during this time
  - Ensure that athletes are properly warmed-up prior to competition and cool down after
  - Take precautions to avoid sunburn and heat exhaustion by using sunscreen, drinking plenty of water and taking advantage of shaded areas whenever possible. Verify that athletes are not allergic to sunscreen prior to application
  - Be sure needed first aid is administered promptly. Bring a first aid kit if possible
  - Be sure athletes get adequate rest. Security has the authority to remove individuals from the dormitories, hotels or venue sites if behavior cannot be controlled
  - Be sure athletes eat properly; avoid overeating or missing meals  
NOTE: If an athlete requires a special diet, it is the responsibility of each coach to provide for the athlete's needs
  - Be aware that the excitement of the games may encourage inappropriate behaviors. Close supervision while in the dormitories and at all activities is required
- The coach should be aware of athlete's possessions
- The coach is expected to be totally familiar with the medical conditions, precautions, and medication requirements of the athlete. It is the coaches' responsibility to insure that medication is administered properly and appropriately. Knowledge of the medication regimen (what, how much, and when) is essential

- The coach is expected to carry a copy of the valid Special Olympic Iowa Release & Medical Form for each athlete at all times
- The coach must be totally familiar with all schedules; sports, special events, and meals. It is the coaches' responsibility to ensure the athlete is on time for all sports competition and also has the opportunity to participate in special activities
- The coach is expected to be familiar with Special Olympics sports rules. Questions or concerns about sports events should be addressed to the program Vice President
- Protest Procedure – Only a Certified Coach may file a protest to the appropriate venue official within 30 minutes of the event
- ALCOHOLIC BEVERAGES AND SMOKING ARE **NOT** ALLOWED AT SPECIAL OLYMPICS EVENTS

Please do not hesitate to ask questions prior to or during the competition. The more you know, the less confusion will be experienced.



# **SECTION 5**

# **FUNDRAISING,**

# **POLICIES**

# **&**

# **PROCEDURES**

## **DELEGATION FUNDING, FUNDRAISING AND GRANTS**

There is no membership fee charged for participating in SOIA. However, there is a need for financing the year-round program in Iowa. Funds are needed to pay for the state expenses that include awards, postal and telephone service, board and room for coaches and athletes, insurance, printing, facilities, salaries, etc. Donations from individuals, organizations, businesses, foundations and grants support SOIA. Contributions must be sent to the State Office.

You must obtain approval from SOIA if you intend to raise funds for any SOIA delegation or use the Special Olympics name. You must submit all revenue and request payments from the Centralized Accounting System at the State Office. The funds raised are yours to spend. However, SOIA must follow the accounting rules of the IRS.

If you have any questions or need any assistance with fundraising please contact the **Vice President of LETR, Individual Giving Officer and/or Regional Field Director**. This includes applying for a grant to fund a program, activity, or general expenses. The development team can assist with corporation giving, foundation giving as well individual fundraising. If you plan to apply for a grant, it must be approved by the State Office before it can be submitted. *(Please allow for a minimum of one week for the State Office to review and approve.)*

### **SCHOLARSHIP FUNDING GUIDELINES**

The purpose of the SOIA scholarship is to provide delegations and Area programs with assistance in providing, enhancing, or beginning a program of sports training and competition, Athlete Leadership Training (ALP's), Healthy Athletes programs, or FIT training for eligible athletes and Unified Sports partners. The scholarship should be viewed as a last option to cover expenses when other fundraising avenues have been exhausted and there are not enough funds available to cover expenses, for unexpected expenses or for unanticipated opportunities to grow or expand programs. More information and the application can be found on the [Participation Forms page](#) of our website or in **Section 9 – GENERAL FORMS**.

As a general rule SOIA will not fund more than 50% of the total budget of any delegation for which scholarship funding is requested. While the expense may be included in the overall program budget submitted with your scholarship request, funds will not be approved to pay for meals, coach stipends or salaries.

**Applications must be submitted to Rhonda Schwarzkopf, Director of Sports and Advanced Competitions at [rschwarzkopf@soiowa.org](mailto:rschwarzkopf@soiowa.org) three (3) months prior to purchase.**

Delegations may apply for scholarship funding more than once. However, the number and total dollar amount of requests made will be taken into consideration when reviewing applications.

### **SCHOLARSHIP APPLICATION FORM – (See Section 9 – GENERAL FORMS)**

**Special Olympics Iowa - Area Accounts**

Expense Reimbursement Request  
 Petty Cash Reimbursement Request

**H000, Delegation Name**

(Name of Person in charge of Centralized Account)

Date: \_\_\_\_\_

Approval: \_\_\_\_\_  
 (Signature)

Phone Number: \_\_\_\_\_

Acct. #:	<u>Vendor</u>	<u>Amount:</u>	Acct. #	<u>Vendor</u>	<u>Amount:</u>
5120	Development Expenses	\$	6120	Program Expenses	\$
5130	Auto Insurance & Lease	\$	6130	Auto Insurance & Lease	\$
5140	Awards	\$	6140	Awards	\$
5110	Conferences & Meetings	\$	6160	Conferences & Meetings	\$
5160	Developmental Events	\$	6170	Dues & Subscriptions	\$
5170	Dues & Subscriptions	\$	6180	Equipment - Lease/Purchase	\$
5180	Equipment/Lease Service	\$	6300	Equipment Repair	\$
5190	Equipment Repair	\$	6310	Facility Rent	\$
5200	Fundraising	\$	6190	Food Expense	\$
5210	Gas & Mileage	\$	6200	Gas & Mileage	\$
5220	Gen. Development Supplies	\$	6210	General Program Supplies	\$
5240	Hotels/Meals/Incidentals	\$	6230	Hotels / Meals / Incidentals	\$
5250	Permits / Licenses	\$	6240	Liability Insurance	\$
5260	Postage & Shipping	\$	6250	Permits / Licenses	\$
5270	Printing	\$	6260	Postage & Shipping	\$
5280	Public Relations	\$	6110	Printing	\$
5290	Telephone	\$	6270	Program Expenses	\$
	Souvenir Expense	\$	6320	Public Relations	\$
			6315	Registration Fees	\$
			6280	Scholarships	\$
			6290	Telephone	\$
			6305	Training & Outreach	\$
			6400	Transportation	\$
				Uniforming	\$
			<b>1100</b>	<b>TOTAL EXPENDITURE</b>	\$

**PLEASE MAKE CHECK PAYABLE TO:**

Please attach invoices or statements to this sheet. You may charge items on one invoice to more than one account number.  
 \* Please use Revenue Worksheet for In-Kind Donations\*

Updated: 11/21/2015

**Special Olympics Iowa**  
Area Accounts

**K000, Delegation Name**  
(Name of Person in charge of Centralized Account)

Revenue Worksheet

Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

3110	Contributions-Civic Clubs / Groups	\$ _____
3120	Contributions-Corporate	\$ _____
3130	Contributions-Foundations	\$ _____
3140	Contributions-Individual	\$ _____
3250	Fundraiser Revenue	\$ _____
3260	Concession Revenue	\$ _____
3270	Souvenir Revenue	\$ _____
3440	Restricted Donations-Temporary	\$ _____
3460	Interest Income	\$ _____
3480	Grants	\$ _____
3470	Miscellaneous Revenue	\$ _____
3490	State Office Compensation	\$ _____
3500	Registration Fees	\$ _____
3510	Uniforming	\$ _____
_____	Other (explain) _____	\$ _____
_____	Other (explain) _____	\$ _____
<b>1100</b>	<b>TOTAL DEPOSIT</b>	<b>\$ _____</b>

3400 In-Kind Donations	approximate value \$ _____
Description of donation: _____	
_____	
_____	
*attach additional pages for donor listing if necessary*	

\*A copy of this worksheet MUST accompany all deposits to ensure proper credit to your account.  
Updated: 11/21/2015

## **CENTRALIZED ACCOUNTING OPERATIONAL GUIDELINES**

Delegations that raise money in the name of Special Olympics are to contact the State Office to establish a Centralized Account. Each delegation is given an account number. SOIA will send the delegations Revenue Worksheets and Expense Reimbursement Forms. A monthly statement reflecting the accounts current balance will be sent to the delegations.

## **CENTRALIZED ACCOUNT INACTIVITY DUE TO DELEGATION TERMINATION OR LACK OF ATHLETE PARTICIPATION**

If any Centralized Account has had no activity for a 12-month period, it will be classified as “inactive.” Any “inactive” Centralized Account Delegation Manager will be notified and any remaining funds may be transferred to the Area Director account. The Area Director and Regional Field Director will be responsible for the review of “inactive” accounts and subsequent communication to/with current account holders.

## **SPECIAL OLYMPICS ACCIDENT INSURANCE COVERAGE**

**All incidents should be reported within 24 hours of the incident to SOIA, using the Special Olympics Accident / Incident Report Form found in *Section 9 – GENERAL FORMS*.**

For Special Olympics Corporate Insurance Program inquiries please contact the State Office.

## **CERTIFICATE OF INSURANCE**

Please submit all facility use contract and agreements and Certificate of Insurance requests to Rhonda Schwarzkopf at [rschwarzkopf@soiowa.org](mailto:rschwarzkopf@soiowa.org). Contract and agreements with any insurance verbiage must be approved by American Specialty before they can be signed by the State Office. Please contact Rhonda with any questions.

Contract and agreements and certificate requests should be submitted one week prior to the start date of the event.

## **DELEGATION AREA REALIGNMENT**

The following criteria will be taken into consideration by the State Office before approval of any delegation moving to another area.

- Opportunities for athletes
- Divisioning to ensure fair competition
- Adding athletes to venues that are already full
- Equipment
- Fundraising
- Management teams
- Obtaining facilities
- Paperwork
- Training
- Volunteers

## **LOGO GUIDELINES FOR SPECIAL OLYMPICS**

Every person involved in the Special Olympics movement may play a part in aligning and strengthening the brand around the world. Guidelines as well as a comprehensive suite of tools, messaging materials and templates are available for download on the [Resources site for Special Olympics](#).

The brand guidelines present a fresh approach to recognizing the sub-program (county/area/provincial/club level) of the movement that helps elevate the profile of the local delegation/team/club.

*Collateral* (letterhead, stationary, brochures, newsletters): Use the SOIA logo and place your sub-program name elsewhere in the document with text.

*Uniforms/T-Shirts*: See the “T-shirts” section of the [Special Olympics Brand Identity Guidelines](#) for examples of how to implement sub-program recognition.

### **When to use team/club level designs and when to use the SOIA logo?**

The team/cub level designs are to be used only at that specific level of the organization. The SOIA logo is to be used in all other applications. This is the only official logo of SOIA and its sub-programs.

### **How should sub-Programs be presented in text/copy form?**

For sub-program self-reference or identification, the SOIA name should come first, followed by the sub-program name, with a hyphen or comma between the two. *Examples*: “Special Olympics Iowa – Muscatine” or “Special Olympics Iowa, Muscatine.”

If you have any questions about the logo guidelines, T-shirt designs or other issues related to branding, please contact the State Office Marketing and Communications Manager.

## **UNIFORMS & BANNERS**

In order to avoid commercial exploitation of persons with intellectual disability, no uniforms, bibs or other signs bearing competition numbers, that are worn by Special Olympics athletes during any competition or during any opening or closing ceremonies of any games may be emblazoned with commercial names or commercial messages. The only commercial markings that may be displayed on athletes uniforms during Games competitions and opening and closing ceremonies are the normal commercial markings of the manufacturer.

Volunteers may wear clothing that bears small and attractively designed names or logos identifying corporate or organizational sponsors while attending Games competitions, so long as those displays do not exceed an area of six square inches or its metric equivalent.

## **POLAR PLUNGE REVENUE SHARING GUIDELINES**

As identified in the SOIA strategic plan, program growth (number of athletes and opportunities for local competitions) is dependent on local fundraising supported by the State Office. SOIA will continue offering profit sharing with the areas. Profit sharing allows for delegations to receive no more than 100% of what they raise with a maximum of 18% of the net proceeds.

### **Example:**

- XYZ Plunge raises a total of \$20,000 then \$3,600 (18%) of \$20,000 would be available for distribution
  - If two delegations participate:
    - Delegation A raises \$1,500 and Delegation B raises \$2,000 each delegation will only be eligible for 100% of the amount they raised
  - If five delegations participate:
    - Delegation A, B, C, D, and E raise \$1,000 each, a total of \$3,600 (18% of \$20,000) would be available for disbursement based on the delegation's application form

### **Requirements:**

- Area / Delegation must participate in the Plunge
- Area / Delegation must have Special Olympics athletes in attendance at the Plunge. Athletes serve as greeters, speakers and / or plungers. If an athlete would like to receive a Polar Plunge T-Shirt, they must register and raise registration fee
- A minimum of \$750 must be raised for any team to be considered for, or participate in, the program
- The maximum amount that any individual team may earn is 100% of funds raised on a per team basis
- 18% of the net proceeds go back to area from any given plunge with the maximum number of total dollars available after revenue minus expenses
- The University of Iowa and Iowa State University Greek Plunges are not eligible for the Revenue Sharing program
- The Revenue Sharing application must be submitted to Jeanette Steinfeldt no later than 30 days following the Plunge (**Section 9 – GENERAL FORMS**); a committee at the State Office will review all applications and funds should be deposited into the area / delegation centralized account within 120 days of the date of the plunge

### **Sponsorship Opportunities:**

- If an area / delegation secure sponsorships of \$1,000 or above, 50% of the funds go directly into the area / delegation centralized account and 50% goes to the State Office. If the sponsorship is renewed in subsequent years, the 50/50 allocation will remain in effect. **\*These funds do not count toward the area / delegation funds raised as related to Revenue Sharing**
- Prior solicitation approval must be obtained from SOIA office; please contact Jeanette Steinfeldt at [jsteinfeldt@soiowa.org](mailto:jsteinfeldt@soiowa.org) with any questions or to gain approvals

## **15-PASSENGER VAN TRANSPORTATION NOTICE**

Special Olympics delegations are prohibited from using 15-passenger vans to transport athletes or other individuals to or from Special Olympics events, and Special Olympics strongly discourages other organizations from using 15-passenger vans to transport people to or from Special Olympics Events.

Special Olympics recognizes that it is up to each non-Special Olympics organization to determine whether to use 15-passenger vans. By using 15-passenger vans, a non-Special Olympics organization understands that:

- Anyone operating a 15-passenger van owned by a non-Special Olympics organization for the purpose of transporting Special Olympics athletes or other persons to or from Special Olympics activities is acting as the employee or volunteer of the organization and not on behalf of Special Olympics
- The driver's operation of the 15-passenger van will be considered to be in the course and scope of the driver's employment for or volunteer responsibilities for the non-Special Olympics organization, and not for or on behalf of Special Olympics
- Non-Special Olympics organizations which operate 15-passenger vans should comply with the applicable safety standards promulgated by the National Highway Traffic Safety Administration (NHTSA)



# **SECTION 6**

# **SPECIAL**

# **PROGRAMS**

## **ATHLETE LEADERSHIP PROGRAMS (ALP'S)**

SOIA offers athletes a program that goes beyond competition and training. It is called Athlete Leadership Programs (ALP's). There is a special Athlete Leadership Code of Conduct form that the athlete and Global Messenger coach will need to fill out to participate. Please note that this athlete code of conduct form is different than the one athlete's sign to participate for competition. **(See Section 9 – General Forms)** or go to [Athlete Leadership Programs](#) on the SOIA website. SOIA offers three phases of this program:

1. The **Global Messenger Workshop** – a two day workshop in which athletes learn how to write speeches as well as learn techniques on delivering a speech. Each athlete has a speech coach and together they work to put the athletes' thoughts and experiences about Special Olympics on paper. Athletes in this program gain confidence, grow in self-esteem and gain valuable everyday skills beneficial to life outside of Special Olympics.
2. The **Athlete Leadership Workshop** – a two day workshop that helps teach leadership skills so athletes may become leaders in the Special Olympics movement. Through instruction, athletes practice forming and articulating opinions, group discussion and techniques for gathering input. Equally important is the enhancement of awareness and listening skills of volunteers, staff and family members as they interact with athletes as peers during this training.
3. **Athlete Input Council** – a forum for athletes to report to other athletes and program leaders what is happening in their areas, voice their opinions about important issues and gain leadership training and experience. Each Area will have representatives that sit on the Council for a two (2) year term.

## **KATHY IRVING CHALLENGE DAYS**

[Challenge Days](#) is a one day event that has been designed specifically for the severe and profound population as well as our aging population who are unable to compete in a rigorous program using objective and universal sports rules. Due to the need to offer more activities to these individuals, it has been a goal of SOIA to expand on our motor skills programs. Challenge Day introduces team sports adapted for this specific population. It gives these individuals the opportunity to experience success and joy – just as their peers.

Registration forms for athletes and volunteer forms are available on the website.

## **SPECIAL OLYMPICS HEALTHY ATHLETES® PROGRAM**

The mission of [Special Olympics Healthy Athletes®](#), developed in 1996, is to improve athletes' ability to train and compete in Special Olympics. Healthy Athletes® is designed to help Special Olympics athletes improve their health and fitness, leading to enhanced sports experience and improved well-being.

During a Healthy Athletes® event, Special Olympics athletes receive a variety of health screenings and services in a series of clinics conducted in a welcoming, fun environment. Health care professionals and students are trained to provide the screenings in an effort to educate the professional community about the health needs and abilities of persons with intellectual and developmental disabilities.

## **The Healthy Athletes® Initiatives are:**

### **FIT FEET**

Many Special Olympics athletes suffer from foot and ankle pain or deformities that impair their performance. Athletes are not always fitted with the proper shoes and socks for their particular sport. Volunteer health care professionals will be screening athletes' feet and ankles for deformities as well as checking for infections, nail care and proper shoes and socks.

### **FUN FITNESS**

FUN Fitness is the comprehensive physical therapy component of the Special Olympics Healthy Athletes initiative. FUN Fitness is designed to assess and improve flexibility, functional strength and balance; to educate participants, families and coaches about the importance of flexibility, strength and balance; and to provide hands-on opportunity for participants to learn about physical therapy. Each athlete is given specific guidelines to help them strengthen muscles that might be weak and need strengthening to better compete.

### **HEALTHY HEARING**

The purpose of Healthy Hearing is to screen the hearing of athletes and notify athletes and their coaches if follow-up care is needed.

### **HEALTH PROMOTION**

Venues empower and motivate athletes to make healthy lifestyles choices that will improve their long-term health by using interactive educational games and literature. Athletes are offered guides for healthy eating, lifestyle choices, fun ways to increase physical fitness as well as information on topics such as tobacco avoidance, sun safety and skin care. Each athlete may have a Got Milk? picture taken.

### **MEDFEST**

MedFest is a Special Olympics Healthy Athletes® screening program that facilitates the required standard sports physical examination for current and prospective Special Olympics athletes. The Special Olympics General Rules requires that all athletes who want to participate in Special Olympics must be examined by a physician or trained medical professional who completes the "medical certification" section of the Athlete Registration Form. The physical examinations at Med-Fest are conducted by volunteer medical professionals and are free to current and prospective athletes.

### **OPENING EYES**

Objectives of Opening Eyes includes providing screenings to Special Olympics athletes and educating athletes, parents and coaches about the important of regular eye care. Athletes needing glasses will receive free eyeglasses and those who do not need glasses receive free sunglasses.

### **SPECIAL SMILES**

The mission of Special Smiles is to increase access to dental care for Special Olympics athletes, as well as all people with intellectual disabilities. Dental screenings are used as a means to increase awareness of the state of the athletes' oral health for the athletes themselves, as well as their parents and/or caregivers. The athletes are provided with hygiene education to help ensure they are doing an adequate job of brushing and flossing, as well as nutritional education to understand how their diet affects their total health. The athletes are also provided with a list of dentists/clinics in their area who will treat patients with special needs.

## **UNIFIED CHAMPION SCHOOLS**

Special Olympics [Unified Champion Schools®](#) (UCS) model is a school-based initiative that has been developed to allow opportunities of social inclusion for all students, both with and without intellectual disabilities. The main goal of the UCS model is to create inclusive school communities. The students are the driving force in this program – physically, academically and socially.

The diverse activities of the UCS model can be grouped into three major components: **Inclusive Sports®, Youth Leadership, and Schoolwide Awareness**. More information may be found on the [Unified Champion Schools®](#) page of our website.

- **SPECIAL OLYMPICS COLLEGES**

- Special Olympics Colleges function as official clubs on campus and connect college students and individuals with intellectual disabilities (Special Olympics athletes) through sport to build friendships and build campuses of respect and inclusion. The participating Special Olympics athletes are students on campus with intellectual disabilities and athletes from local community based programs.
- Much like a Unified Champion School, a College Club works to achieve three main components: Unified Sports®, Youth Leadership and Schoolwide Awareness.

## **UNIFIED SPORTS®**

This Special Olympics program represents the first organized effort in history to combine individuals with intellectual disabilities and those without as participants on the same sports team. Unified Sports® is an important program because it expands sports opportunities for athletes seeking new challenges and dramatically increases integration in the community. Unified Sports® develops sports skills through quality training and competition, the program fosters group participation and spirit, cooperation, socialization, and a sense of belonging.

Unified Sports® is a unique and important program because it:

- Integrates athletes with and without intellectual disability in a setting where all athletes are challenged to improve their skill
- Provides a valuable sport opportunity to individuals with intellectual disability who are not presently involved with Special Olympics, especially those in communities where there are not enough Special Olympics athletes to conduct team sports
- Increased public awareness of the spirit and skills of individuals with intellectual disability
- Enables the families of Special Olympics athletes to participate as team members or coaches on Unified Sports® teams
- Enables athletes to develop friendships and an understanding of each other's capabilities through a spirit of equality and team unity

## **UNIFIED SPORTS DAY**

[Unified Sports Days](#) are designed to increase awareness and opportunities for Unified recreation participation. Events are held at high schools, colleges, and universities across the state throughout the year. Athletes participate alongside Unified Sports Partners in a number of recreational activities throughout the event. The events are designed to increase socialization and provide a fun day of recreation participation and are not considered a competition. Delegations can register athletes to attend these one-day events, at no cost to the athlete. For an opportunity near you, check our [schedule of events](#). More information can be found on our website at <http://www.soiowa.org/special-programs/unified-sports/>.

## **UNIFIED SPORTS® TEAMS**

[Unified Sports](#) teams may compete in Special Olympics Iowa team sporting events. When registering for Unified Sports Teams, please ensure that Unified Team is selected on the entry forms. Teams will be placed in divisions with other Unified teams. Your team roster must consist of equal numbers of Special Olympics athletes and Unified Sports Partners. All Special Olympics athletes must have a current [Special Olympic Iowa Release & Medical Form](#) on file at the SOIA State Office. All Unified Sports Partners must have a current [Class A Application](#) on file at the SOIA State Office. Teams should practice for eight to ten weeks prior to their first competition.

SOIA currently offers competitive Unified Sports Teams in athletics relays, swimming relays, basketball team, bocce, bowling, cheerleading, cycling, figure skating, flag football, golf, ice skating relay, roller skating relay, snowshoeing relay, soccer team, softball team, tennis and volleyball. More information can be found on the [Unified Sports](#) page of our website.

## **YOUNG ATHLETE PLAY DAY**

The [Young Athlete Play Day](#) program is designed for children with intellectual disabilities who are two (2) – seven (7) years old. The Play Activity Day is a wonderful introduction to Special Olympics. Children participate in **11 different activities**, representing sports offered by Special Olympics. Children do not compete during the program. Rather, they play and enjoy the games and activities. The program helps increase the young children's strength and coordination for sports while introducing the children to group play and the cooperation and awareness of rules that it requires. At the completion of the event, each child receives an award and is recognized for his/her achievements. The entire program takes about 2 ½ hours. Activities include:

- Ball Darts
- **Bocce Skills**
- Dance/Ribbon Routine
- Basketball Shooting
- Soccer Kick
- Batting
- Standing Long Jump
- Tennis Ball Throw
- Ramp Bowling
- 25 Foot Dash
- Obstacle Course

**Each athlete is required to submit a [Participate Release form](#) to participate.** (A Spanish Young Athlete Play Day Release Form is available on SOIA website.) **(See Section 9 – General Forms)**





*Special Olympics*  
Iowa

# **SECTION 7**

# **COMPETITIONS,**

# **GAMES**

# **&**

# **TOURNAMENTS**

## **DELEGATION MANAGER RESPONSIBILITIES AT COMPETITIONS, GAMES & TOURNAMENTS**

- Serve as a liaison between the delegation, Area Director and State Office
- Provide ongoing communication with the Area Director, State Office, delegation volunteers including coaches, chaperones, athletes and athlete families and/or staff
- Complete and submit all forms in full (Special Olympic Iowa Release & Medical Form, Delegation Manager Form, registration materials, etc.)
- Ensure proper supervision of all athletes at all events (1:3 ratio / one Class A volunteer for every three athletes)
- Ensure all competition materials are distributed throughout the delegation as needed (coaches, chaperones, volunteers and family members)
- Inform the Area Director or State Office of any scratches
- Submit Class A Volunteer applications 30 days prior to an event to the State Office and distribute credentials to volunteers when received
- Keep accurate records of Special Olympic Iowa Release & Medical Form and **bring to events**
- Ensure SOIA guidelines regarding fundraising and use of Centralized Accounting system

## **GENERAL PRACTICE AND RULES**

- **No late entries will be accepted! SOIA will not accept late entries or incomplete forms**
  - **At competition events, no additions or corrections can be made. Only scratches will be accepted. Please review your delegation report as soon as possible and contact the Area Director or State Office with corrections or updates**
- Athletes must have a current Special Olympic Iowa Release & Medical Form on file with the State Office
  - Athletes are not registered with SOIA until their release & medical form is on file with the State Office
  - **Athletes cannot practice or compete without a valid release & medical form**
- Athletes are to practice at least eight weeks or 10 hours prior to a competition. Athletes are to know and understand the specific sport rules, develop the skills needed for the sport(s) they participate in and be physically and mentally prepared for competition
- **Athletes may participate in one sport per day**
  - **Athletes may participate in one or two events within a sport (if applicable) and a relay within the sport when offered**
- All required registration materials must be submitted to the appropriate Area Director or State Office prior to the deadline date. Entry/registration materials include the specific competition form, Class A Coach/Volunteer roster, any other miscellaneous forms required by the Area Director, Registration Summary Form, Housing Assignment Form if applicable and any other miscellaneous forms required by the State Office
- Check with your Regional Director or State Office with any questions regarding upcoming local, area, conference, or state competitions
- Special Olympics sports training and competition may be conducted only by or under the auspices and direct supervision of SOI, an Accredited Program, or a GOC. No Accredited Program may permit or engage any third party to conduct or organize any Games, Tournaments or Special Olympics training event for or on behalf of that Accredited Program
- Rules for Official Sports - SOI has the ultimate authority to determine what rules will govern the conduct of training and competition in a particular Official Sport. All such rules shall be published in the SOI Sports Rules and disseminated to all Accredited Programs. You can find coaching resources, competition guides, and sports rules on Special Olympics, Inc.'s website at [http://www.specialolympics.org/Sections/Sports-and-Games/Sports\\_and\\_Games.aspx](http://www.specialolympics.org/Sections/Sports-and-Games/Sports_and_Games.aspx)
- Rules of Sports Federations - Accredited Programs and GOC's shall follow the rules for specific sports which are issued from time to time by the International Sports Federations, as provided in Section 2.12

## **USE OF THE METRIC SYSTEM**

- All Special Olympics competitions shall be conducted using the Metric measurement system
- However, since most of the existing pools in Iowa are not metric pools, swimming events will be conducted in yards

## **WEATHER GUIDELINES**

If inclement weather occurs on a Special Olympics Iowa area or state competition day, the Area Director or Event Manager, with consultation with Special Olympics Iowa state office, will make a decision concerning canceling or postponing events that day.

- Depending on the event, the Area Director and state office will determine the method for advancing athletes onto the state competition. No area award ribbons will be given.
- If a state event is cancelled no awards will be given out

## **LOCAL PARTICIPATION**

Events may be held at your local level. These differ by location and area. Please check your [Area Pages](#) for more information regarding additional local events. Information may also be found in the newsletter and on the [schedule of events](#).

## **AREA COMPETITIONS**

Area Competitions and event dates can be found on the [Area Pages](#) of the SOIA website, the [schedule of events](#), and published in newsletters. Entries for Area Competitions should be submitted to the Area Director by the entry due date. Winners of the area qualifying events may advance to the state competition. Area entry forms for the competitions listed below are located on the [Participation Forms page](#) of the SOIA website and more information can be found on the [Area Page](#). Dates and locations for these qualifying competitions may be found in the [schedule of events](#).

**Athletes must have a current Special Olympic Iowa Release & Medical Form on file with the State Office through the [area competition date](#)**

- **Area Basketball Skills**
  - Held in January / February
  - State qualifier for the Mid-Winter Tournament
- **Area Bowling Tournaments**
  - Held in September / October
  - State qualifier for State Bowling
- **Area Roller Skating**
  - Area competition only
  - Go to [Participation Forms](#)
- **Area Soccer**
  - Non-State qualifier for Summer Games
  - Go to [Area Pages](#) to verify if your area holds an area soccer competition
- **Area Spring Games (Athletics)**
  - Held in March / April
  - State qualifier for Summer Games

- **Area Swimming**
  - Go to the [Area Pages](#) to verify if your area holds an area swimming competition
  - We want to ensure that all athletes have a fair opportunity to qualify for and compete at the state competition. Therefore we are requesting that the areas that currently offer a swimming competition to continue to do so. Athletes who want to compete in swimming but are in areas that do not have a swimming competition will compete in a neighboring area
  - All swimming athletes will need to qualify for the state competition
  - The following is the breakdown of where area swimming competitions are held and which areas will compete in them:
    - Cedar Rapids: East Central Area
    - Cedar Falls: Northeast Area
    - Clinton: East and Southeast Area
    - Indianola: South Central, Southwest and West Central Areas
    - Marshalltown: Central and North Central Areas
    - Spirit Lake: North and Northwest Areas
  - State Office for Summer Games

## **CONFERENCE COMPETITIONS**

Conference events are qualifying competitions ran by the State Office and/or key volunteers at locations across the state. All entries for conference events are to be submitted to the State Office. Check the [schedule of events](#) for dates and locations. You will find the registration materials under the [Participation Forms page](#) on the SOIA website for the tournaments listed below.

**Athletes must have a current Special Olympic Iowa Release & Medical Form on file with the State Office through the Conference competition date**

- **Conference Basketball**
  - Held in January / February in several locations
  - Qualifier for Mid-Winter Tournament
- **Conference Softball**
  - Held in Des Moines and Cedar Rapids in July
  - Qualifier for State Softball
- **Conference Softball Skills**
  - Tournaments held in July
  - Qualifier for State Softball

## **STATE COMPETITIONS**

Below is a listing of State Games and Competitions. Please note the approximate month of competition and sports offered during the State Games. You can find more information, tentative schedules, rules and general information on the [Participation Forms page](#) on the SOIA website for the events listed below. Dates and locations for all events may also be found on the SOIA website [schedule of events](#). Entries for all state competitions are due to the State Office prior to the deadline.

**Athletes must have a current Special Olympic Iowa Release & Medical Form on file with the State Office through the last day of the state competition**

- **State Winter Games**
  - Held in Dubuque in January
  - Non-State qualifier
  - Rules and registration materials are posted on the [Winter Games page](#)
  - Sports offered:
    - Alpine Skiing
    - Cross Country Skiing
    - Figure Skating
    - Speed Skating
    - Snowshoeing
  - Practice and time trails are held on the first day
  - Additional activities include Opening Ceremonies, banquet and pool party
- **Mid-Winter Tournament**
  - Held in Iowa City in mid-March
  - Rules and registration materials are posted on the [Mid-Winter Tournament page](#)
  - Sports offered:
    - Basketball 3 on 3 and 5 on 5 Team (State qualifier)
    - Basketball Skills (State qualifier)
    - Cheerleading (Non-State qualifier)
    - Gymnastics (Non-State qualifier)
    - Powerlifting (Non-State qualifier)
  - Additional activities include Opening Ceremonies, banquet and dance on Friday night
- **State Summer Games**
  - Held in Ames in May
  - Rules and registration materials are posted on the [Summer Games page](#)
  - Sports offered:
    - Athletics (Track and Field) (State qualifier)
    - **Bocce Team and Bocce Skills (Non-State qualifier, however team quotas are due in February)**
    - Cycling (Non-State qualifier)
    - Soccer and Soccer Skills (Non-State qualifier)
    - Swimming (State qualifier)
    - Tennis and Tennis Skills (Non-State qualifier)
  - Additional activities include Opening Ceremonies, Healthy Athletes, FIT, Olympic Village and dance

- Summer Games Tentative Schedule of Events:
 

Thursday Events	Friday Events	Saturday Events
Bocce Skills	Athletics (Track and Field)	1500M Run
Bocce Team	Bocce Singles	400M Dash
Cycling	Swimming	200M Dash
Soccer Skills	Tennis Doubles	4 x 100 M Relay
Soccer Team		
Tennis Skills		
Tennis Singles		
Race Walk		

- **State Softball Tournament**

- Held in Ankeny in August
- Rules and registration materials are posted on the [Softball page](#)
- State qualifier for Skills and Team
- Sports offered:
  - Softball Skills
  - Softball Team

- **State Equestrian Competition**

- Held in Granger in September
- Rules and registration materials are posted on the [Equestrian page](#)

- **State Flag Football Competition**

- Held in Cedar Rapids in October
- Rules and registration materials are posted on the [Flag Football page](#)

- **State Volleyball Tournament**

- Held in Ames in October
- Rules and registration materials are posted on the [Volleyball page](#)

- **State Bowling Tournaments**

- Held in Cedar Rapids, Des Moines and Council Bluffs in November
- Rules and registration materials are posted on the [Bowling page](#)
- State qualifier

## **ADVANCED COMPETITION**

- USA Games
- World Games
  - SOIA will request or determine the number of athletes participating in a specific sport offered at the advanced competition
  - Advanced Competition dates, location and deadlines will be posted in the SOIA Newsletter and on the SOIA website
  - **USA Games are a qualifying event for World Games**
  - States that have a World Games quota in a sport that they do not participate in at a USA Games will use the state event as a qualifier
  - A random draw of all qualified applications will determine who will participate
  - Athletes and/or Unified Sport Partners must have all required registration materials complete by the deadline date to the State Office
  - Athletes and/or Unified Sport Partners will attend required training camps for a period of up to one week
  - Athletes and/or Unified Sport Partners will attend required meetings and uniform fittings
  - Athletes and/or Unified Sport Partners will be housed with Team Iowa members for up to two weeks at USA Games and up to three weeks for World Games
  - Athletes and/or Unified Sport Partners will not be allowed to stay with or travel with family members, guardians, local coaches, etc. to or during advanced competition
  - Athletes and/or Unified Sport Partners will not have one-on-one supervision
  - Athletes and/or Unified Sport Partners must function as part of a team, including group living and follow coaching instructions from unfamiliar coaches

## DIVISION GUIDELINES

- The primary focus of divisions is to provide quality, fair competition experiences for the athletes using ability as the primary divisioning factor. Gender & age are secondary factors
  - When possible, keep to less than a 20% spread within abilities within a division
- There may be divisions of one or two athletes with extremely high or low scores
- The goal, according to SOI division guidelines is to have 3 – 8 athletes / teams in a division
- Special Olympics division guidelines state that the age groups for divisions are:
  - 8-11
  - 12-15
  - 16-21
  - 22-29
  - 30-50
  - 51+ (created by SOIA)
- Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and / or gender into the same division if their ability levels are similar enough to provide fair and equitable competition
  - Alpine Skiing
  - Basketball Skills
  - Bowling
  - Cross Country Skiing
  - Cycling
  - Equestrian
  - Golf – Unified
  - Roller Skating
  - Snowshoeing
  - Soccer Skills
  - Softball Skills
  - Speed Skating
  - **Swimming**
  - Tennis and Tennis Skills
- Combination of gender and / or consecutive age groups may occur when very low participation numbers exists in order to provide quality, competitive competition. When possible, sports that are **generally not** combined are:
  - Athletics
  - Figure Skating
  - GymnasticsSport that does not allow, per the rules, for the combining of genders is:
  - Power Lifting
- The age groups for team sports and relays differ slightly from individual sports and are as follows:
  - Athletic and Swimming Relays:
    - Junior, 15 and younger
    - Senior, 16 and older
  - Roller Skating, Snowshoe, **Soccer Team** and Speed Skating
    - Open
  - Basketball Team, Bocce, Cheerleading, Flag Football, Softball Team and Volleyball:
    - Junior, 21 and younger
    - Senior, 22 and older
- Relay Categories
  - Co-ed – two female and two male
  - Female – four female
  - Male – four male, one male and three female, or three male and one female



# **SECTION 8**

# **SPORT**

# **SPECIFIC**

# **INFORMATION**

## **ALPINE SKIING (DOWNHILL)**

**No qualifier required for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

### **Entries:**

- Athletes may register for up to two individual competitive events during Alpine Ski competition. In addition, athletes can choose to partake in the Alpine Ski Clinic should they be interested in improving their skills
- Please register new or inexperienced skiers in the clinic rather than downhill events
- Sundown Mountain requires a waiver for all athletes, coaches, chaperones and volunteers in order to participate. The waiver will be on the [Winter Games page](#)

### **Events:**

- Giant Slalom (Beginner, Intermediate, and Advanced levels)
- Slalom (Beginner, Intermediate, and Advanced levels)
- Super Glide
- Clinic Glide
- Clinic (Non-competitive ski clinic for new and / or inexperienced athletes)

**Athletes participating in Giant Slalom and/or Slalom Race Events should be rated as Beginner, Intermediate, or Advanced. Please review the following chart for rating purposes.**

<b>Alpine Skiing</b>		
<b>Beginner (Type I)</b> Bunny Hill & Sunshine Run <ul style="list-style-type: none"> <li>• Ski conservatively</li> <li>• Prefer slower speeds</li> <li>• Prefer easy, moderate slopes</li> <li>• Favor lower than average release/retention settings - this corresponds to an increased risk of inadvertent binding release in order to gain increased release ability in a fall</li> <li>• Type I settings apply to entry-level skiers uncertain of this classification</li> </ul>	<b>Intermediate (Type II)</b> Green Run <ul style="list-style-type: none"> <li>• Ski moderately</li> <li>• Prefer a variety of speeds</li> <li>• Ski on varied terrain, including most difficult trails</li> </ul>	<b>Advanced (Type III)</b> Black Run <ul style="list-style-type: none"> <li>• Ski aggressively</li> <li>• Normally ski at high speeds</li> <li>• Prefer steeper and more challenging terrain</li> <li>• Favor higher than average release/retention settings - this corresponds to decreased release ability in fall in order to gain a decreased risk of inadvertent binding release</li> </ul>

**Rules:**

- The Official Special Olympics Sports Rules for Alpine Skiing shall govern all Special Olympics competitions and are based upon Federation Internationale de Ski (FIS) rules for Alpine Skiing found at <http://www.fis-ski.com/>. FIS or National Governing Body (NGB) rules shall be employed except when they are in conflict with the Official Special Olympics Sports Rules for Alpine Skiing. In such cases, the Official Special Olympics Sports Rules for Alpine Skiing shall apply. The Special Olympics Alpine Skiing Rules can be found on the [Winter Games page](#) of our website.
- Per Special Olympics Rules competition in the Slalom and Giant Slalom will consist of two timed runs. The combined times of each run will determine the results for awards.

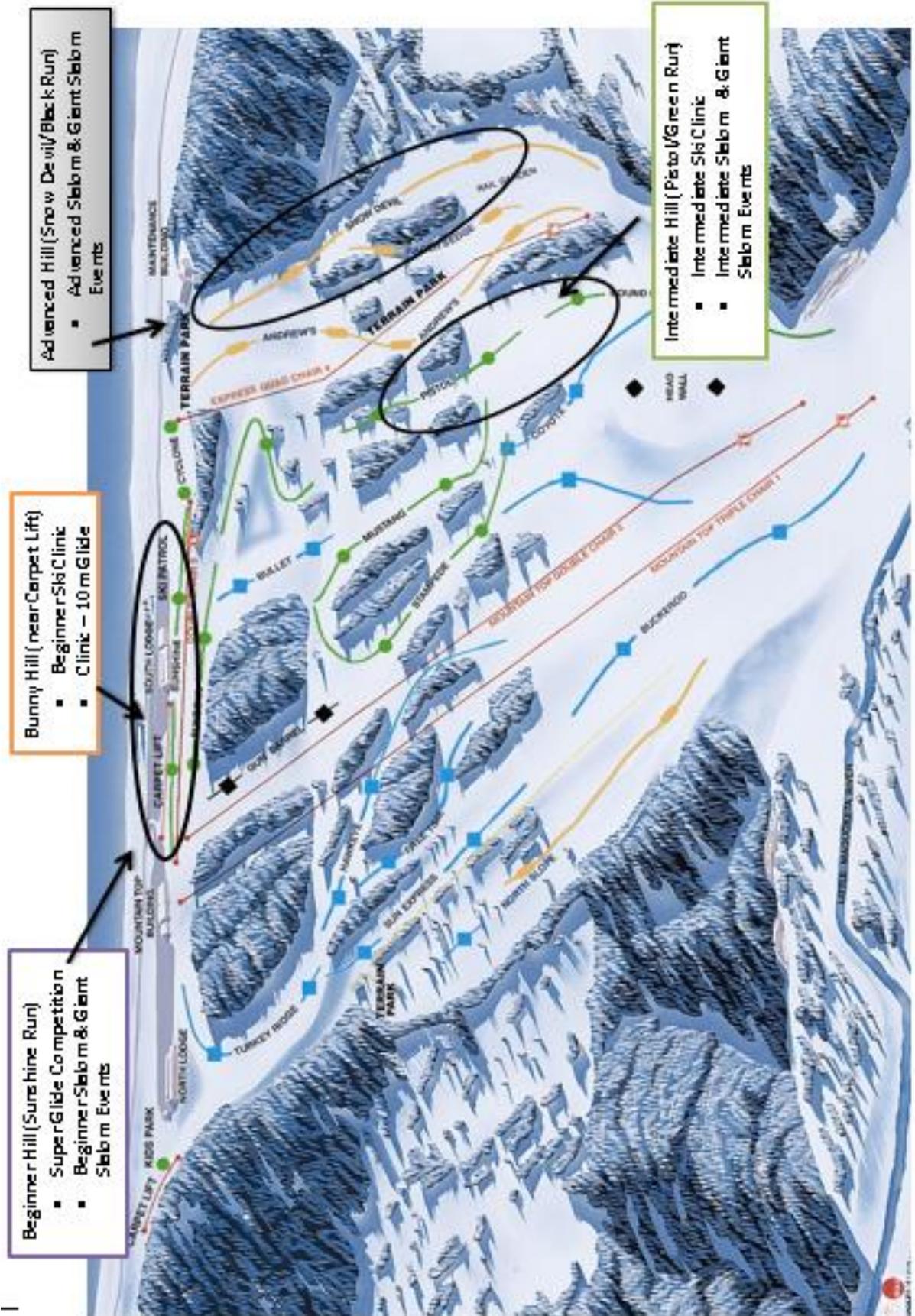
**Equipment:**

- A ski helmet is required for all alpine ski events and ability levels including the Ski Clinic. Helmets are available for rent, at no cost during Winter Games, through the Sundown Mountain Resort
  - In order to improve safety, the USSA Alpine Sports Committee has confirmed that the regulations requiring the use of helmets for Giant Slalom, Super – G and Downhill that meet new FIS standards will be mandatory
  - Per Special Olympics, Inc. the new FIS helmet certification standards will be phased in during the 2017 – 2018 and 2018 – 2019 alpine ski seasons
  - USSA “Ski Helmet Regulations” are available at <http://ussa.org/alpine-programs/masters/rules>
  - Under the new regulations, helmets must bear a CE mark and conform to recognized and appropriate standards such as CEH.Din 1077, ASTM F2040, SNELL S98 or RS 98
  - A conformity label must be affixed to the helmets by the manufacturer in a non-removable way, at the back of the helmet, in a position where it is not covered by the goggle strap. The conformity label must contain the text “Conform to FIS Specifications RH 2013
  - Helmets must cover the head and ears. Helmets with spoilers or edges that stick out are not permitted. Protective features, such as chin guards on SL helmets are permitted. Soft ear protection is only permitted for helmets used in SL
  - Helmet mounted cameras are not allowed on helmets during official training or competition
- Whenever possible, athletes should provide their own ski helmets, skis, and poles. However, alpine skis are also available for rent, at no cost during Winter Games, through the Sundown Mountain Resort. Guidelines for ski length are below:

<b>Choosing Ski Length Made Easy</b>		
<b>Skier Weight (lbs.)</b>	<b>Ski Length</b>	<b>Notes</b>
Less than 105	180 cm	Add 5 cm for fast skiing on groomed slopes. Subtract 5 cm for skiing mostly in bumps, slow conservative skiing, and skiers 50 and older
105 – 125	185 cm	
125 – 145	190 cm	
145 – 165	195 cm	
More than 165	200 cm	
		<b>For children:</b> Beginners – elbow to shoulders Intermediate – chin to head Advanced – top of head and over

**Competition:**

- For non-clinic events athletes should practice and know how to ski prior to Winter Games. A beginner and intermediate clinic is available for athletes interested in learning to ski or gaining additional skills to participate in SOIA Alpine Skiing events. Please register new or inexperienced skiers in the clinic rather than downhill events
- Athletes must complete both runs at the competition to receive an award
- Map layout at Sundown for SOIA competition below



**Beginner Hill (Sunshine Run)**

- SuperGlide Competition
- Beginner Slalom & Giant Slalom Events

**Bunny Hill (near Carpet Lift)**

- Beginner Slalom Clinic
- Clinic - 10m Glide

**Advanced Hill (Snow Devil/Black Run)**

- Advanced Slalom & Giant Slalom Events

**Intermediate Hill (Pisto/Green Run)**

- Intermediate Slalom Clinic
- Intermediate Slalom & Giant Slalom Events

## ATHLETICS (TRACK AND FIELD)

### **Area competition required to qualify for state competition**

**Specific Division Age Requirements** – The combination of gender and/or consecutive age groups are generally not combined

### **Relays**

Junior – 8 – 15

Senior – 16 – 51+

### **Relay Categories**

Co-ed – two (2) female and two (2) male

Female – four (4) female

Male – four (4) male **or** one (1) male and three (3) female **or** three (3) male and one (1) female

Unified team – two (2) athletes and two (2) Unified Sports Partners

### **Entries:**

- Entry score for the athlete should be their best effort time

### **Events:**

The following **developmental** events will be offered in athletics competition:

- 25M Walk with Me (lead up to 25M Walk - any athlete requiring a person to guide or balance for safety ONLY)
- 25M Walk (walk independently on own or with use of a cane or walker)
- 25M Manual Race
- 30M Manual Slalom
- 30M Motorized Slalom
- 30M Motorized Straight
- 4 X 25M Wheelchair Shuttle Relay
- Tennis Ball Throw

The following **walking** events will be offered in athletics competition:

- 50M Walk
- 100M Walk
- 400M Race Walk
- 800M Race Walk
- 2K Race Walk
- 4 X 100M Race Walk Relay
- 4 X 100M Unified Race Walk Relay

The following track and field events will be offered in athletics competition:

- 50M Dash
- 100M Dash
- 100M Manual Wheelchair Straight
- 100M Motorized Wheelchair Straight
- 200M Dash
- 400M Dash
- 4 X 100M Relay
- 4 X 100M Unified Relay
- 800M Run
- 1500M Run

- Standing Long Jump (lead up for running long jump)
- Running Long Jump – One (1) meter minimum jump requirement
- High Jump (12 & older) – One (1) meter minimum jump requirement
- Pentathlon (14 years & older) – (Five events - RLJ, SP, HJ, 100M, 400M)
- Softball Throw (lead up for shot put)
- Mini Javelin (lead up for shot put)
  - 400 gram for all male athletes 16+
  - 300 gram all females; male athletes ages 8-15
- Shot Put (12 years & older)
  - Men 4.0 kg/8.8 lbs.
  - Women 3.0 kg/6.6 lbs.

#### Rules:

- United States Athletic Rules shall govern the competition with the exception of the false start rule. Rules can be found on the [Summer Games page](#) of our website

#### Competition:

- Athletes may enter up to two individual events and a relay
- Athletes in the Pentathlon may also participate in a relay
- An athlete may participate in one throwing event and one jumping event
- If both of the athlete's events are scheduled at the same time or one is running late, report to one of the staging areas that the athlete will be late.
  - If an athlete arrives after their division has competed and they **did not** report to the staging area, the athlete **might** be able to participate for a **participation ribbon only**
  - If an athlete arrives after their division has competed and **did** report to the staging area, the athlete may compete and receive the appropriate award
- Running events take precedence over field events
- Relays consist of four (4) athletes or two (2) athletes and two (2) Unified Sport Partners. If one athlete or Unified Sport Partner is unable to compete the day of competition, then he/she may be replaced with another athlete or unified partner so long as the category does not change
  - For example: Junior female relay must stay a Junior female relay
- The substituted athlete must already be competing in the sport at the competition

#### General Guidelines:

##### Athletics

- Athletes who receive assistance from any person may be disqualified, excluding the 25M Walk with Me event. Assistance includes pacing by anyone not participating in the race or through any kind of technical device. This includes the developmental events
- In **all** the 50M, 100M, 200M, and 400M events each athlete must keep in his/her allotted lane from start to finish. If he/she is judged to have run out of their lane or impedes another athlete, he/she may be disqualified. Warnings may be given to athletes without disqualification
- 200M and 400M run and walk – use a staggered start
- 800M – runner will run in the lanes through the first turn as far as the nearer edge of the break line where athletes may leave their respective lanes
- 1500M, 2K – use a waterfall start
- **No cleats or spikes may be worn at area and state events**
- NO RUNNING during any walking event
- Race Walking is a progression of steps so that unbroken contact with the ground is maintained. The advancing foot must make contact with the ground before the rear foot leaves the ground
- **Softball throw – athletes throwing over the distance of 30 meters by 2020 will be asked to transition to the Mini Javelin or Shotput or choose another track and field event**

- In the shot put – the shot is put from the shoulder with one hand only. At the time the competitor takes his/her stance in the ring to start the put, the shot shall touch or be in close proximity to the chin, and the hand not dropped below this position during the act of putting. The shot may not at any time be brought behind the line of the shoulder
- In the Standing Long Jump – an athlete is required to use both feet on the take-off. He/She may rock backward and forward lifting his/her heels and toes alternately, but he/she may not lift either foot clear off the ground
- Running Long Jump – the athlete must lead off the ground with one foot
- Field Events should be three nonconsecutive attempts

#### Developmental Events

- Developmental events are open only to athletes with low motor ability and who are, therefore, unable to participate in traditional Special Olympics events
- If an athlete completes the 25M Walk in less than 12 seconds, it is recommended that the athlete participate in the 50M Walk
- If an athlete can throw a tennis ball 10M or more, it is recommended that the athlete participate in the softball throw
- Delegation should take into consideration the state schedule to avoid event conflicts

## **BASKETBALL SKILLS**

### **Area competition required to qualify for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

#### **Entries:**

- Entry score for the athlete should be their best effort time/score

#### **Events:**

The athletes may choose to participate in **one** of the following events:

- Speed Dribble (Developmental)
- Basketball Skills Level I

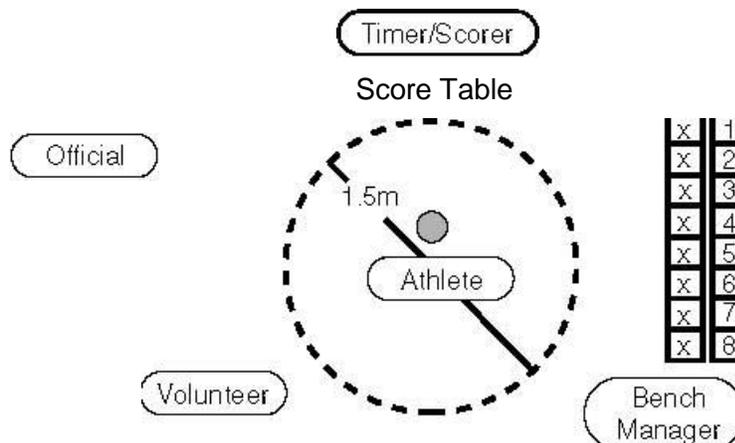
#### **Rules:**

- The Official Special Olympics Sports Rules for Basketball shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon Federation Internationale de Basketball (FIBA) rules for basketball found at <http://www.fiba.com>. FIBA or National Governing Body (NGB) rules shall be employed except when they are in conflict with the Official Special Olympics Sports Rules for Basketball. In such cases, the Official Special Olympics Sports Rules for Basketball shall apply. The Special Olympics Basketball Rules can be found on the [Mid-Winter Tournament page](#) of our website
- The Special Olympics Iowa Basketball Skills Committee will make all final decisions

#### **Competition:**

- Basketball Skills use a regulation size ball and hoop height
  - 8-11 year old athletes may use an eight (8) foot (if available) basket and the smaller Girls High School size basketball
- Developmental Speed Dribble and Basketball Skills event descriptions to follow

## Developmental Speed Dribble

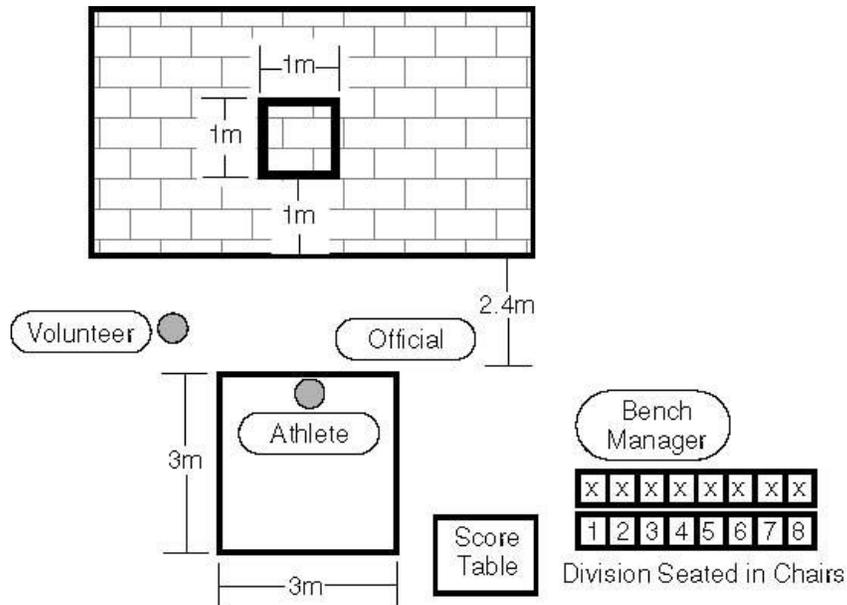


- Equipment
  - Measuring tape
  - Floor tape or chalk
  - One basketball (for women's and junior division competitions a smaller basketball which is 72.4 centimeters [28 1/2 inches] in circumference and between 510–567 grams [18–20 ounces] in weight may be used)
  - Stopwatch
  - Counter
  - Whistle
- Set-up: Mark a circle with a 1.5 meter (4 feet 11 inches) diameter
- Rules
  - Athlete may use only one hand to dribble
  - Athlete must either be standing or be sitting in a wheelchair or another type of chair with similar dimensions while competing
  - Athlete starts and stops dribbling at the sound of the whistle
  - There is a 60-second time limit imposed. The objective is to dribble the ball as many times as possible during this period
  - Athlete must stay in the designated circle while dribbling
  - If the basketball rolls out of the circle, it may be handed back to the athlete, who continues to dribble
- Scoring
  - Athlete receives one point per legal dribble within the 60 seconds
  - Counting stops and the event ends if the basketball rolls out of the circle for the third time

## **Basketball Skills Level One:**

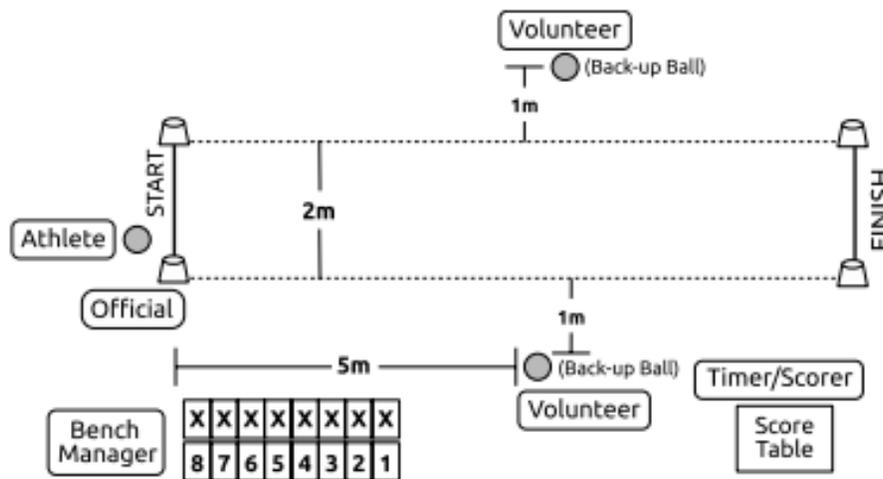
- Three events make up Level 1 Individual Skills Competition: Target Pass, 10-Meter Dribble and Spot Shot. The athlete's final score is determined by adding together the scores achieved in each of these three events. Athletes will be in a division according to their total scores from these three events. Each event is diagrammed with the suggested number and placement of volunteers who will administer them. It is also suggested that the same volunteers remain at an event throughout the competition so that consistency is provided

### **Event #1: Target Pass**



- Purpose: to measure an athlete's skill in passing a basketball
- Equipment
  - Two basketballs (for women's and junior division competitions, a smaller basketball of 72.4 centimeters [28 1/2 inches] in circumference and between 510–567 grams [18–20 ounces] in weight may be used as an alternative), flat wall, chalk or floor tape, and measuring tape
- Description
  - A 1 meter (3 feet 3 1/2 inches) square is marked on a wall using chalk or tape. The bottom line of the square shall be 1 meter (3 feet 3 1/2 inches) from the floor
  - A 3 meter (9 feet 9 inches) square will be marked on the floor 2.4 meters (7 feet) from the wall. The athlete must stand within the square. The leading wheel axle of an athlete's wheelchair may not pass over the line. The athlete is given five passes
- Scoring
  - The athlete receives three points for hitting the wall inside the square
  - The athlete receives two points for hitting the lines of the square
  - The athlete receives one point for hitting the wall but not in or on any part of the square
  - The athlete receives one point for catching the ball in the air or after one or more bounces while standing in the box
  - The athlete receives zero points if the ball bounces before hitting the wall. The athlete's score will be the sum of the points from all five passes

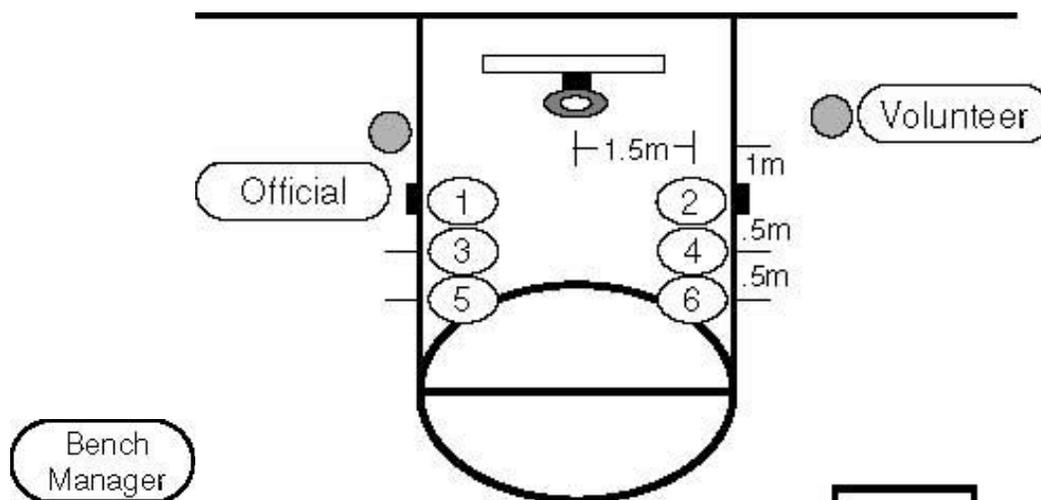
## Event #2: Ten-meter Dribble



Conversion Chart	
Seconds	Points
0–2	= 30 pts.
2.1–3	= 28 pts.
3.1–4	= 26 pts.
4.1–5	= 24 pts.
5.1–6	= 22 pts.
6.1–7	= 20 pts.
7.1–8	= 18 pts.
8.1–9	= 16 pts.
9.1–10	= 14 pts.
10.1–12	= 12 pts.
12.1–14	= 10 pts.
14.1–16	= 8 pts.
16.1–18	= 6 pts.
18.1–20	= 4 pts.
20.1–22	= 2 pts.
22.1 and over	= 1 point

- Purpose: to measure an athlete's speed and skill in dribbling a basketball.
- Equipment
  - Three basketballs (for women's and junior division competitions, a smaller basketball (size 6) of 72.4 centimeters (28 1/2 inches) in circumference and between 510–567 grams (18–20 ounces) in weight may be used as an alternative), four traffic cones, floor tape or chalk, measuring tape and a stopwatch
- Description
  - The athlete begins from behind the start line and between the cones
  - The athlete starts dribbling and moving when the official signals
  - The athlete dribbles the ball with one hand for the entire 10 meters (32 feet 9 3/4 inches)
  - A wheelchair athlete must alternate, taking two pushes followed by two dribbles for legal dribbling
  - The athlete must cross the finish line between the cones and must pick up the basketball to stop the dribble
  - If an athlete loses control of the ball, the clock continues to run. The athlete can recover the ball. However, if the ball goes outside the two (2) meter lane, the athlete can either pick up the nearest back-up basketball or recover the errant ball to continue the event
- Scoring
  - The athlete will be timed from the signal "Go" to when he/she crosses the finish line between the cones and picks up the basketball to stop the dribble
  - A one-second penalty will be added every time the athlete illegally dribbles (e.g., two-hand dribbles, carries the ball, etc.)
  - The athlete will receive two trials. Each trial is scored by adding penalty points to the time elapsed and converting the total to points based on the Conversion Chart
  - The athlete's score for the event is his/her best of the two trials converted into points. (In case of a tie, the actual time will be used to differentiate places)

### Event #3: Spot Shot



- Purpose: to measure an athlete's skill in shooting a basketball
- Equipment
  - Two basketballs (for women's and junior divisions competitions, a smaller basketball of 72.4 centimeters [28 1/2 inches] in circumference and between 510–567 grams [18–20 ounces] in weight may be used as an alternative), floor tape or chalk, measuring tape and a 3.05 meter (10 feet) regulation goal with backboard (for junior division competitions, a 2.44 meter [8 feet] goal may be used as an alternative)
- Description
  - Six spots are marked on the floor. Start each measurement from a spot on the floor under the front of the rim. The spots are marked as follows:
    - #1 & #2 =1.5 meter (4 feet11 inches) to the left and right plus 1 meter (3 feet 3 1/2 inches) out
    - #3 & #4 =1.5 meter (4 feet11 inches) to the left and right plus 1.5 meter (4 feet 11 inches) out
    - #5 & #6 = 1.5 meter (4 feet 11 inches) to the left and right plus 2 meters (6 feet 6 3/4 inches) out
  - The athlete attempts two field goals from each of six spots. The attempts are taken at spots #2, #4 and #6, and then at spots #1, #3 and #5
- Scoring
  - For every field goal made at spots #1 and #2, two points are awarded
  - For every field goal made at spots # 3 and #4, three points are awarded
  - For every field goal made at spots # 5 and #6, four points are awarded
  - For any field goal attempt that does not pass through the basket but does hit either the backboard and/or the ring, one point is awarded
    - The athlete's score will be the sum of the points from all 12 shots

## **TEAM BASKETBALL 3 ON 3 AND 5 ON 5**

### **Conference competition required to qualify for state competition**

#### **Specific Division Age Requirements**

Junior – 8 – 21

Senior – 22 – 51+

#### **Entries:**

- Head coaches are to use the Basketball Skills Assessment form to determine each athlete ability level
  - Basketball Team Skill Assessment for Individuals is included with the entry forms

#### **Events:**

The athletes may choose to participate in **one** of the following **traditional or unified** events:

- 3 on 3 Development Half court (Junior or Senior)
- 3 on 3 Competitive Half court (Junior or Senior)
- 5 on 5 Full court (Male, Female or Coed)
  - Conference Basketball 5-on-5 and half-court 3-on-3 Competition
    - Entries are submitted to the State Office
    - Entries must be submitted on the form provided on the [Participation Forms page](#) of our website
    - Teams will compete in a conference tournament and **must qualify** to advance onto State level competition

#### **Rules:**

- The Official Special Olympics Sports Rules for Basketball shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon Federation Internationale de Basketball (FIBA) rules for basketball found at <http://www.fiba.com>. FIBA or National Governing Body (NGB) rules shall be employed except when they are in conflict with the Official Special Olympics Sports Rules for Basketball. In such cases, the Official Special Olympics Sports Rules for Basketball shall apply. The Special Olympics Basketball Rules can be found on the [Mid-Winter Tournament page](#) of our website
- The Special Olympics Iowa Basketball Committee will make all final decisions
- Coed 5 on 5
  - Two (2) female athletes must be on court at all times
- Unified teams
  - Three (3) athletes and two (2) partners on the court
  - Each team shall have an adult non-playing coach responsible for the lineup and conduct of the team during competition

#### **Equipment:**

- Teams must use N.F.S.H.S.A. Basketball Equipment
- All players will wear normal basketball attire. Team shirts will be of the same solid color front and back. An identifying name may be placed horizontally on either (or on both) the front and back of the shirt
- Each team shirt shall be numbered on the front and the back with Arabic numerals of at least 20 centimeters (6-8 inches) high on the back and 10 centimeters (4 inches) high on the front and not less than 2 centimeters (3/4 inch) in width. All numbers are to be per NGB specifications

## **Competition:**

### **General Basketball Guidelines for 5 on 5 - Officials and Their Duties**

- Officials shall conduct the game in accordance with the rules
- Officials shall have the power to make decisions on any points not specifically covered in the rules
- The ball is put into play by the referee, who tosses up the ball between the two centers just above their heads; from then on, the alternate possession rule will apply
- The game shall be played in 4 quarters of 8 minutes with an 8 minute intermission between halves
- A team will be entitled to 4 time-out periods of 60 seconds each during regulation play with 1 additional 3 minute time-out for overtime
- In case of injury to any player, the referee will call an official time-out not charged to either team
- In Division II and below, a player may take 2 steps beyond what is allowable. However, if the player scores, “travels”, escapes the defense as a result of these extra steps, an advantage has been gained. A violation is called immediately
- Point of emphasis – It is a violation for a player to double dribble

### **Players and Substitutions**

- Each team shall consist of 5 players. The composition of a team, including substitutes, may not exceed 10 players (Team roster is 5 – 10 players)
- An initial roster must be submitted to the State Office. Any changes made during the season must be sent to the State Office
- Substitutions may be made any time the ball is dead. Substitutions will report to the scorer who will use the horn to notify the referee of the substitution

### **Scoring and Timing**

- Scoring will follow N.F.S.H.S.A. Rules
- If the score is tied at the end of the second half, play shall continue without change of baskets for an extra period of 3 minute stop time until the score is no longer tied. Overtime shall start with a jump ball, and then alternate position. If the score is tied at the end of overtime, a 1 minute period will be played with a jump ball starting play
- Fouls - Athletes will only shoot free throws in technical fouls or if fouled when in the act of shooting. In addition to technical and in the act of shooting fouls we will be using the bonus shots. One and One free throws are allowed after 6 team fouls. After ten team fouls, 2 shots will be allowed
- Three point shot is legal and will count

## **Officiating 3-on-3 Basketball Divisioning Guidelines**

- Games are 20 minutes or 20 points, all field goals are 2 points. No foul shots will be taken. If a player is fouled and makes the shot, they retain possession
- Start the game by flipping a coin, no jump ball
- Throw-in spot is at top of the key, all play starts at this point. On every new possession the player needs to clear the ball or a foot behind the foul line, if not, a violation occurs and the ball goes to the other team
- Each team is allowed two 1 minute time-outs
- The clock will stop in the last minute of play for any dead ball situation
- Overtime will consist of a 3 minute overtime, with a flip of the coin for possession
- Out of bounds is the half court line, the sideline and end line
- A player can't score a basket for the other team
- You will do a lot of coaching and make very few violation calls. Don't call too many fouls unless they are blatant. 3-on-3 competition should be called like a Division II Male Team

## **Half-court Basketball 3-on-3 Competition**

### The Goal

- Half-court basketball may be used as a means of increasing the number of teams for Special Olympics basketball competition
- Half-court basketball is a means of assisting athletes with lower ability levels progress to full court play
- Efforts must be made to play regulation team basketball whenever possible

### Playing Area and Equipment

- Any half-court section of a basketball court may be used. The court will be bounded by the end line under the basket, two side lines, and the half-court line
- Each team must wear a uniform shirt. Team shirts shall be of the same solid color front and back. Each player shall be numbered on the front and back of the shirt with plain Arabic numbers of at 20 centimeters (6-8 inches) high on the back and 10 centimeters (4 inches) on the front and not less than 2 centimeters (3/4 inch) in width. All numbers are to be per NGB specifications

### Players

- Team roster will have between 3-5 athletes
- Half-court Basketball is a game of three-on-three. Each team must start the game with three players or forfeit the game

### Scoring, Timing and Penalties

- The game will be played to 20 minutes or until one team makes 10 field goals. All field goals are worth 2 points
- There will be a running clock applied until the final minute of regulation play. During this time, the clock will stop for all dead ball situations (e.g. fouls, violations, field goals, and time-outs)
- The game will start with a flip of a coin for possession. There is no jump ball. All jump balls will be administered by alternate possession starting with the team that wins the flip of the coin
- The winning team is the first team to make 10 field goals (20 points) or the team with the highest score after the 20 minute game
- If overtime is required due to a tie at the end of regulation play, it will begin with a flip of a coin for possession. A one-minute intermission will follow regulation play and each overtime period. The amount of time for an overtime period is 3 minutes. The clock will stop during the last minute of overtime for all dead ball situations
- A foul is an infraction of the rules involving personal contact with an opponent or unsportsmanlike behavior. It is charged against the offender

- On all fouls (personal, common, technical), the offended against team will get possession of the ball at the designated spot behind the foul line extended and within the restraining circle at the top of the key. If a player is fouled in the act of shooting and makes the basket the field goal is credited. The offended against team also retains possession of the ball. In all cases, no free throws will be awarded or attempted
- There are no individual or team foul limits in the developmental competition. However misconduct will result in a warning to the player and coach. Continual misconduct or flagrant and intentional fouling will result in player dismissal. Athletes competing in the Competitive 3-on-3 basketball competition will be assessed a foul if they foul a player in the act of shooting. A foul limit of three will be utilized. Any athlete receiving a third foul in a game will foul out of that game
- An offensive player, including the shooter, may remain in the free throw lane for only 3 seconds. The penalty for his infraction is loss of possession
- A player making a throw-in shall have 5 seconds to release the ball. The penalty for taking more than 5 seconds shall be loss of possession

### **Officiating Team Basketball 5-on-5 Division Guidelines**

- The divisions and some general guidelines for calling each division are listed below. The SOIA goal is to have consistent calling of each division

#### **Division I Adult Male**

- The game should be called as a 9th or 10th grade game. Fouls should be called from the start of the game, to set the tone. These games will be very physical. Any swearing is an automatic technical foul. Call double dribbling, traveling, and up and down as normal. Give them a break on 3 seconds

#### **Division II Adult Male and Division I Junior Male**

- These divisions should be called like a 6th grade game. Referees will need to do a little coaching. Tell players where to stand, point out the out of bounds lines, etc. Call most fouls but not all of them. You will see a lot of different dribbling styles. Use your discretion. Give them a couple steps on traveling as long as they don't gain an unfair advantage. Probably won't call many 3 seconds calls the athletes never move from the lane

#### **Division Female Adult and Junior**

- Call as a Division II Adult Male, but really watch the reaching in fouls. Won't be as physical as adult male game. You will need to do some coaching

## **BOCCE SKILLS**

**No qualifier required for state competition – Thursday competition at Summer Games**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

### **Entries:**

- Entry form submitted to the state office
- May enter in one of the following events
  - Skills Level 1 – 10 Feet
  - Skills Level 2 – 20 Feet
- The three (3) closest balls from three (3) rounds are added together for one grand total to put on entry form

### **Skills Level 1 – 10 Feet**

From Distance	1 <sup>st</sup> Closest	2 <sup>nd</sup> Closest	3rd Closest	Total in Centimeters
Round 1				
Round 2				
Round 3				
			<b>GRAND TOTAL:</b>	

### **Skills Level 2 – 20 Feet**

From Distance	1 <sup>st</sup> Closest	2 <sup>nd</sup> Closest	3rd Closest	Total in Centimeters
Round 1				
Round 2				
Round 3				
			<b>GRAND TOTAL:</b>	

### **Rules:**

- Bocce Skills is not a sanctioned sport
- The field will be:
  - 12' x 16' for Skills Level 1 – 10'
  - 12' x 26' for Skills Level 2 – 20'
- The pallina will be placed on the proper target line for each athlete
- Each athlete will deliver the bocce balls from behind the starting line
- The bocce ball must be rolled, tossed, etc., in an underhanded style
- An athlete may use a ramp
- Each athlete will roll eight (8) bocce balls per round (3 rounds per game)
- Each athlete in the division will play a round before playing the next round
- A bocce ball that stops completely outside of the playing field will be considered a dead ball and a score of 600 cm will be given if no balls are closer to the pallina
  - Skills Level 1, if the ball goes past the 16 foot line or out of bounds a score of 600 cm is given
  - Skills Level 2, if the ball goes past the 26 foot line or out of bounds a score of 600 cm is given
- Measurements will be taken after all eight (8) bocce balls have been rolled
- If the pallina has been hit with a bocce ball and moved, all measurements will be taken from where the pallina lies after all eight (8) balls have been thrown

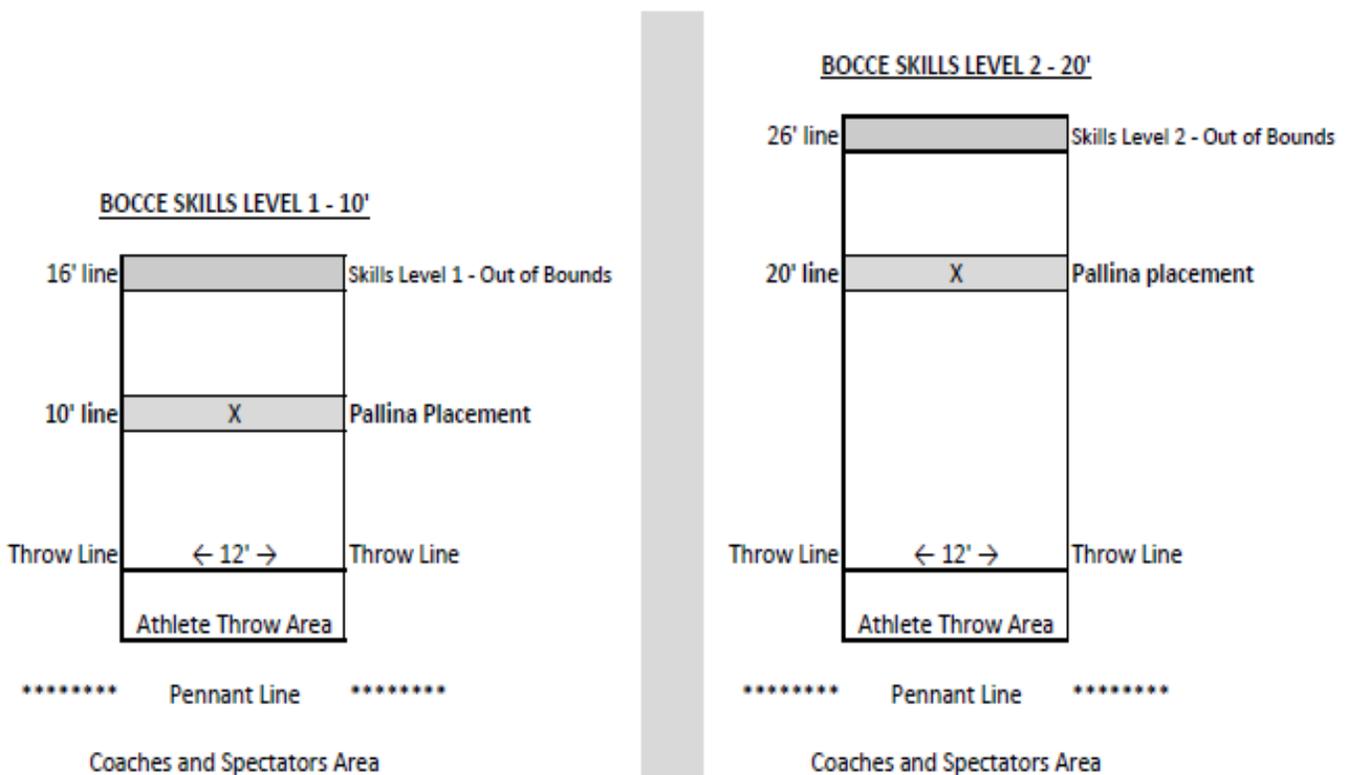
**Measurements:**

- All measurements will be made from the center side of the pallina to the center side of the bocce ball
- All measurements will be recorded in centimeters: example 45 cm or 156 cm.

**Scoring:**

- The measurements will be recorded on the bocce skills score sheet
- A game will consist of three (3) rounds
- The total distance from the game is recorded in centimeters
- The athlete with the lowest total score after a game (3 rounds) will be awarded first place and the athlete with the next lowest score will be awarded second place and so on

**Bocce Skills layout**



## **BOCCE**

**Team – Quota form required in January to attend state competition – Thursday competition at Summer Games – (See PARTICIPATION FORMS UNDER SUMMER GAMES)**

**Singles – No qualifier required for state competition – Friday competition at Summer Games**

### **Specific Division Age Requirements**

Junior – 8 – 21

Senior – 22 – 51+

Gender is mixed

### **Entries:**

- Competition will be held during Summer Games and the number of teams allowed to compete may be limited. Delegation Managers are required to submit a bocce quota request form, typically available and due in February
- **Entry form must reflect Traditional, Ramp or Unified for teams and use of wheelchair or walker**
- The modified game procedure below will provide a score that will help place the athletes in the most equitable division possible
  - Each athlete should play three modified games, called a set. The athletes should alternate from each end of the court and play the following allotted balls, the athlete should not surpass the foul line. If the pallina is moved from its mark, return it before the next bocce ball is played
  - The volunteer should place the pallina at the 30 foot line and the player should play 8 balls. The volunteer will measure the closest 3 balls and record their distance in centimeters
  - The volunteer will then place the pallina at the 40 foot line and the player should play 8 balls. The volunteer will measure the closest 3 balls and record their distance in centimeters
  - The volunteer will then place the pallina at the 50 foot line and the player should play 8 balls. The volunteer will measure the closest 3 balls and record their distance in centimeters
  - Measurements will be taken from the center side of the bocce ball to the center side of the pallina for a total of nine (9) measurements
  - All measurements are in centimeters
  - Total the nine (9) measurements and place this number on the entry form under modified game score

From Distance	1 <sup>st</sup> Closest	2 <sup>nd</sup> Closest	3 <sup>rd</sup> Closest	Total in Centimeters
30 feet				
40 feet				
50 feet				
			<b>GRAND TOTAL:</b>	

**Events:**

The following events will be offered in bocce competition:

- Singles
- Ramp Team
  - **All** athletes use a ramp
- Traditional Team
  - Team may have up to three athletes using a ramp
- Unified Team (two (2) athletes and two (2) Unified Sport Partners)

**Rules:**

- The International Federation for Bocce is Special Olympics Inc. and therefore the Official Special Olympics Sports Rules for Bocce shall govern all Special Olympics competitions. Special Olympics Bocce Rules can be found on the [Summer Games page](#) of our website
- If an athlete or Unified Sport Partner/team arrives after the first game has begun, they will have to sit out and forfeit the first game. The athlete or Unified Sport Partner/team will be allowed to play the second game
- Athletes and Unified Sport Partners must wear closed toe shoes during competition or they will be ineligible to play

**Competition:****TEAM**

- If one athlete or Unified Sport Partner is unable to compete the day of competition, the team will have two options:
  - The athlete or Unified Sport Partner may be replaced with another athlete or Unified Sport Partner so long as the category does not change and they were already registered for bocce
    - For example: Junior team must remain a Junior team
    - The Unified partner has a current Class A credential
  - Remove one ball from play and still have at two (2) athletes and one (1) Unified Sport Partner
- State office may have a ramp at competition to use but teams are encouraged to provide their own ramp
  - A bocce ramp may be requested from the state office

## **BOWLING**

### **Area competition required to qualify for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

#### **Entries:**

- Entry score for the athlete should be their best effort time/score
- Entry scores for the athlete will need to include an average of 10 games (minimum)

#### **Events:**

- An athlete may compete in one event. The oldest person on a team determines the age group for competition.
- Ramp Assisted (RA) singles
- Ramp Unassisted (RU) singles
- Singles
- Doubles – two (2) athletes
- Unified Doubles – one (1) athlete and one (1) Unified Sport Partner
- Team – four (4) athletes
- Unified Team – two (2) athletes and two (2) Unified Sport Partners

**\*Ramp bowlers in doubles or team - all bowlers must use ramp to be considered a ramp division**

#### **Rules:**

- The Official Special Olympics Sports Rules for Bowling shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon Federation Internationale des Quilleurs (FIQ) Rules as well as World Tenpin Bowling Association (WTBA). FIQ, WTBA or National Governing Body (NGB) rules shall be employed except when they are in conflict with the Official Special Olympics Sports Rules for Bowling. In such cases, the Official Special Olympics Sports Rules for Bowling shall apply. You can find the Special Olympics Bowling Rules on the [Bowling page](#) of our website
- All athletes and Unified Sport Partners will play two games
- Athletes will alternate lanes except for ramp assisted and unassisted
- Athletes are responsible for providing a ramp for practice and area competition (**the state office will provide ramps for state competition**)
- A ramp bowler will bowl five frames consecutively on one lane and will not alternate lanes
- Score is calculated by adding game one and game two

## Competition:

- Ramp Assisted (RA) and Ramp Unassisted (RU)
  - Ramp Assisted (RA) – A volunteer may place the bowling ball on the ramp and **may** help position the ramp
  - Ramp Unassisted (RU) – A volunteer may place the bowling ball on the ramp but **may not** help position the ramp. The athlete will position the ramp on his/her own
  - Two games played
- If an athlete or Unified Sport Partner arrives after the first game has begun, they will have to sit out and receive a zero for first game. The athlete or Unified Sport Partner will be allowed to play the second game
- If an athlete or Unified Sport Partner leaves before the end of the game, the score is what the athlete or Unified Sport Partner has at the time he/she leaves and a participation ribbon is given
- If an athlete on a doubles scratches, the other athlete is still allowed to participate
  - Score will be determined by the athlete that bowls
  - For a unified double, if the athlete scratches, the Unified Sports Partner will have to scratch
  - If athlete qualifies for state competition, the doubles athlete will be moved to singles
- If an athlete on a team scratches, the team will be allowed to participate as a team of three (3)
  - Score will be determined by the athletes that bowl
  - If team qualifies for state competition, only those that bowled will advance
  - If team qualifies for state competition and only two athletes participated, they will be moved to doubles
- Bowling competition will be an Area Competition with the winners advancing to the State Bowling Tournament to be held in Cedar Rapids, Des Moines and Council Bluffs, typically in November.
- **State Competition** – areas to bowl in specific locations
  - **Cedar Rapids** - East, East Central, Southeast and Northeast Areas
  - **Des Moines** - Central, North, North Central, and West Central Areas
  - **Council Bluffs** - Northwest, South Central and Southwest Areas
- There should be no smoking at the competition sites
- No coach or parent will be allowed on the lane to help their athlete

## **CHEERLEADING – CHEER AND DANCE**

**No qualifier required for state competition**

**Specific Division Age Requirements** – Determined by the following with no gender distinction:

### **Size:**

- Individual
- Small (2-8)
- Large (9-16)
- No group should be larger than 16 participants for safety reasons

### **Age:**

- Junior 8 – 21 years old
- Senior 22 and over
- Oldest person on a squad or team determines the age group

### **Ability:**

- Team Non-Mount & Non-Tumble
- Team Mount & Tumble
- Unified team

**Unified team** – the number of Special Olympics athletes must be equal to or exceed by one the number of Unified Sports Partners

### **Entries:**

- Send to [registrations@soiowa.org](mailto:registrations@soiowa.org)

### **Events:**

- An athlete may participate in either Cheer **OR** Dance category.
- **Cheer**
  - Individual
  - Traditional and Unified
  - Beginner or Advanced
  - Junior (21 and under) and Senior (22 and over)
  - Small and Large Teams (size determined by number of team members)
- **Dance**
  - Individual
  - Traditional and Unified
  - Beginner or Advanced
  - Junior (21 and under) and Senior (22 and over)
  - Small and Large Teams (size determined by number of team members)

### **Rules:**

- May be obtained on the SOIA website under the [Mid-Winter Tournament page](#)
- Rules are specific to Special Olympics Iowa only
- If a cheer squad or dance team needs additional help from an assistant with their stunts, you must fill out a Special Privilege form and turn it in with your registration. Assistants shall be dressed in contrasting attire compared to official team members. For example, assistants shall wear a dark t-shirt and pants in contrast to the athletes' lighter colored uniform (or vice versa).

## Attire:

- Uniforms
  - Team members must wear outfits alike in style and color
  - All team members must have athletic shoes with a non-marking sole
    - No boots may be worn
  - Pants, shorts, skorts or skirts must be at least mid-thigh and / or knee in length
    - No slit allowed in skorts, shorts or skirts
    - Briefs or bloomers must be worn with all skirts
  - Tank-top, collared shirts or tee shirts (no pockets)
    - No halter tops or spaghetti straps will be permitted
    - Straps must be at least 1" wide
    - Apparel must cover the midriff at all times
  - Jewelry must be removed and may not be taped over
    - No jewelry of any kind including ear, nose, tongue , belly button and facial rings, clear plastic jewelry, bracelets, necklaces, stickers, glitter or **artificial nails**
    - No pins on uniforms
    - **ONLY** exception is medical ID tags/bracelets and temporary tattoos are allowed
  - Hair should be out of the face and secured
  - No gum allowed

## Competition:

- If at any time during the competition, the number of Unified Sports Partners exceeds the number of athletes, the squad and / or team will compete for participation ribbons only. There will be **NO** exceptions to this rule
- Registration forms will not be accepted without the proper ratio of athletes and Unified Sports Partners
- Coaches Box
  - Two (2) coaches will be allowed to coach the squad or team from the coaches box
  - Coaches' must remain inside the box
    - You may not be in front of the judges table or on the floor
    - **It is not required to have a coach in the coaches box for either cheer or dance**
      - **Encourage teams to be as independent as possible**
- Performance space should measure at least 40' X 25', floor will be outlined with blue tape on the day of competition

## Cheer Competition

- There is no music allowed
- **Pompoms, signs and megaphones are the only props allowed**
- A squad must perform two (2) different cheers
- Having a five (5) second pause between cheers will help judges identify where one cheer ends and the other cheer begins
  - There will be two ping pong paddles available that are labeled "Cheer 1" and "Cheer 2"
- Beginner – Team non-mount and non-tumble
  - Must perform at least one (1) jump and one (1) kick by at least one (1) athlete
- Advanced – Team mount and tumble
  - Must perform at least one (1) jump and one (1) kick along with at least one (1) tumble, stunt or pyramid by at least one (1) athlete
- Unified Team

- Time
  - The performance time includes changes in signs, pompoms and megaphones
  - Judging and timing will start with the first word
    - If you have an entrance cheer, it will count towards one of your cheers
  - Allowed three (3) minutes

### **Dance Competition**

- A team must perform two (2) different dance routines to two (2) different songs
- Sound effects are allowed but actual cheers are not
- Flags, banners, signs, pompoms, megaphones and pieces of cloth are the only props allowed. Props with poles or similar support apparatus may not be used in conjunction with any kind of stunt or tumbling. All props must be safely discarded out of harm's way (example: throwing a hard sign across the outlined competition floor from a stunt is not allowed). Any uniform piece purposefully removed from the body and used for visual effect will be considered a prop once it is removed from the body.
- Beginner – Team non-mount and non-tumble
  - Must perform at least one (1) jump and one (1) kick by at least one (1) athlete
- Advanced – Team mount and tumble
  - Must perform at least one (1) jump and one (1) kick along with at least one (1) tumble, stunt or pyramid by at least one (1) athlete
- Unified Team
- Time
  - A team has a maximum performance time of two (2) minutes and 30 seconds
  - Time will begin once the music starts
- Music
  - Must be suitable for family listening and be free of vulgar and/or inappropriate language
  - Must be in a CD format
  - All music recordings mixed together in routines should be properly licensed and written confirmation of such license should be available upon request. Under U.S. copyright law, music is not permitted to create a re-mix, mash-up or medley without proper written authorization from the copyright owners
  - Hand signals from the coach in the coaches box will be used to indicate to the volunteer when the music should start and stop
  - Music must be ready to start once the volunteer pushes play
    - Time will not be allotted for a team's music to be fast forwarded

### **General Guidelines:**

- **Team Non-Mount and Non-Tumble – Beginner**
  - There are no tumbling, stunts or mounts allowed in this level. Only jumps and kicks are allowed
- **Team Mount and Tumble – Advanced**
  - Tumbling, stunts, and pyramids are allowed along with jumps and kicks
- **Base**
  - The bottom person of a partner stunt or pyramid who is in contact with the ground
- **Cheer**
  - Long phrase that involves motions, stunts, jumps and/or tumbling. Cheers can resemble a song that has a beginning, middle and end
- **Dance**
  - A routine performed to music with no verbal chants, cheers, etc. May incorporate props, pompoms, gymnastics and/or stunts

- **Flyer**
  - The flyer (top person) of a partner stunt or pyramid
- **Front Leg Kick**
  - Step left or right and kick opposite foot to the front with arms extended straight over head
- **Jump**
  - A spring from one or both feet with landing on one or both feet
- **Motions**
  - Movements using straight and/or diagonal arms; in combination with head/foot movements
- **Partner Stunts**
  - Any type of stunt that uses two persons and one of those persons is using the other person for support
    - **Performance Surfaces**
  - Use of mini-tramps, springboards, spring-assisted floors or any height-increasing apparatus is illegal for use during performances and competitions
- **Practice Surfaces**
  - Practice sessions must be held in a location suitable for spirit activities, appropriate surface area, reasonably free of obstruction and excessive noise
- **Props**
  - Any type of pompoms, signs, megaphones, etc.
- **Spotter**
  - A person that assists with any tumbling move or who is responsible for assisting or catching the top person. A spotter does not provide primary support to another person. The spotter must spot the climber until the climber returns safely on the ground
- **Stunt / Mount**
  - Any skill in which a top person is supported above the performance surface by one or more person. Can only be 1 ½ persons high; also known as a stunt. All stunts above floor level must have a back spotter
- **Thigh Stand**
  - Limited to two person high. “Two high” is defined as the base (bottom person) having at least one foot on the ground and one on the climber
- **Tumbling /Gymnastic**
  - Any type of individual or partner stunt performed other than jumps and motions’ such as mounts, splits, rolls, cartwheels and handsprings

# CHEER SCORESHEET – BEGINNER

Squad Name \_\_\_\_\_

Division - Beginner - Traditional \_\_\_\_\_ Unified \_\_\_\_\_

Judge's Signature: \_\_\_\_\_



PERSONAL APPEARANCE & UNIFORM		Possible Score	Squad Score
A.	Hair-neat	5	
B.	Uniforms - pressed and clean	5	
C.	Appropriate length for bottoms and tops	5	
D.	Jewelry (none)	5	
<b>SUB TOTAL</b>		<b>20</b>	

CHEER		Possible Score	Squad Score
A.	Clarity/Loudness	5	
B.	Pep/Enthusiasm	5	
C.	Poise/Confidence	5	
D.	Creativity	5	
<b>SUB TOTAL</b>		<b>20</b>	

HIGH V / LOW V		Possible Score	Squad Score
A.	High V/Low V	5	
B.	High V - Straight Arms	5	
C.	High V - Position	5	
D.	Low V - Straight Arms	5	
E.	Low V - Position	5	
<b>SUB TOTAL</b>		<b>25</b>	

LEG KICK(S) / JUMP(S)		Possible Score	Squad Score
A.	Straight Arms Overhead	5	
B.	Legs Extension	5	
C.	Height of Kick(s)/Jump(s)	5	
D.	Toes Pointed	5	
<b>SUB TOTAL</b>		<b>20</b>	

PENALTY POINTS (to be removed from total)		Possible Score	Actual Score
A.	One (1) short cheer	-5	
B.	Three (3) or more cheers	-5	
C.	No jump(s) or kick(s) - (must be one (1) of each)	-10	
D.	Exceeds the three (3) minute maximum performance	-5	
<b>TOTAL PENALTY POINTS</b>		<b>-25</b>	

SCORE SHEET TOTALS		Possible Score	Actual Score
A.	Total Score	85	
B.	Penalty points deducted	-25	-
<b>CHEER TOTAL</b>			

Comments:

7/30/2017

## CHEER SCORESHEET – ADVANCED

Squad Name \_\_\_\_\_

Division - Advanced - Traditional \_\_\_\_\_ Unified \_\_\_\_\_

Judge's Signature: \_\_\_\_\_



PERSONAL APPEARANCE & UNIFORM		Possible Score	Squad Score
A.	Hair-neat	5	
B.	Uniforms - pressed and clean	5	
C.	Appropriate length for bottoms and tops	5	
D.	Jewelry (none)	5	
<b>SUB TOTAL</b>		<b>20</b>	

CHEERLEADING SKILLS		Possible Score	Squad Score
A.	Variation of Motions	5	
B.	Timing and Rhythm	5	
C.	Voice	5	
D.	Spacing	5	
E.	Formation Changes	5	
<b>SUB TOTAL</b>		<b>25</b>	

COMPOSITION AND PRESENTATION		Possible Score	Squad Score
A.	Degree of Difficulty	10	
B.	Incorporation of tumbling, stunts, pyramids	5	
C.	Safety Techniques	5	
D.	Pep and Enthusiasm	5	
E.	Facial Expression	5	
F.	Poised and Confidence	5	
G.	Originality	5	
<b>SUB TOTAL</b>		<b>40</b>	

LEG KICK(S) / JUMP(S)		Possible Score	Squad Score
A.	Straight Arms Overhead	5	
B.	Legs Extension	5	
C.	Height of Kick(s) / Jump(s)	10	
D.	Number of Kick(s) / Jump(s)	10	
E.	Toes Pointed	5	
<b>SUB TOTAL</b>		<b>35</b>	

PENALTY POINTS (to be removed from total)		Possible Score	Actual Score
A.	One (1) short cheer	-5	
B.	Three (3) or more cheers	-5	
C.	No jump(s) or kick(s) - (must be one (1) of each)	-10	
D.	No tumbling, stunts or pyramid -(must be a total of one (1))	-10	
E.	Exceeds the three (3) minute maximum performance	-5	
<b>TOTAL PENALTY POINTS</b>		<b>-35</b>	

SCORE SHEET TOTALS		Possible Score	Actual Score
A.	Total Score	120	
B.	Penalty points deducted	-35	-
<b>CHEER TOTAL</b>			

Comments:

7/30/2017

# DANCE SCORESHEET – BEGINNER

Dance Team Name \_\_\_\_\_

Division - Beginner - Traditional \_\_\_\_\_ Unified \_\_\_\_\_

Judge's Signature: \_\_\_\_\_



PERSONAL APPEARANCE & UNIFORM		Possible Score	Dance Score
A.	Hair-neat	5	
B.	Uniforms - pressed and clean	5	
C.	Appropriate length for bottoms and tops	5	
D.	Jewelry (none)	5	
<b>SUB TOTAL</b>		<b>20</b>	

PROJECTION		Possible Score	Dance Score
A.	Spirit	5	
B.	Enthusiasm	5	
C.	Eye Contact	5	
D.	Poise	5	
E.	Appropriate Music	5	
<b>SUB TOTAL</b>		<b>25</b>	

COMPOSITION AND PRESENTATION		Possible Score	Dance Score
A.	Technique (motions, precision, sharpness)	5	
B.	Effective Incorporation (use of props and costumes)	5	
C.	Overall impression (difficulty, showmanship, flow, variety)	10	
D.	Perfection of Routine (lack of mistakes, knowledge of routine)	10	
E.	At least one (1) jump(s) <u>and</u> one (1) kick(s)	5	
<b>SUB TOTAL</b>		<b>35</b>	

PENALTY POINTS (to be removed from total)		Possible Score	Actual Score
A.	One (1) dance to two (2) songs	-5	
B.	One (1) dance to one (1) song	-5	
C.	Exceeds two (2) dances and two (2) songs	-5	
D.	Exceeds the 2:30 seconds maximum performance	-5	
<b>TOTAL PENALTY POINTS</b>		<b>-20</b>	

SCORE SHEET TOTALS		Possible Score	Actual Score
A.	Total Score	80	
B.	Penalty points deducted	-20	-
<b>DANCE TOTAL</b>			

Comments:

7/30/2017

# DANCE SCORESHEET – ADVANCED

Dance Team Name \_\_\_\_\_

Division - Advanced - Traditional \_\_\_\_\_ Unified \_\_\_\_\_

Judge's Signature: \_\_\_\_\_



PERSONAL APPEARANCE & UNIFORM		Possible Score	Dance Score
A.	Hair-neat	5	
B.	Uniforms - pressed and clean	5	
C.	Appropriate length for bottoms and tops	5	
D.	Jewelry (none)	5	
<b>SUB TOTAL</b>		<b>20</b>	

PROJECTION		Possible Score	Dance Score
A.	Spirit	5	
B.	Enthusiasm	5	
C.	Eye Contact	5	
D.	Poise	5	
E.	Appropriate Music	5	
<b>SUB TOTAL</b>		<b>25</b>	

COMPOSITION AND PRESENTATION		Possible Score	Dance Score
A.	Technique (motions, precision, sharpness)	10	
B.	Effective Incorporation (use of props and costumes)	5	
C.	Overall impression (difficulty, showmanship, flow, variety)	10	
D.	Perfection of Routine (lack of mistakes, knowledge of routine)	15	
E.	At least one (1) jump(s) and one (1) kick(s)	10	
E.	At least one (1) tumble, stunt or pyramid	5	
<b>SUB TOTAL</b>		<b>55</b>	

PENALTY POINTS (to be removed from total)		Possible Score	Actual Score
A.	One (1) dance to two (2) songs	-5	
B.	One (1) dance to one (1) song	-5	
C.	Exceeds two (2) dances and two (2) songs	-5	
D.	Exceeds the 2:30 seconds maximum performance	-5	
<b>TOTAL PENALTY POINTS</b>		<b>-20</b>	

SCORE SHEET TOTALS		Possible Score	Actual Score
A.	Total Score	100	
B.	Penalty points deducted	-20	-
<b>DANCE TOTAL</b>			

Comments:

7/30/2017

## **CROSS COUNTRY SKIING**

### **No qualifier required for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

#### **Entries:**

- Registration forms may be found on the [Winter Games page](#)

#### **Events:**

- Athletes may register for up to two events and one relay
  - 100 M
  - 500 M
  - 1 K

#### **Rules:**

- The Official Special Olympics Sports Rules for Cross-Country Skiing shall govern all Special Olympics competitions and are based upon Federation Internationale de Ski (FIS) rules for cross-country skiing found at <http://www.fis-ski.com/>. The Special Olympics Cross Country Skiing Rules can be found on the [Winter Games page](#) of our website

#### **Equipment:**

- Athletes can check out cross country skis and equipment, at no cost during Winter Games. However, whenever possible, athletes should provide their own equipment. Guidelines for equipment sizes are below:

<b>Information for selection of Ski Equipment and Size</b>				
<b>Cross Country Equipment Conversion Needs</b>				
<b>Boots</b>		<b>Skis</b>		
<b>Size</b>	<b>European</b>	<b>Height/Feet</b>	<b>Ski Length</b>	
Children 10	27-28	3.5 to 4.0	120	
Children 12-13	30-31	4.1 to 4.3	150	
Adult 1-2	33-34	4.4 to 4.6	160	
Adult 3-4	35-36	4.7	170	
Adult 5-5.5	36	4.8 to 5.1	170-180	
Adult 6-6.5	37-38	5.2 to 5.4	190-195	
Adult 7-7.5	39-40	5.5 to 5.8	200-205	
Adult 8-8.5	42	5.9 to 6.2	205	
Adult 9-9.5	43	6.1 to 6.6	210	
Adult 10-10.5	44-45			
Adult 11-11.5	45-46			
Adult 12-12.5	47			
Adult 13-13.5	48			
		<b>Poles</b>		
		<b>Height/Feet</b>	<b>Inches</b>	<b>Pole Length</b>
		3.0	36	80-110
		3.5	41	100-105
		4.0	48	105-120
		4.5	54	125-135
		5.0	60	135-150
		5.5	66	150-170
		5.8	69.5	170-180
		6.0	72	180-190
		6.2	74	190-200
<b>To measure ski length:</b> Ski should reach mid-palm when hand is straight overhead (Longer ski for heavier skier, a lighter person may prefer a shorter ski)				
<b>To measure pole length:</b> Pole length should reach stretched arm straight out parallel to the floor, or from floor to person's armpit (12 inches less than skier's height)				

## **CYCLING**

### **No qualifier required for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

#### **Events:**

- An athlete may choose up to two events
- Athletes in modified events **may not** enter other events  
Athletes in Unified events may not enter other events
  - 250M Modified Trial
  - 250M Trial
  - 1K Modified Trial
  - 1K Trial
  - Unified Trial 1K
  - 5K Modified Trial
  - 5K Trial
  - Unified Trial 5K
  - 10K Trials

#### **Rules:**

- The Official Special Olympics Sports Rules govern all Special Olympics Cycling competitions. As an international sports program, Special Olympics has created these rules based upon Federation International de Amateur Cycling (FIAC) and National Governing Body Rules for Cycling. FIAC or National Governing Body Rules shall be employed except when they are in conflict with the Official Special Olympics Sports Rules. In such case, the Official Special Olympics Rules shall apply. You can find the Special Olympics Cycling Rules on the [Summer Games Competitions](#) page of our website
- A time trial consists of an individual racing against the clock
- Competitors should depart every 30 seconds for all time trials
- The Modified Bicycle Time Trials can be offered only to athletes who are unable to ride a two wheeled bicycle
- The competitors must wear their entry number on their back
- Prior to the race, competitors should have the opportunity to walk or ride their bicycles through the course
- The race shall be declared finished when the front tire of the competitors bicycle crosses the finish line
- Unified trials can consist of either riding tandem or slowest of the two timed partner

#### **Equipment:**

- Cyclists are required to wear helmets and gloves during training and competitions. Helmets must meet the safety standards of the United States National Governing Body for Cycling. Gloves are also required
- All bicycles must be inspected prior to training and competition sessions to ensure they meet the safety standards set by the United States National Governing body for Cycling. When a modified bicycle not covered under NGB rules is being used, it is the race director's responsibility to determine the bicycle's suitability. Bicycles not in satisfactory condition can be rejected by the organizers of the cycling event and an inadequate bicycle may preclude an athlete from participating in the event
- SOIA strongly recommends that athletes bring their own bikes to the cycling competition. Bikes will be provided to athletes who are unable to transport their own bikes to the competition

## **EQUESTRIAN**

### **No qualifier required for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

#### **Entries:**

- A “Rider Profile” is required for participation and can be found on the [Participation Forms](#)

#### **Events:**

- Riders may participate in up to two of the following events
  - Horsemanship – Walk or Walk/Trot (any tact)
  - English/Western
  - Key Hole
  - Barrels
  - Ball Drop
  - Pole Bending

#### **Rules:**

- The Official Special Olympics Sports Rules for Equestrian shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon Federation Equestre Internationale (FEI) rules for equestrian found at <http://www.fei.org>. FEI or National Governing Body (NGB) rules shall be employed except when they are in conflict with the Official Special Olympics Sports Rules for Equestrian. In such cases, the Official Special Olympics Sports Rules for Equestrian shall apply. Special Olympics Equestrian Rules can be found on the [Equestrian page](#) of our website
- Riders must have at least 10 riding training sessions within six months prior to competition
- There should be a safety inspection of tack and equipment before riders mount
- In cases of broken equipment or loss of a shoe during competition, rider may continue or be excused from the ring at the request of the coach
- Rail side coaching will be penalized at the judge’s discretion
- Cue cards may be used for hearing impaired athletes
- Event directors may require proof of a negative Coggins test or other health records
- Change of a horse is only allowed for safety reasons or if a horse is sick or unsound

#### **Equipment:**

- Saddles must fit the horse
- Bridles must be appropriate to the class entered and meet the rule requirements
- Halters are required for all supported classes
- A lead line must be attached to the halter and not to the bridle
- The halter may be over or under the bridle as long as it does not interfere with the use of the bit or the reins

**Uniforms:**

- Clothing must be workmanlike and neat
- All riders must wear heeled boots
- All riders must wear protective approved helmets with full chin harness which must be fastened when riders are working around horses
- Riders must wear their assigned number on their backs during competition, practice at the competition and while in the competition staging area

**Competition:**

- Leaders and/or side walkers may be used. Athletes utilizing these individuals will be placed in divisions together
  - The following points (where appropriate) have equal consideration in judging all classes
    - Rider's Balance
    - Use of Aids
    - Ring Etiquette & Safety
    - Rider's Seat
    - Ability to Follow Directions
    - Sportsmanlike Conduct
  - Unauthorized assistance from horse handlers and side walker will result in penalties
    - Side walkers may not give verbal commands or extra physical prompting, except in the case of an emergency
    - Coaches may not act as horse handlers, side walkers or spotters for their own athlete anytime while that athlete is being judged

## **FIGURE SKATING**

### **No qualifier required for state competition**

**Specific Division Age Requirements** – The combination of gender and/or consecutive age groups are generally not combined

#### **Events:**

- The following events will be offered in Figure Skating competition. Athletes may register for up to two (2) events in Figure Skating
  - Singles (Skill Levels I, II, and III)
  - Doubles (Skill Levels I, II, and III)
  - Unified Doubles (Skills Levels I, II, and III)

#### **Rules:**

- The Official Special Olympics Sports Rules for Figure Skating shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon International Skating Union (ISU) rules for figure skating found at <http://www.isu.org/en/home>. The Special Olympics Figure Skating Rules can be found on the [Winter Games page](#) of our website

#### **Equipment:**

- Athletes bring their own skates to the competition

#### **Uniform:**

- The clothing of the Competitors must be modest, dignified and appropriate for athletic competition – not garish or theatrical in design. Clothing may, however, reflect the character of the music chosen.
  - The clothing must not give the effect of excessive nudity for athletic sport
  - Men must wear trousers; no tights are permitted
  - Accessories and props are not permitted
  - Clothing not meeting the requirements will be penalized by a deduction of 0.1 point

#### **Competition:**

- Figure Skating offers a range of events intended to provide competition opportunities for athletes of all abilities. Coaches are responsible for providing training and event selection appropriate to each athlete's skill and interest. Athletes participating in the individual event may register for skill levels I, II, or III. Please contact the State Office for further information regarding Figure Skating events

## **FLAG FOOTBALL**

**No qualifier required for state competition**

### **Specific Division Age Requirements**

Junior – 8 – 21

Senior – 22 – 51+

#### **Entries:**

- Flag Football Assessment is included with the entry forms for [Flag Football](#)

#### **Events:**

- Team
- Unified

#### **Rules:**

- The Official Special Olympics Sports rules for Flag Football shall govern all Special Olympics competitions. Special Olympics has created these rules based upon rules from a National Flag Football organization. Please contact the State Office for a copy of the Flag Football rules

#### **Equipment:**

- Athletes must wear a mouthpiece throughout the competition – provided by delegation
  - Special Smiles provide mouthpieces – contact the State Office
- Athletes must wear a flag belt – provided by delegation
- No cleats or hiking boots may be worn
- No jeans
- Team T-Shirts – same color with numbers on the front and back
- Shorts may not have pockets

#### **Competition:**

- Level 1 – High. Plays by regulation rules; high to excellent skills and athleticism; implements strategies; runs specific plays; several players can catch a pass while running; reacts to the way the other team plays; quarterback with accurate and strong arm; defense able to play aggressively without being physical
- Level 2 – Average. Plays by regulation rules; average skills and athleticism; some strategy; runs general plays; a couple of players can catch a pass while running; limited ability to react to the way the other team plays; quarterback with accurate or strong arm; defense has difficulty playing aggressively without being physical
- Level 3 – Low. Following rules is a challenge; low skills and athleticism; little strategy; no organized plays; players not able to catch a pass while running; not influenced by the way the other team plays; quarterback with limited accuracy and arm strength; defensive skills limited. The coach will be on the field at all times

## **GOLF – UNIFIED**

**No qualifier required for state competition**

### **Specific Division Age Requirements**

Open – 8+

Shot gun start (exception mini golf)

#### **Events:**

- Events differ based on location of competition and options may include 3, 6 or 9 hole, and mini golf
- **Must register athletes with a Unified Sports Partner (contact state office with questions)**

#### **Rules:**

- The Special Olympics Sports Rules shall govern all Special Olympics Golf competitions. As an international sports program, Special Olympics has created these rules based upon the Rules of golf as written by the Royal and Ancient Golf Club of St. Andrews (R&G) and the United States Golf Association (USGA). These rules shall govern all competition except when in conflict with the Official Special Olympics Sports Rules shall apply. You can find the [Golf Rules](#) on the SOIA website

#### **Equipment:**

- Athletes must provide their own equipment

#### **Competition:**

- Unified Golf is a 2-person alternate shot competition. Partners will tee off on the odd holes and the Athletes will tee off on the even holes. Players will hit alternating shots through the remainder of the hole
- If a team/participant has taken five (5) strokes and has not reached the green, the team/participant will pick up the ball and drop it on the closest spot on the green. The team/participant will then be allowed five (5) strokes on the green. The maximum number of strokes per hole is ten (10)
- Team/participant may move the ball off of the cart paths, dirt areas, and ground under repair. Nearest point of relief, one club length, no closer to the holes
- Athletes will be allowed to use a tee on the fairways

## **GYMNASTICS – ARTISTIC**

**No qualifier required for state competition**

**Specific Division Age Requirements** – The combination of gender and/or consecutive age groups are generally not combined

### **Events:**

- An athlete may compete in the Artistic or Rhythmic category
- Athletes may compete in up to three categories
- Artistic Routines – *routines valid thru current year*
  - **Female and Male Events (Levels A & B)**
    - Beam
    - Floor Exercise
    - Single Bar
    - Vaulting
  - **Female Events (Levels I, II, III & IV)**
    - Balance Beam
    - Floor Exercise
    - Uneven Bars
    - Vaulting
  - **Male Events (Levels I, II, III & IV)**
    - Floor Exercise
    - Horizontal Bar
    - Parallel Bars
    - Pommel Horse
    - Rings
    - Vault

### **Rules:**

- United States Gymnastics Federation rules shall be followed for all Special Olympics Gymnastics Competition. Please refer to the rules on our website under the [Mid-Winter Tournament page](#)

### **Equipment/Attire:**

- Attire and equipment requirements are identified in the rules

### **Competition:**

- Qualified instructors or coaches, appropriate equipment, proper teaching progression and effective use of spotting techniques all contribute to a safe environment in which the athlete develops into a gymnast. All Special Olympics gymnastics coaches should attend a gymnastics coach's training school or recruit a trained gymnastics coach to assist in developing their program
- Artistic Routines (also known as Compulsory) are pre-choreographed routines with visual and written resources are available. Copies of the compulsory routines for all events can be obtained from our website under the [Mid-Winter Tournament page](#)

## **GYMNASTICS – RHYTHMIC – BALL, HOOP & RIBBON**

**No qualifier required for state competition**

**Specific Division Age Requirements** – The combination of gender and/or consecutive age groups are generally not combined

### **Events:**

- An athlete may compete in the Rhythmic or Artistic category
- Athletes competing in the Rhythmic category may compete up to three (3) events
- Rhythmic Gymnastics *routines valid thru current year*
  - Hoop Level I and II
  - Ribbon Level I and II
  - Ball Level I and II

### **Rules:**

- United States Gymnastics Federation rules shall be followed for all Special Olympics Gymnastics Competition. Please refer to the rules on our website under the [Mid-Winter Tournament page](#)

### **Equipment/Attire:**

- Attire and equipment requirements are identified in the rules

### **Competition:**

- Qualified instructors or coaches, appropriate equipment, proper teaching progression and effective use of spotting techniques all contribute to a safe environment in which the athlete develops into a gymnast. All Special Olympics gymnastics coaches should attend a gymnastics coach's training school or recruit a trained gymnastics coach to assist in developing their program

## **POWERLIFTING**

**No qualifier required for state competition**

### **Specific Division Age Requirements**

- Athletes shall be placed in divisions according to ability, body weight and age
- **Special Olympics rules dictate that the minimum age for competition is 14**
- Men and women will be separated into the following weight classes **(No combining of genders):**

#### **Men:**

53kg (111 lbs.)  
59 kg (130 lbs.)  
66 kg (145.5 lbs.)  
74 kg (163 lbs.)  
83 kg (183 lbs.)  
93 kg (205 lbs.)  
105 kg (231 lbs.)  
120 kg (264.5 lbs.)  
120+ kg (264.75 or more lbs.)

#### **Women:**

43 kg (95.75 lbs.)  
47 kg (103 lbs.)  
52 kg (114.50 lbs.)  
57 kg (125.50 lbs.)  
63 kg (139 lbs.)  
72 kg (156 lbs.)  
84 kg (185 lbs.)  
84+ kg (185.25 or more lbs.)

#### **Events:**

- Athletes may compete in both events
  - Bench Press
  - Dead Lift

#### **Rules:**

- The Official Special Olympics Sports Rules shall govern all Special Olympics Powerlifting Competition. As an international sports program Special Olympics has created the rules based upon International Powerlifting Federation (IPF) rules for Powerlifting competition. IPF shall be employed except when they are in conflict with the Official Special Olympics Sports Rules, in such cases, the Official Special Olympics Sports Rules shall apply. These rules can be obtained from our website under the [Mid-Winter Tournament page](#)

#### **Equipment:**

- A belt made of leather, vinyl, nylon or other similar non-stretch or non-metal (other than buckle and stud attachments material) may be worn on the outside of the suit. Dimensions: Width — a maximum of 10 centimeters; thickness — a maximum of 13 millimeters. The belt may not encircle the body more than once. Belts shall not have additional padding
- Gloves are **NOT** allowed, but may use chalk

#### **Competition:**

- Powerlifting begins with the bench press and awards in the morning followed by dead lift competition and awards

## **ROLLER SKATING**

### **Area competition only**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

### **Relays - Open**

#### **Entries:**

- Entry score for the athlete should be their best effort time
- Entry form can be found on the SOIA website [Participation Forms](#)
- At this time only a competition at the area level

#### **Events:**

- Athletes may compete in two events and a relay
- Speed Competition
  - 30M Straight Line Race
  - 30M Slalom
  - 100M Race the Track
  - 300M Race the Track
  - 500M Race the Track
  - 2 X 100M Relay Race
  - 2 X 100M Unified Relay Race
    - An Official Championship 100-meter (70 feet by 170 feet) track shall be used
    - A 100-meter track is standard, but any size from 50 meters to 100 meters can be used. When recorded times will not be used for placement at the next level of competition, the meet director may choose to modify the distance (i.e., using a 90-meter track, individuals might race 90 meters, 270 meters and 450 meters rather than 100 meters, 300 meters and 500 meters)
    - The track is to be marked by four 8-inch pylons with the base cut so that no edges protrude onto the skating surface. Additional markers may be used to define the track
    - When rails or barrier openings occur between corners two and three, and four and one, they shall be closed in to present a continuous, smooth surface from the floor to the top of the railing or barrier wall. When no barrier surrounds the skating surface, a minimum of 1.53 meters (5 feet) from the edge of the surface shall be kept clear of seating, bleachers, spectators and contestants and will be clearly marked with tape, chalk, rope, etc. Unless the actual track is more than 9.15 meters (30 feet) from the edge of the skating surface, any rough surfaces, protrusions and obstacles adjoining the track or within 1.53 meters (5 feet) without a barrier protection, shall be padded. The padding shall be at least 5 centimeters (2 inches) thick and raised 26 centimeters (10 inches) from the skating surface

**Rules:**

- The Official Special Olympics Sports Rules for Roller Skating shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon Federation International de Roller Skating (FIRS) Rules for Roller Skating found at <http://www.rollersports.org/> FIRS or National Governing Body (NGB) rules shall be employed except when they are in conflict with the Official Special Olympics Sports Rules for Roller Skating or Article I. In such cases, the [Official Special Olympics Sports Rules for Roller Skating](#) shall apply
- Refer to Article 1, <http://resources.specialolympics.org/article1.aspx> for more information pertaining to Codes of Conduct, Training Standards, Medical and Safety Requirements, Divisioning, Awards, Criteria for Advancement to Higher Levels of Competition and Unified Sports

**Equipment:**

- Competitors wear shorts and matching short-sleeved shirts or one-piece, short-sleeved outfits. Bare midriff uniforms are prohibited. Jeans or sweat suits may be substituted in local competitions. All members of a relay team must wear identical outfits
- Helmets are required
- No gum or jewelry allowed on the Field of Play
- Wrist guards and knee pads are optional, but may be recommended for some skaters
- Skaters will wear a cloth or paper number on their backs. Members of a relay team will be issued separate matching numbers for that event (i.e., all members of a team will wear number 3). Color-coded armbands or vests may be used in addition to numbers to help identify relay partners
- A starter gun shall be used. When a starter gun is not available, a whistle is acceptable
- Standing or track starts may be used
- For hearing impaired athletes, dropping a hand or flag shall accompany the sound of the gun
- If the skater wears glasses, that skater must wear an eyeglass strap

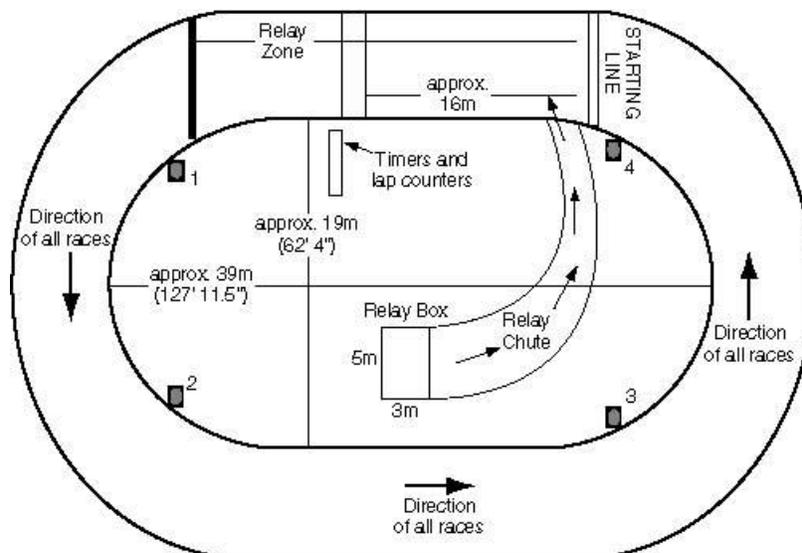
**Competition:****Official:**

- There shall be one timer per competitor in the race
- A Starter will be responsible for commencing the race by utilizing a starter gun or whistle. The Starter is also responsible for signaling the last lap of the race with a bell and a flag to signal the finish of the race
- Placement judges shall record the placement of skaters as they cross the finish line. Note: Judges must note both place of finish and time
- False starts will require a restart
- During preliminary competition, when a skater falls, the timer stops the watch and doesn't restart it until the skater is up and moving again
- 

**Competition:**

- All events are final events
- Although the race starts at the time of the gun or whistle, the timers start their watches when the first skater reaches the timing line. The watch is stopped when the skate of the assigned skater reaches the finish line
- Disqualification will be the penalty for any of the following infractions:
  - Intentional blocking, hitting, shoving or tripping another skater
  - Skating inside a pylon or straddling a pylon (when a skate is in contact with the floor on the inside or outside of the pylon)

- Falling in a place that limits another skater's ability to compete. If a skater falls in the finals and does not get up
- Breaking a skate so that it is impossible to continue
- Receiving physical assistance after the starting gun or whistle
- Rules for Relay Races
  - There is a box marked on the skating surface inside the track, across from the finish line. The relay area should be large enough for all the skaters waiting to make a relay. These dimensions are generally 5 meters (16 feet, 5 inches) by 3 meters (9 feet, 10.25 inches)
  - For relays, one partner starts on the line while the other partner(s), wait in the relay box. Once the race has begun, the relaying partner skates to the legal hand tag area between pylons 4 and 1 attempting to match their partner's speed by the time of the hand tag. A hand tag must be used. Athletes leaving the relay box area shall not enter the track until the tag between pylons 4 and 1. Once the tag is made, the partner must remain on the floor at the end of the floor without leaving the skating surface
  - Missing a hand tag is a basis for disqualification. Once the hand tag is made, the relieved partner must skate to the end of the floor and remain until the race is completed
  - Disqualifications will be the penalty for any of the following infractions:
    - Missing a hand tag
    - Using a push tag
    - Relieved partner(s) not remaining at the end of the skating floor until the event is completed
  - Relay teams may be all male, all female or mixed



- Rules for 30-Meter Straight Line Race (Any athlete able to complete this race in 15 seconds or less will not be allowed to compete in this event. Athletes with this skill level should be moved into a higher level event such as the 100M, 300M or 500M events)
  - The course shall be set up in a straight line that measures 30 meters (98 feet, 25 inches) long, with a start and finish line that are at least 5 meters (16 feet, 5 inches) wide each
  - No athletes may receive physical assistance during the actual race, but walkers or other non-mechanical devices may be permitted
  - All skaters in the heat skate at one time
  - Any skater who pushes, blocks or trips another skater in a way that hurts the other skater's performance must be disqualified
  
- Rules for 30-Meter Slalom (Any athlete completing the race in 15 seconds or less will not be allowed to compete in this event. Athletes with this skill level should be moved into a higher level event such as the 100m, 300m, 500m or 1000m Race the Track events)
  - The course shall be set up in a straight line 30 meters long (98 feet, 5.25 inches), with a start and finish line each measuring at least 5 meters (16 feet, 5 inches) wide
  - No athlete may receive physical assistance during the actual race, but walkers or other non-mechanical devices may be permitted
  - Five pylons are set up at 5 meters (16 feet, 5 inches) apart. The first pylon is 5 meters from the starting line, making the course a total of 30 meters (98 feet, 5.25 inches). From the start, skaters pass the pylons on alternating sides, starting either to the left or the right
  - Each skater is penalized by one second added to the official time for every pylon missed or straddled
  
- Unified Sports® Relays
  - Each Unified Sports relay team shall consist of an equal number of athletes and partners
  - Skaters on a Unified Sports team may be assigned to skate in any order

## **SNOWSHOEING**

### **No qualifier required for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

### **Relays - Open**

#### **Events:**

- Athletes may register for up to two individual events and one relay
  - 100M
  - 200M
  - 400M
  - 800M
  - 4 x 100M Relay
  - 4 x 100M Unified Relay

#### **Rules:**

- The Official Special Olympics Rules shall govern all Special Olympics Snowshoeing competitions. Special Olympics, Inc. is the International Governing Body for Snowshoeing. Refer to the [Snowshoeing Rules](#) on the Special Olympics website for more information pertaining to Codes of Conduct, Training Standards, Medical and Safety Requirements, Divisioning, Awards, Criteria for Advancement to Higher Levels of Competition, and Unified Sports. The Special Olympics Snowshoeing Rules can be found on the [Winter Games page](#) of our website

#### **Competition:**

- Relays consist of four (4) athletes or two (2) athletes and two (2) Unified Sport Partners. If one athlete is unable to compete the day of competition, then he/she may be replaced with another athlete so long as the category does not change
  - For example: Junior relay must remain a Junior relay
- The substituted athlete must already be competing in the sport at the competition

#### **Equipment:**

- Athletes should bring their own snow shoes. Please **DO NOT** rely on another delegation to provide the snow shoes for your athletes
- Athletes should bring winter boots, gloves and hats to wear during competition

## **SOCCER SKILLS**

### **No qualifier required for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

#### **Events:**

##### Soccer Skills

- Non-qualifying state event

#### **Equipment:**

- See rules for specific soccer ball sizes
- Non-metal cleats may be worn

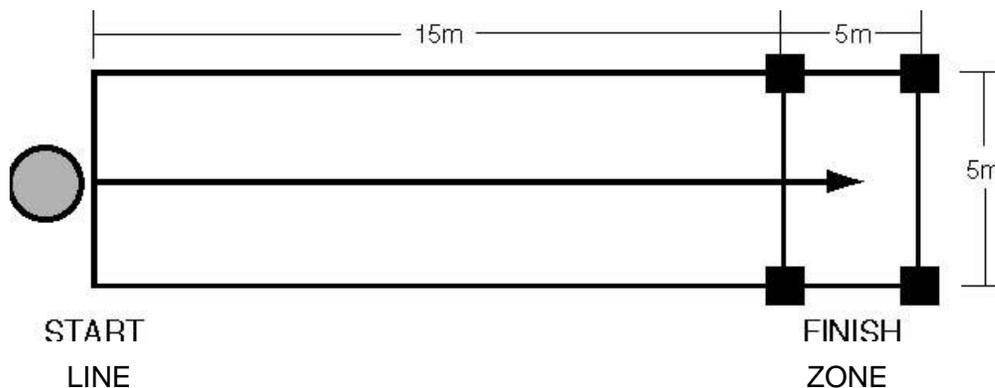
#### **Rules:**

- The Official Special Olympics Sports Rules for Football (Soccer) shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon Federation Internationale de Football Association (FIFA) rules for football (soccer) found at <http://www.fifa.com/worldfootball/lawsofthegame.html> FIFA or National Governing Body (NGB) rules shall be employed except when they are in conflict with the Official Special Olympics Sports Rules for Football (Soccer) or Article I. In such cases, the Official Special Olympics Sports Rules for Football (Soccer) shall apply. Special Olympics Soccer Rules can be found on the [Summer Games page](#) of our website

#### **Competition:**

- Individual Skills Competition consist of three events: Dribbling, Shooting and Run and Kick
- Competitors should first go through a divisioning round where each athlete performs each event once
- The total score from the three events is then used to place competitors in divisions of similar abilities for the competition (medal) round. **In the medal round, each player should perform each event twice. The total score from the two rounds is added together to give the final score**
- Competition layout listed below

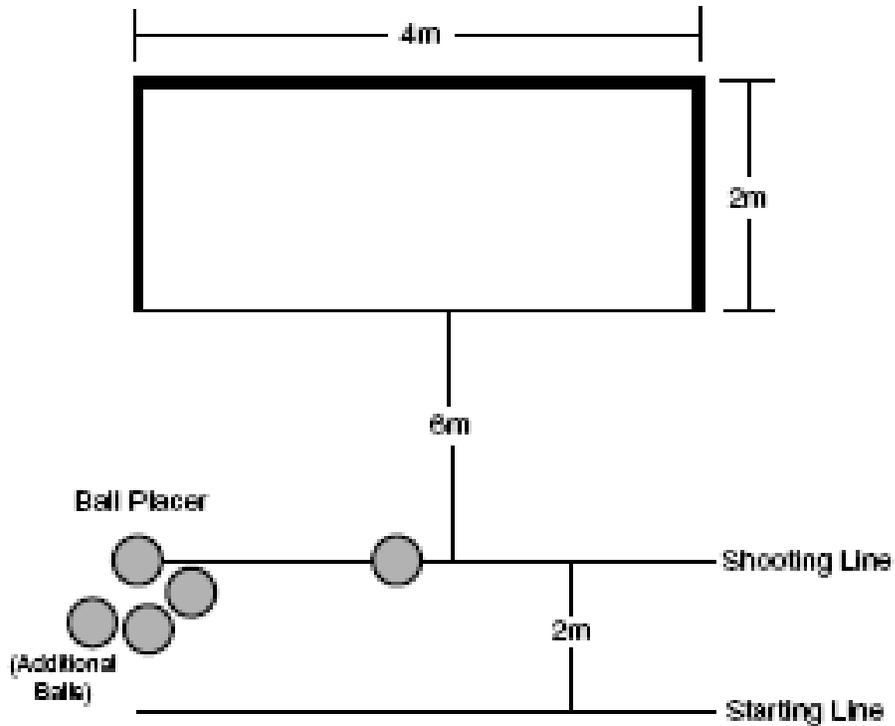
## Event #1: Dribbling



- Equipment
  - Size four or size five balls, tape or chalk, four large cones to mark the finish zone
- Description
  - The player dribbles from the starting line to the finish zone, staying inside the marked lane
  - The finish zone should be marked off with cones as well as chalk. The clock is stopped when both the player and the ball are stopped inside the finish zone. If the player overshoots the finish zone, he/she must dribble it back in to finish
- Scoring
  - The time (in seconds) elapsed while the player is dribbling is converted into points using the scale below. A deduction of five points is made for each time the ball runs over the sidelines of the lane or if a player touches the ball with his/her hands (note: If the ball runs over the sideline, the referee will immediately place another ball in the center of the lane opposite the point at which the ball went out)

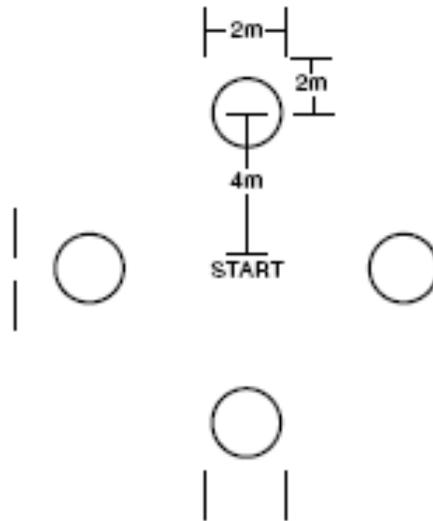
<b>Scoring conversion chart: Dribble Time (Seconds)</b>	<b>Point Score</b>
5–10	60 points
11–15	55 points
16–20	50 points
21–25	45 points
26–30	40 points
31–35	35 points
36–40	30 points
41–45	25 points
46–50	20 points
51–55	15 points
55 or more	10 points

## Event #2 Shooting



- Equipment
  - Size four or size five balls, tape or chalk, 4 meter by 2 meter five-a-side goal with net
- Description
  - Athlete begins at the start line and walks or runs forward to shoot the ball into the goal from a distance of six meters. Athlete is only allowed to kick the ball once. The athlete returns to the line. Ball placer (official) places the next ball to be shot. Athlete repeats. Total of five shots. When the player kicks the last ball, the clock is stopped at a maximum of two minutes
- Scoring
  - Each successful goal scores 10 points

### Event #3: Run and Kick



- Equipment
  - Four, size four or size five, balls. A central starting point should be marked. A 2-meter wide target gate (cones or flags) set up 2 meters ahead of each ball
- Description
  - Player begins at the starting marker. Athlete runs to any ball and kicks it through a target gate. Athlete is only allowed to kick the ball once. The player then runs and kicks another ball through a target gate. When the player kicks the last ball, the clock is stopped
- Scoring
  - The total time (in seconds) elapsed from when the player starts to when he/she kicks the last ball is recorded and converted into points using the conversion chart below
  - **A bonus of five points is added for each ball kicked successfully through a target gate**

Scoring Conversion Chart	Points Score
11–15 seconds	50 points
16–20 seconds	45 points
21–25 seconds	40 points
26–30 seconds	35 points
31–35 seconds	30 points
36–40 seconds	25 points
41–45 seconds	20 points
46–50 seconds	15 points
51–55 seconds	10 points
56 or more seconds	5 points

# SOCCER SKILLS SCORE SHEET

## SOCCER SKILLS SCORE SHEET

Athlete's Name \_\_\_\_\_

Delegation \_\_\_\_\_

Division \_\_\_\_\_

Final Score (Add Round 1 and Round 2 Totals)	
Place	

	ROUND 1					ROUND 2					ATTEMPTS	SCORE	
	1	2	3	4	5	1	2	3	4	5			
SHOOTING (5 BALLS) (10 points each)													
15-METER DRIBBLE*	Time		Score*		- Penalty 5 points each	Time		Score*		- Penalty 5 points each			
RUN and KICK**	Time		Score**		+ Bonus 5 per ball	Time		Score**		+ Bonus 5 per ball			
= TOTAL													

**\* 15-METER DRIBBLE CONVERSION CHART**

Seconds	Points	Seconds	Points
5-10 sec	60	26-30 sec	40
11-15 sec	55	31-35 sec	35
16-20 sec	50	36-40 sec	30
21-25 sec	45	41-45 sec	25

**\*\* RUN and KICK CONVERSION CHART**

Seconds	Points	Seconds	Points
11-15 sec	50	26-30 sec	35
16-20 sec	45	31-35 sec	30
21-25 sec	40	36-40 sec	25
		41-45 sec	20

7/30/2017

## **TEAM SOCCER**

**No qualifier required for state competition**

**Specific Division Age Requirements - Open**

### **Entries:**

- Soccer Team Skills Assessment for Individuals are included with the entry form

### **Events:**

- 7-a-side soccer
- 7-a-side
  - Traditional
  - Coed
  - Unified team
  - Team Soccer competition does not follow the age categories for divisioning. It is an open age competition, which means teams may consist of athletes of all ages

### **Rules:**

- The Official Special Olympics Sports Rules for Football (Soccer) shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon Federation Internationale de Football Association (FIFA) rules for football (soccer) found at <http://www.fifa.com/worldfootball/lawsofthegame.html> [FIFA](#) or National Governing Body (NGB) rules shall be employed except when they are in conflict with the Official Special Olympics Sports Rules for Football (Soccer) or Article I. In such cases, the Official Special Olympics Sports Rules for Football (Soccer) shall apply. Special Olympics Soccer Rules can be found on the [Summer Games page](#) of our website

### **Equipment:**

- Size 5 soccer ball
- Shin guards are required – provided by delegation
- Non-metal cleats may be worn
- Team shirts of the same color are to be worn

### **Competition:**

- Seven players must start at each game

## **SOFTBALL SKILLS**

### **Conference competition required to qualify for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

#### **Entries:**

- Conference Softball
  - Athletes who participate at a conference competition and place, may compete at the state tournament

#### **Events:**

- Softball Skills

#### **Rules:**

- Special Olympics Iowa will follow Amateur Softball Associations Slow Pitch rules. ASA Rules for Softball can be found on our website under the [Softball page](#)

#### **Equipment:**

- Only bats marked by the Manufacturer as “Official Softball” may be used
- A 30 cm (12”) optic yellow softball must be used
- Non-metal cleats may be worn

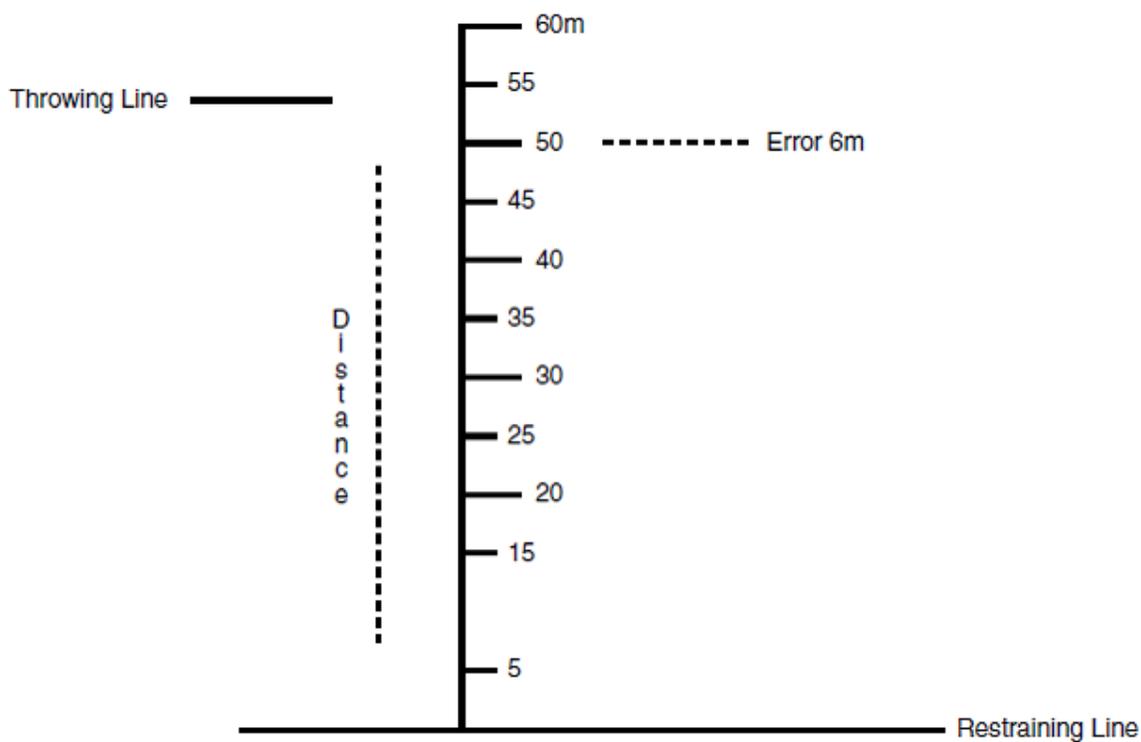
#### **Competition:**

- Individual Skills Competition is not for athletes who can already play the game
- The Individual Skills Competition is composed of four events: Base Race, Throwing, Fielding and Hitting
- The athlete’s final score is determined by adding together the scores achieved in each of these four events
- Athletes will be pre-divisioned according to their total scores from these four events
- Each event is diagrammed with the suggested number and placement of volunteers who will administer the event. It is also suggested that the same volunteers remain at an event throughout the competition so that consistency is provided

#### **Event #1: Base Running**

- Equipment: Three bases, home plate, stopwatch
- Purpose: To measure the athlete’s base-running ability
- Description: Bases are set up like a baseball diamond and positioned 19.81 meters (65 feet) apart. The athlete is instructed to start on home plate, and run around the bases as fast as possible, touching each base en route
- Scoring: The time starts when the athlete leaves home plate and stops when the athlete returns to home plate after circling the bases. The time elapsed in seconds is subtracted from 60 to determine the point score. A penalty of five seconds for each base missed or touched in improper order shall be assessed. The best score of two trials is recorded

## Event #2: Throwing



- Equipment: Regulation field, two measuring tapes, softballs, two small cones or marking stakes
- Purpose: To measure the athlete's ability in throwing for distance and accuracy
- Description: The player being tested stands behind the restraining line, back far enough to take one or more steps in preparation for throwing. The player has two trials to throw the softball as far and as straight as possible down the throwing line, without stepping over the restraining line. Coaches, assistants or other waiting players should be positioned in the field to indicate, using a cone or marking stake, the spot where each ball first touches the ground. The better of the two throws is measured and recorded as the player's score. If a player steps on or over the line before releasing the ball, the trial must be repeated. There will be a maximum of two repeats
- Scoring: The net throwing score equals the throwing distance, measured at a point on the throwing line straight across from (perpendicular to) the spot where the ball landed, minus the error distance, the number of meters the ball landed off target, away from the throwing line. The player's score is the better of the two throws. Both error scores and distance are measured to the nearest meter; for example, if a ball lands even with (perpendicular to) the 50-meter point on the measuring tape, but is 6 meters off to one side, the player's score is 44 points (Distance thrown [50] minus number of meters off target [6] results in a net score of 44 meters). Athletes score one point per meter; for example, 44 meters equals 44 points. If the score falls between meters, the score should be rounded down; for example, 44.73 equals 44 points

### **Event #3: Fielding**

- Equipment: 30.5-centimeter (12-inch) softballs, measuring tape, chalk/line, cones
- Purpose: To measure athlete's fielding ability
- Description: The athlete will stand between and behind the two cones. The official must throw the ball on the ground to the athlete, between the cones. The throw to the athlete must hit the ground before the 6.10-meter (20-inch) chalk mark. The athlete may move aggressively toward the ball. If the thrown ball is outside of the cones, the throw must be repeated. Each athlete gets five fielding attempts per trial. Each athlete receives two trials
- Scoring: The athlete receives five points for a clearly fielded ball (either caught in glove or trapped against the body, but off the ground); two points for a ball that is blocked; zero points for a missed attempt, for a maximum score of 50

### **Event #4: Hitting**

- Equipment: Batting tee, 30.5-centimeter (12-inch) red-stitch restricted-flight softballs, bat, measuring tape and chalk
- Purpose: To measure the athlete's ability to hit for distance when hitting off a batting tee
- Description: Standing in a regulation-size batter's box (i.e., 2.31 meters [7 feet, 7 inches] by 99 centimeters [3 feet, 3 inches]), the athlete is instructed to hit the ball off the tee. The athlete receives three attempts
- Score: The distance of the longest hit shall determine the athlete's final score. The distance of a hit is measured from the batting tee to the point where the ball first touches the ground. The distance is measured to the nearest meter; for example, one meter equals one point; 46 meters equals 46 points. If the score falls between meters, scores should be rounded down; for example, 46.73 equals 46 points

### **Final Score**

- A player's final score is determined by adding together the scores achieved in each of the four events which comprise the Individual Skills Competition

## **TEAM SOFTBALL**

### **Conference competition required to qualify for state competition**

#### **Specific Division Age Requirements**

Junior – 8 – 21

Senior – 22 – 51+

#### **Events:**

- Softball Team Skills Assessment for Individuals is available with the entry forms
  - Team
  - Co-ed
  - Unified

#### **Rules:**

- Special Olympics Iowa will follow Amateur Softball Associations Slow Pitch rules. ASA Rules for Softball can be found on our website under the [Softball page](#)

#### **Equipment:**

- Only bats marked by the Manufacturer as “Official Softball” may be used
- A first baseman’s trapping-type mitt may be worn by first baseman and catchers only
- The catcher must wear a one piece helmet and mask
- All batters and base runners must wear a batter’s helmet
- Non-metal cleats may be worn
- A 30 cm (12”) optic yellow softball must be used

#### **Competition:**

- Team Softball competition does not follow the age categories for divisioning. It is an open age competition, which means teams consist of athletes of all ages
- Rosters are 10 – 15
- The game consists of 7 innings with a 1 ½ hour playing time limit
- Extra innings are played if needed
- The game is considered complete if after three full innings of play one team leads the other by 15 runs or more, or five full innings of play one team leads the other by 10 runs or more
- If a batter is using the tee the pitcher will stand on the rubber and outfielders need to be on the grass
- Division III, IV and Developmental may use a tee and bat. When the batter steps up to the plate, they must choose bat or tee. No changes at bat will be allowed
- In Division IV after an athlete pitcher pitches 4 balls a coach will come in and pitch 3 pitches. There will be no walks. Batter will not be allowed to switch to tee after receiving pitch
- The ball must be pitched in an underhand motion and should travel in an arc that is no less than 1.83 meters (6') and no greater than 3.66 meters (12'). Pitcher must have one foot on rubber to start pitch
- A carpet extension is used to determine a strike or ball. If the ball lands on the plate or carpet in correct arch, it is a strike. If the ball lands on the black of plate, it is a ball
- At bats start with a one and one count. Four balls constitute a walk and three strikes constitute an out. If the batter has two strikes and fouls off the third pitch, he/she shall be declared out
- In the Developmental division coaches will pitch to their own batters. There will be only four pitches from the coach, or the batting tee. When the batter steps up to the plate, the coach and batter need to decide if the batter elects to use live pitches or the tee
- In Division III, IV and Developmental when using a tee the batter starts with a 1 and 1 count and can strike out

- In Division IV and Developmental, three (3) outs or 10 batters will indicate the end of an inning
- As a safety issue athletes in Division I and Division II are not be allowed to use the tee
- An appeal play is defined as a play in which an umpire is unable to make a decision unless he/she is requested to do so by a coach or player. The appeal can be made if a coach or player asks the umpire to make a ruling
- The umpires are empowered to make all decisions on the playing field. If a protest is made, it shall be brought to the Softball Rules Committee who will then make a final decision. A protest may only be made if it questions the applicability of the rules. No protest will be considered which pertains to any judgment call made by an umpire
- If a coach touches a runner while the ball is still in play, that runner will be declared out. Coaches are required to stay within the boundaries of the coaches' box
- In the Developmental division, the defensive coach can be on the field behind 2<sup>nd</sup> base
- In Division IV, after the 10<sup>th</sup> batter bats and the pitcher has the ball in the vicinity of the mound the ball will be considered dead. Runners may advance to the base they are headed for
- A player can only occupy one spot in the batting order. If a player is replaced in the batting order he/she can only come back into that same slot in the order, and only one reentry allowed. Moving defensive position is not a substitution. Players can switch defensive positions at will

## **SPEED SKATING**

### **No qualifier required for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

### **Relays - Open**

#### **Events:**

- Athletes may register for up to two individual events and a relay
  - 25M
  - 25M Assisted (skate-aid)
  - 100M
  - 300M
  - 500M
  - 2 x 100M Relay
  - 2 x 100M Unified Relay
  - 4 x 100M Relay
  - 4 x 100M Unified Relay

#### **Rules:**

- The Official Special Olympics Sports Rules for Short Track Speed Skating shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon International Skating Union (ISU) rules for Short Track Speed Skating found at <http://www.isu.org>. The Special Olympics Speed Skating Rules can be found on the [Winter Games page](#) of our website

#### **Equipment:**

- Ice skates are available to athletes, at no cost during Winter Games
- All speed skaters shall wear long-sleeved and long-legged uniforms, knee pads, shin guards, cut resistant neck protector, cut resistant gloves or mittens of a protective nature, and an ISU approved speed skating safety helmet which shall be held on with straps and have a hard shell that has no protrusions
- Whenever possible athletes should bring their own skates and skate guards

## **SWIMMING**

### **Area competition required to qualify for state competition**

**Specific Division Age Requirements** – Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

### **Relay**

Junior – 8 – 15

Senior – 16 – 51+

### **Relay Categories**

Co-ed – two (2) female and two (2) male

Female – four (4) female

Male – four (4) male **or** one (1) male and three (3) female **or** three (3) male and one (1) female

Unified team – two (2) athletes and two (2) Unified Sports Partners

### **Entries:**

- Entry score for the athlete should be their best effort time
- **State Office will use qualifying score from Area Swimming results to division at the state competition**
  - **We want to ensure that all athletes have a fair opportunity to qualify for and compete at the state competition. Therefore we are requesting that the areas that currently offer a swimming competition to continue to do so. Athletes who want to compete in swimming but are in areas that do not have a swimming competition will compete in a neighboring area**
  - **The following is the breakdown of where area swimming competitions are held and which areas will compete in them:**
    - **Cedar Rapids: East Central Area**
    - **Cedar Falls: Northeast Area**
    - **Clinton: East and Southeast Area**
    - **Indianola: South Central, Southwest and West Central Areas**
    - **Marshalltown: Central and North Central Areas**
    - **Spirit Lake: North and Northwest Areas**

### **Events:**

The following events will be offered in swimming competition:

- 25 yard Backstroke
- 50 yard Backstroke
- 100 yard Backstroke
- 25 yard Breaststroke
- 50 yard Breaststroke
- 100 yard Breaststroke
- 25 yard Butterfly
- 50 yard Butterfly
- 100 yard Butterfly
- 15 yard Flotation Race
- 25 yard Flotation Race
- 25 yard Freestyle
- 50 yard Freestyle
- 100 yard Freestyle
- 200 yard Freestyle
- 100 yard Freestyle Relay (4 X 25 yard)
- 100 yard Unified Freestyle Relay (4 X 25 yard)
- 100 yard Individual Medley
- 200 yard Individual

The 15 yard and 25 yard flotation are development events. These events are for individuals with severe or profound disabilities who cannot recover to the side, stand in the water or otherwise voluntarily help themselves. These individuals need assistance (flotation device) in the water. It is not a “learn-to-swim” event. Each athlete is responsible for his/her own flotation device. The device must be of the body wrap around type such that if the athlete were to not be able to hold onto the device, the device would still support the athlete with his/her face out of the water. (Flotation devices such as kickboards, inner tubes or floats that wrap around the arms are not acceptable for use at any time). If an athlete needs assistance to enter or leave the pool, his coach or staff will help. Our volunteers are not trained to do this. There is a 10 minute limit on the 15 yard race and a 15 minute limit on the 25 yard race. An athlete may enter only one flotation race. **After the race begins, there will be no touching of the athlete to help them with the race.**

#### **Rules:**

- The Official Special Olympics Sports Rules for Swimming shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon Federation International de Natation Amateur (FINA) rules for swimming found at <http://www.fina.org/>. United States Swimming Rules shall govern the competition with the exception of the false start rule. Rules can be found on the [Summer Games page](#) of our website
- An athlete with Down syndrome who has been diagnosed with Atlanto-Axial Instability may not participate in Butterfly events, Individual Medley events, or diving starts
- If available, starting blocks may be used at Area and State competition
- Each swimmer will be allowed one false start. Upon committing a second false start, that swimmer will be disqualified
  - In all cases where a false start occurs, the race will be recalled and the disqualified swimmer shall not be permitted to swim
- Athletes will be disqualified for walking on the bottom of the pool during competition
- Athletes must use appropriate strokes at all times
- No jewelry is to be worn during competition
- No flotation devices shall be allowed except in the developmental event
- No coach shall enter the water with the swimmer in any event with the exception of assisting an athlete in and out of the pool

#### **Stroke Specific Rules:**

- Below are common rule violations in each swim stroke. The penalty for stroke form violations is disqualification from event.

#### Backstroke

- The body shall remain on the back
- The turn requires that some part of the swimmer’s body contact the end wall
- The finish requires contact with the finish wall, by any part of the body

#### Breaststroke

- Some portion of the head must break the water surface sometime during each stroke cycle
- The stroke requires both hands be pushed forward from the breast simultaneously on, above, or under the surface of the water
- The kick requires the feet be drawn up with the knees bent. The feet must be turned outward during the propulsive part of the kick. All movement of the legs and feet shall be simultaneous and in the same horizontal plane. NO scissors, flutter, or downward butterfly kick is permitted
- The turn requires a simultaneous touch with two hands, not necessarily on the same plane after which any manner of turn is permitted
- The finish requires contact with the finish end when both hands touch simultaneously, not necessarily on the same plane

## Butterfly

- The Stroke requires that both arms simultaneously pull backward under the water, then simultaneously recover over the water
- The kick requires that both legs and feet move up and down simultaneously in the vertical plane. Scissors, breaststroke and alternating up and down movements of the legs are not permitted
- The turn requires simultaneous touch with two hands, not necessarily on the same plane, after which any manner of turn is permitted
- The finish requires contact with the finish end when both hands touch simultaneously, not necessarily on the same plane, and shoulders horizontal

## **Competition:**

- Relays consist of four athletes or two (2) athletes and two (2) Unified Sport Partners. If one athlete is unable to compete the day of competition, then he/she may be replaced with another athlete so long as the category does not change
  - For example: Junior female relay must remain a Junior female relay
- The substituted athlete must already be competing in the sport at the competition

## **TENNIS SKILLS**

### **No qualifier required for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

#### **Events:**

- Athletes entered into Individual Tennis Skills competition may not enter Singles or Doubles events
  - Individual Tennis Skills

#### **Rules:**

- The Official Special Olympics Sports Rules for Tennis shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon International Tennis Federation (ITF) Rules for tennis found at <http://www.itftennis.com/>. Special Olympics Tennis Rules can be found on the [Summer Games page](#) of our website

#### **References:**

- **Tennis Rating Sheet:** [http://media.specialolympics.org/soi/files/resources/Sports-Rules-Competitions/Tennis/Tennis\\_Rating\\_Sheet\\_2012.docx](http://media.specialolympics.org/soi/files/resources/Sports-Rules-Competitions/Tennis/Tennis_Rating_Sheet_2012.docx)
- **Levels Court Diagram:** [http://media.specialolympics.org/soi/files/resources/Sports-Rules-Competitions/Tennis/Levels\\_court\\_diagrams.docx](http://media.specialolympics.org/soi/files/resources/Sports-Rules-Competitions/Tennis/Levels_court_diagrams.docx)

#### **Competition:**

##### **Levels:**

The following is a guide to levels designed to provide competition opportunities to athletes of all abilities. Competition events for Levels 2 – Level 5 are: Singles Doubles, Mixed Doubles and Unified Doubles.

<b>Level 1</b>	<b>Individual Skills Competition</b>	<b>Tennis Rating of 1.0 – 1.9 ITN 10.3-10.2 42'</b>	<b>Court – Red foam ball</b>
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#### **Event #1: Forehand Volley**

- The athlete stands approximately one meter from the net with the feeder on the other side of the net, positioned halfway between the service line and the net
- Each athlete is given five (5) attempts to hit a ball safely over the net
- The feeder underhand tosses each ball to the athlete's forehand side
- The athlete scores five (5) points for hitting into the service box into either service box

#### **Event #2: Backhand Volley**

- Same as forehand volley except feeder sends the balls to athlete's backhand side
- Each athlete is given five (5) attempts
- The athlete scores five (5) points for hitting into the service box into either service box

#### **Event #3: Forehand Groundstroke**

- The athlete stands one meter behind the center (T) of the service line
- The feeder is on the other side of the net, positioned half way between the service line and the net, underhand tosses the ball so it bounces once before reaching the athlete's forehand side
- Each athlete is given five (5) attempts
- The athlete scores five (5) points for hitting into either service box

**Event #4: Backhand Groundstroke**

- Same as forehand groundstroke except the feeder sends the ball to the athlete's backhand side
- Each athlete is given five (5) attempts
- The athlete scores five (5) points for hitting into either service box

**Event #5: Deuce Court**

- Each athlete is given five (5) attempts to hit a legal serve from the right court to the deuce service box
- A ball landing in the correct service box will count ten (10) points
- A zero (0) score is recorded if the athlete commits a foot fault or fails to get the ball in the service box
- A foot fault occurs when the athlete steps on or over the service line

**Event #6: Advantage Court**

- Same as serve to deuce court but from the left court to the advantage service box
- Each athlete is given five (5) attempts
- A ball landing in the correct service box will count ten (10) points
- A zero (0) score is recorded if the athlete commits a foot fault or fails to get the ball in the service box
- A foot fault occurs when the athlete steps on or over the service line

**Event #7: Alternating Groundstrokes with Movement**

- The athlete begins one meter behind the center (T) of the service line
- The feeder is on the other side of the net positioned halfway between the service line and the net, alternates underhand tosses to the athlete's forehand and backhand sides
- Each toss should land at a point which is both halfway between the service line and the net and halfway between the center service line and singles sideline
- The athlete must be allowed to return to the center mark before feeding the next ball
- Each athlete is given ten (10) attempts
- The athlete scores five (5) points for hitting into either service box

**Final Score**

- A player's final score is determined by adding together the scores achieved in each of the seven (7) events which comprise the Individual Skills Competition

## **TENNIS**

### **No qualifier required for state competition**

**Specific Division Age Requirements** - Special Olympics division guidelines allow for the combining of individuals in consecutive age groups and/or gender into the same division if their ability levels are similar enough to provide fair and equitable competition

#### **Events:**

- Athletes may register for two events – Singles and one Doubles event. Athletes entered into Individual Skills competition may not enter Singles or Doubles events. Tennis Skills Assessment for Individuals is included with entry form
  - Singles
  - Doubles
- Mixed Doubles  
Unified Doubles **Rules:**
- The Official Special Olympics Sports Rules for Tennis shall govern all Special Olympics competitions. As an international sports program, Special Olympics has created these rules based upon International Tennis Federation (ITF) Rules for tennis found at <http://www.itftennis.com/>. Special Olympics Tennis Rules can be found on the [Summer Games page](#) of our website

#### **References:**

- **Tennis Rating Sheet** - [http://media.specialolympics.org/soi/files/resources/Sports-Rules-Competitions/Tennis/Tennis\\_Rating\\_Sheet\\_2012.docx](http://media.specialolympics.org/soi/files/resources/Sports-Rules-Competitions/Tennis/Tennis_Rating_Sheet_2012.docx)
- **Levels Court Diagram** - [http://media.specialolympics.org/soi/files/resources/Sports-Rules-Competitions/Tennis/Levels\\_court\\_diagrams.docx](http://media.specialolympics.org/soi/files/resources/Sports-Rules-Competitions/Tennis/Levels_court_diagrams.docx)

#### **Competition:**

- Athletes will be in a division based on their rating (2.0 – 8.0) determined by completion of the Tennis Rating Sheet. SOIA will division according to ability. The Special Olympics Rating Guidelines will be used
- Tennis Rating Sheet is included with the entry form
  - The size of the court on which competition will be held and the type of ball which will be used will correspond to the level of play to which the athlete is assigned based on their rating

**Levels:**

The following is a guide to levels designed to provide competition opportunities to athletes of all abilities  
Competition events for Levels 2 – Level 5 are: Singles Doubles, Mixed Doubles and Unified Doubles

<b>Level 2</b>	<b>Match play: Tennis Rating of 2.0 – 2.9 ITN 10.1 42'</b>	<b>Court – Red foam ball</b>
<b>Level 3</b>	<b>Match play: Tennis Rating of 3.0 – 3.9 ITN 10 60'</b>	<b>Court – Orange ball</b>
<b>Level 4</b>	<b>Match play: Tennis Rating of 3.0 – 4.9 ITN 9 78'</b>	<b>Court – Green ball (Yellow ball with green dot)</b>
<b>Level 5</b>	<b>Match play: Tennis Rating of 5.0 – 8.0 ITN 8, 7, 6 78'</b>	<b>Court – Yellow ball</b>

**Notes:** Level 3 is intended as a transitional level for training purposes. It can be used for competition if sufficient entrants at this level are expected.

The SO Tennis Rating above are for singles, the range of rating should be doubled when athletes are playing doubles matches, i.e. Level 4 would become 6.0 – 9.9

## **VOLLEYBALL**

**No qualifier required for state competition**

### **Specific Division Age Requirements**

Junior – 8 – 21

Senior – 22 – 51+

Gender is mixed

#### **Entries:**

- Volleyball Assessment for Individuals is included with entry form

#### **Events:**

- Team
- Unified

#### **Rules:**

- SOIA Volleyball Tournament will be conducted in accordance with the (Federation Internationale de Volleyball (FIVB), which USAVB Rules. [Special Olympics Volleyball Rules](#) can be found on the SOIA website.
- Unified teams
  - Each team may have up to three (3) hits, one of which must be by an athlete

#### **Equipment/Uniforms:**

- All players, coaches, and athletes must wear tennis shoes. Uniforms should consist of t-shirts with numbers on the front and back and shorts or volleyball uniform sets. If a team is unable to wear uniforms or does not have t-shirts with numbers on the front and back, please wear shirts and shorts appropriate for athletic competition (no denim or khaki shorts)

#### **Competition:**

- Teams will be assigned to divisions based on ability within varying levels of play. Please see the following pages for specific divisioning information. Team Composition: Six players and up to six substitutes
- Rally scoring will be used in all divisions. Rally scoring means that every time the ball is served a point is scored. In the Developmental Division all competition will be single game matches, with the winners being the first team to 15. In all other divisions there will be pool play in the morning consisting of singles games with the winner being the first team to 15. Winning team must win by two (2) points. The morning games will determine the seeding for medal round play in the afternoon

## **Volleyball Division Criteria**

### **DIVISION I**

Playing all high school rules including:

- Foot Faults
- In the net
- Carries
- Blocking serve

Criteria

- Majority of servers (four out of six starters) could serve 15 straight if not returned. One or two players could serve 6-8 straight, possibly one player who couldn't serve 6-8 straight
- Majority of players (four out of six starters) can return a serve or a volley routinely. The rest of team can return a serve or a volley occasionally
- Majority of players can set teammates and play on ball set by teammates
- Majority of starters would move for a ball

### **DIVISION II**

Some leniency in rules:

- Call all foot faults
- Can touch net if doesn't interfere with opponent, but call if during attempt to spike, and call if at least whole foot touches past center line or interferes with opponent
- Call only obvious carries
- Call spiking serve

Criteria

- Half of starters could serve 15 straight if not returned. One or two players could serve 6-8 straight if not returned. One or two players have at least half straight if not returned. One or two players could not serve over 50% from back line
- Half of players can return a serve or a volley routinely. One or two players can return a serve or volley occasionally. One or two players might return a serve or volley hit right to them, if in the front row
- Half of starters can set a teammate and play on ball set by teammates
- Half of starters would move for a ball

### **DIVISION III**

Added leniency in rules:

- Call foot faults if whole foot is over line
- Can touch net if doesn't interfere with opponents - call if more than one foot is touching under net or interferes with opponents
- Call only very obvious carries
- Call spiking a serve

Criteria

- One or two players could serve 15 straight if not returned. One or two players would regularly serve 6-8 straight if not returned. 1 or 2 players would have 50% of good serves
- One or two players can return a serve or a volley routinely. One or two players can return a serve or volley occasionally. One or two players might return a serve or volley hit right to them if in the front row. One or two players who rarely would return a serve or volley even if hit right to them when in the front row
- One or two players can set a teammate and play on a ball set by teammates
- One or two players would move for a ball

## **DIVISION IV**

Increased leniency in rules:

- Call foot faults if whole foot is over line, may move service line closer to the net, but no closer than 14'9" but if server is reaching back row they should serve from end line
- Any touching of net or going under net allowed first time if it doesn't interfere with opponents playing ball. Warn athletes, if same athlete repeats, call as in Division III
- Call only catch and throw
- Can block serve

Criteria

- Half of starters could serve 5 straight serves in, if not returned from either end line or 3 feet in. One or two starters at least 50% of serves would be good from either line. One or two starters could not serve at least 50% of serves good from line 3 feet in
- One or two players can return a serve or volley occasionally. One or two might return a serve or volley that is hit right to them, if they were in the front row. One or two players would rarely return a serve or volley even if the ball was hit right to them and they were in the front row
- One or two players that might set a team mate or play on a ball hit by a teammate
- One or two players might move for a ball

## **DEVELOPMENTAL DIVISION**

- The developmental division will accommodate the athletes with low motor ability. The whole team shall be comprised of athletes of low ability. If you feel your team would benefit from this level of play, please indicate this on your roster

Very lenient on rules similar to Division IV

- Play on smaller court, lower net, lighter, larger ball
- Court: Smaller Size 25' X 50'
- Net: Lower height 7'.4 1/8"
- Equipment: Ball will be a softer rubber (Volleyball Trainer)
- Serve: The service line may be moved closer to the net. But no closer than 4.5 meters from the net

Criteria

- Entire team should consist of athletes with lower levels of functioning

## **Volleyball Tournament Rules Modifications and Points of Emphasis**

As noted previously the SOIA State Volleyball Tournament will be played according to the official [Special Olympics Incorporated \(SOI\) Volleyball rules](#) except for the following modifications:

### **Points of Emphasis**

- Scoring Change
  - Scoring in Divisions I – IV for afternoon medal round play
    - During medal round play the first two games of the three game match will be played to 21. The third game of the match, if necessary, will be played to 15. Winning team must win by 2 points
  - Seeding round games in all divisions and all developmental division games will be played to 15. Winning teams must win by 2 points
- Libero Player
  - Teams in Divisions I and II are encouraged to consider using a Libero player. Please check the SOI Volleyball rules on page 2 for the rules regarding Libero players

## Rules and Game Management

### Rights and Duties of Team Personnel and Players

- Spokesman of the team – playing captain and head coach may address referee only to request clarification of ruling, timeout or substitution
- Timeout requests – request to be made by captain or head coach when ball is dead
  - Teams are allowed 2 – 30 second timeouts per game
  - Players must remain on the court during timeouts

### The Teams

- Compositions of Teams and Substitutions
  - A team shall consist of six players. The complete team, including substitutions may not exceed twelve players
  - Teams are allowed free substitutions
- Choice of Playing Area or Serve
  - Decided by coin toss. Winner chooses either first serve or playing area for first game
- Interruption of Play
  - Play may be stopped at any time when an injured player, foreign object or hazard is noticed by the referee. The referee will direct a replay

### Commencement of Play and the Services

- The Service – putting the ball in play by the player in the right back position who hits the ball with the hand or arm
  - Serve must be started within five seconds of referee signal. The referee will blow the whistle to call for the serve
  - The ball shall be cleanly hit. If the ball falls without being hit by the server, a replay will be allowed only once during a service rotation
  - The server must be within the service area at the time of striking the ball for the serve. Server may not touch back or side lines of the court. (In Division IV the service line may be moved closer to the net, but no closer than 20' or 3m. In Developmental the service line may be moved closer to the net, but no closer than 14' 9" or 4.5m.)
  - A good serve passes over the net between the antennas. A let serve is good and is played
- Serving Faults – side outs and change of service will be called for the following:
  - Ball passed under net
  - Ball passes outside of or hits antenna
  - Ball touches player on serving team or any object prior to entering opponent's area
  - The ball lands outside of opponents playing area
  - Blocking or spiking a serve is illegal
- Duration of Service – player continues to serve until fault is committed by serving team
  - In Divisions IV and Developmental, after 5 consecutive successful serves, a side out will be called and serving will change to the opponent
- Serving Out of Order – team loses serve and any points won during service. Team must resume correct serving order
- Change of Service – the team receiving the ball for service rotates on position clockwise before serving
- Positions of Players at Service – placement of players must conform to service order
  - All players with the exception of the server must be on the court. Center front and center back players may be no further left or right than the players on their left or right. Back court players may be no nearer the net than their corresponding front court players. After the ball is contacted, players may move from their respective positions
  - Serving order remains the same for the entire game
  - Serving orders may be changed after each game

## Playing the Ball

- Maximum of Three Team Contacts – a maximum of three consecutive team contacts to return the ball to opponents play area is allowed
- Contacted Ball – player who contacts the ball or is contacted (hit) by the ball is counted as one contact
- Contact to Ball with Body – ball may be hit with any part of the body
- Simultaneous Contact with the Body – ball may be contacted by any number of parts of the body as long as contact is simultaneous
- Successive Contact – players may have successive contacts of the ball during a block as long as there is no finger action used to direct the ball or on a team's first hit when receiving the serve. Any other successive hit shall be a double hit and considered a fault
- Held Ball – when ball visibly rests momentarily on hands or arms. Ball must be clearly hit
- Simultaneous Hits by Opponents – if held simultaneously it is a double fault and a replay is called
  - If contacted simultaneously and not held, play will continue
  - After this, the team to whose side the ball falls will have the right to play the ball three times
  - If, after this, the ball falls out of bounds, the team on the opposite side shall be called for hitting the ball out of bounds
- Ball Played by Teammates – when two players of the same team contact the ball simultaneously this is counted as one contact and either player may take the next contact
- Blocking – action close to the net to prevent the ball from coming from opponent's area. A blocked ball is considered to have crossed the net
  - Blocking may be done only by players in the front row
  - Multiple contacts of the ball are permitted during one block attempt
  - Any player participating in the block may make next contact. This next contact is counted as one of the three allowed the team
  - Backline players may not block, but may play the ball in any area on the court
  - Blocking a serve is prohibited
  - Blocking ball across the net above the opponents court is legal if:
    - Ball had intentionally been directed into opponent's court (spike)
    - Opponents have completed three hits
    - Ball is directed over the net or falling near the net and no player on attacking team can make a play
  - Ball Contacting Top of Net and Block – if ball contacts the top of the net and is blocked and falls in the attacker's area, the attacking team is entitled to three hits
  - Backline Attacker – a backline player returning a ball to the opponent's area while inside the attack area, must contact the ball below the top of the net. This does not apply if the backline player jumps from clearly behind the attack line and lands in the attack area. Penalty for infraction is a fault. The attack area is 10 feet from the net

## Play at the Net

- Ball Contacting and Crossing the Net – shall remain in play provided contact is between the net antennas or their assumed extensions
- Player Contact with Net – player contacting the net during play with any part of the body or uniform will be called for a fault. If the ball is hit into the net causing the net to touch the player, no fault is called
- Simultaneous Contact by Opponents – If opponents contact the net simultaneously, the referee will call a double fault and direct a replay
- Contact by Player Outside of Net – accidental contact of supports, referee's stand, etc. shall not be a fault

#### Dead Ball – Ball Becomes Dead when:

- The ball touches the net antennas or does not pass entirely between the net antennas
- The ball lands out of bounds
- The ball contacts the ceiling or an overhead obstruction and is not legally played next by the offending team
- The ball contacts the ceiling or an overhead obstruction after the third hit
- The ball contacts a wall or ceiling obstruction which is over an unplayable area
- The ball becomes motionless in the net or on an overhead obstruction
- The ball touches the floor
- The ball passes completely under the net
- The ball contacts a non-player in a playable area
- A ball (from the direction of the court) or a player breaks the plane of an unplayable area
- A player commits a fault
- An official's whistle or timer's audio signal sounds for any reason

#### Team and Player Faults

- Double Fault – opposing players commit faults simultaneously. Replay will be directed
- Faults at Approximately the Same Time – first offense shall be penalized. If not able to determine, will be called a double fault and replay directed
- Penalty for Committing Faults – if the serving team commits a fault, side out is declared. If receiving team commits a fault, serving team is awarded a point
- Team and Player Faults include:
  - Ball touches floor
  - Ball is held, thrown, or pushed
  - Team plays ball more than three times consecutively
  - Player touches ball twice consecutively
  - Team is out of position at service
  - Player touches net or antenna
  - Player completely crosses center line and contacts opponent's playing area
  - Player attacks ball above opponent's playing area
  - Backline player attacks hit ball into opponents playing area from above the net while in attack area
  - Ball does not cross net entirely between antennas
  - Ball lands outside court or touches object outside court
  - Ball is played by a player being assisted by a teammate
  - Player receives a personal penalty
  - Player reaches under the net and touches the ball or opponent while the ball is being played by the opponent
  - Game is delayed persistently
  - Players disrupting opponents
  - Illegal blocking
  - Illegal serve or service fault

## Scoring and Result of the Game

- When a Point is scored – each time the ball is served a team is awarded a point. This is known as Rally Scoring
- Winning Score – Rally scoring will be used. A game will be won when a team scores either 15 or 21 points and has a two point advantage (see tournament format information above for information on which games will be played to 15 and which will be played to 21)
  - Pool Play – will be used in the morning. Each match will be one game with each team playing every other team in their division
  - Bracket Play – will be used in the afternoon. Matches will be 2 games to 21 and if necessary, a deciding third game to 15. Afternoon (medal round play) will be single elimination

## Game Procedures

- Pregame
  - Call captains together for coin toss
  - Three minute warm-up period on court
  - Team line up at back line of respective courts and take positions upon whistle and signal of referee
  - Referee verifies line up and service order
- Start of Game
  - Prior to serve, players will halt movement
  - Serve is made upon whistle and signal of first referee
- Substitution Procedures
  - Substitutes approach referee and wait to be recognized for entry into the game
  - Substitutes entering and players leaving will touch hands and wait to be recognized by the referee
  - Sportsmanship when substituting – substitutions should be made in such a manner as to ensure that all athletes have the opportunity to fully participate in the game. This means that every athlete should have the opportunity to serve and play different positions. Please remember that the ability of your athletes in serving the ball is a key component of the team evaluation for placement into divisions. Coaches should refrain from substituting players in strictly for the purpose of having a strong server in at all times
- End of Game and Start of Next Game
  - Players line up at the net and shake hands with opposing team at the conclusion of the game





*Special Olympics*  
Iowa

# **SECTION 9**

# **GENERAL**

# **FORMS**



# SPECIAL OLYMPICS

## FIRST REPORT OF ACCIDENT / INCIDENT



**U.S. PROGRAM/AREA:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

**Injured Person/Party Information** Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Last) (First) (MI)

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender:  Male  Female Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- INJURED PARTY:**
- Athlete
  - Volunteer
  - Coach
  - Employee
  - Spectator
  - Unified Partner
  - Property Owner
  - Other: \_\_\_\_\_

- TYPE OF INJURY/ ACCIDENT:**
- Bodily Injury
  - Property Damage
  - Automobile
  - Other: \_\_\_\_\_

### Description of Accident (If automobile accident occurred, please attach a copy of the police report).

Describe how the accident occurred (Attach a separate sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Site / event where accident occurred: \_\_\_\_\_

#### ACCIDENT OCCURRED DURING:

- Training/Practice
- Competition
- Traveling to or from SO event
- Other: \_\_\_\_\_

#### TYPE OF INJURY:

- Severe cut w/ bleeding
- Less serious bruise or cut
- Break/fracture
- Concussion
- Paralysis
- Fatality
- Other: \_\_\_\_\_

#### DISPOSITION:

- Released to parent
- Refusal of care
- Refer to doctor
- Refer to hospital or clinic
- Medical attention
- EMS transport
- Patient requested EMS transport
- Released to personal vehicle
- Police
- Ambulance
- Report only
- Other: \_\_\_\_\_

#### SPORT

- Alpine Skiing
- Aquatics
- Athletics
- Badminton
- Baseball
- Basketball
- Bocce
- Bowling
- Cheerleading
- Cross Country Ski
- Cycling
- Equestrian
- Figure Skating
- Floor Hockey
- Golf
- Gymnastics
- Kickball
- Power Lifting
- Relay Game
- Roller Skating
- Sailing
- Snowboarding
- Snowshoe
- Soccer
- Softball
- Speed Skating
- Swimming
- Table Tennis
- Team Handball
- Tennis
- Track & Field
- Volleyball
- Other: \_\_\_\_\_

#### BODY PART INJURED:

- Head
- Neck
- Torso
- Back
- Hand (L / R)
- Finger (L / R)
- Elbow (L / R)
- Shoulder (L / R)
- Leg (L / R)
- Knee (L / R)
- Thigh (L / R)
- Shin (L / R)
- Toe (L / R)
- Other: \_\_\_\_\_

### Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify the care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does the injured person have medical insurance?  Yes  No

If yes, insurance is provided by:  Injured Person  Care Provider/Responsible Party

Please provide name of Company and Policy Number: \_\_\_\_\_

### Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Witness #2 Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Special Olympics Official / Representative (other than claimant)

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

#### SEND COMPLETED FORM TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.  
 7609 W. Jefferson Blvd., Suite 150  
 Fort Wayne, Indiana 46804-4133 | Fax: 260.969.4729

#### IF INJURY WAS SERIOUS OR A FATALITY:

IMMEDIATELY NOTIFY AMERICAN SPECIALTY  
 AT 800.566.7941, 24 hours a day/7 days a week

**ATHLETE CODE OF CONDUCT**  
**(Coaches keep for their record)**



Special Olympics Iowa adheres to the highest ideals of sport in the tradition of the Olympic Movement. The Special Olympics Oath, “Let me win, but if I cannot win, let me be brave in the attempt,” represents the ideal of competition that every Special Olympics athlete tries to achieve.

**I understand that my participation in Special Olympics is a call to excellence for me to train and compete in ways that bring honor to me, to my family, and to Special Olympics. I pledge to uphold the spirit of this Code of Conduct, which is only a general guide for my conduct and does not describe all types of good behavior and bad behavior. If I do not obey this Code of Conduct, my Delegation or a Games Organizing Committee may suspend me from Special Olympics, either temporarily or permanently. If I am suspended from Special Olympics, I can appeal the decision in accordance with the attached Special Olympics Athlete’s Appeal Process.**

**\*Prior to Special Olympics Iowa reinstatement, the athlete is required to sign a new Athlete Code of Conduct.**

**I Pledge that:**

**Sportsmanship**

- I will practice good sportsmanship and act in ways that will bring respect to my coach(s), my delegation, Special Olympics Iowa and me
- I will not use bad language, such as swearing or insulting other persons, and will not verbally or physically make inappropriate contact with other athletes, coaches, volunteers, staff, spectators or anyone else affiliated with SOIA

**Training & Competition**

- I will train regularly and attend scheduled practices and meet training criteria set by my coach(s). I will try my best during, training/practice and competitions
- I will learn and follow the rules of my sport(s)

**Personal Responsibility**

- I will not make unwanted physical, verbal or sexual advances on others
- I will dress and act, at all times, in a professional manner that will be a credit to Special Olympics Iowa
- I will not drink alcohol, smoke tobacco in non-smoking areas or use illegal drugs at Special Olympics sites
- I will obey all laws and Special Olympics rules

By signing below, I am saying that I have read, or have had read to me, this Athlete Code of Conduct and that I agree to obey this Code of Conduct. If I violate this Code of Conduct and disagree with my disciplinary action, I agree to follow the Special Olympics Athlete’s Appeal Process and I will accept their decision as final.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or Witness

\_\_\_\_\_  
Relationship to Athlete

## **DISCIPLINARY STEPS FOR VIOLATING ATHLETE CODE OF CONDUCT**

The following progressive disciplinary steps may be taken with the delegation beginning at whichever step is deemed appropriate under the circumstances by a sanctioned representative. The representative must notify the Area Director and State Office of any action that is taken.

**Step 1** Verbal warning to the athlete and to the parent/guardian or caseworker with a written copy of the Incident Form to the Area Director and State Office.

**Step 2** A written Incident Report must be completed giving warning to the athlete with a copy to the Area Director, State Office, and parent/guardian or caseworker.

**Step 3** A personal meeting to review the unacceptable behavior of the athlete and to agree on a plan for behavior improvement shall be conducted by the local coach with the athlete, the athlete's parent(s) / guardian(s) and / or the athlete's case worker. If the athlete is over 18 and his / her own guardian, then the athlete may choose to have another adult present for the meeting. If necessary, the Area Director and / or SOIA staff may attend the meeting.

The meeting shall be documented in writing. Meeting notes will be distributed to the athlete, the athlete's parent(s) / guardian(s) and / or caseworker, Area Director and the State Office.

**Step 4** Suspension from practices or competition for a specific time period (such as during the specific Sport season).

The Area Director and State Office must be contacted before an athlete is suspended. The action will be documented in writing and presented to the athlete, parent/guardian or caseworker, Area Director and a copy sent to the State Office.

Any further action must be approved by the Area Director and State Office

Further action could be, but is not limited to:

- Suspension for a longer period
- Permanent expulsion

### **Athlete Appeal Process**

The athlete has the right to appeal any disciplinary action to the State Office. The athlete or the athlete's representative must submit a written notice of appeal to the President/CEO of SOIA. This notice must include a request for a meeting within 30 days of being notified of the disciplinary action.

The appeal will be heard by a designated advisory committee. A decision must be rendered in writing within 21 days following the meeting and may reverse, amend or affirm the disciplinary action. The decision shall be submitted to the athlete and to their local delegation and should include, if applicable, a plan of action for the athlete to correct the unacceptable behavior that led to the disciplinary action.

**ATHLETE CODE OF CONDUCT**  
**INCIDENT REPORT**

**Special  
Olympics**  
Iowa



Incident Date: \_\_\_\_\_ Report Date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Place where incident occurred: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Witnesses to the Incident?  Yes  No

If yes, who were they? Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Witness Comments:

List others involved: \_\_\_\_\_

If athletes were involved were parent/guardians notified?  Yes  No

Was the Delegation Manager notified?  Yes  No

When were they notified? \_\_\_\_\_ How? \_\_\_\_\_

Is the athlete his or her own legal guardian?  Yes  No

Description of the incident:

Describe any physical injuries:

Was medical treatment necessary?  Yes  No

Describe treatment in detail:

Name of Person making report: \_\_\_\_\_ Position: \_\_\_\_\_

Action taken:

Follow up:

## ATHLETE LEADERSHIP PROGRAM CODE OF CONDUCT



Representing the athletes in Special Olympics Iowa is a big responsibility. As a Global Messenger, you will be more visible to everyone, including the people outside of the Special Olympic Family. Therefore, guidelines are set to help you understand what is expected of you. Below is a list of rules and guidelines to help you understand what is inappropriate and what the consequences will be of such behavior.

### **I will not:**

- Use inappropriate language such as name calling, cussing/swearing or use obscene manual gestures. (Reported first offense is an automatic 3 month suspension from Global Messengers. Second reported offense will mean expulsion from the Global Messenger Program.)
- Verbally or physically threatening chaperone or Special Olympic personnel, athlete, volunteer or any person at an event. (First reported offense is an automatic 6 month suspension from the Global Messengers Program. Second reported offense will mean immediate expulsion from the Global Messenger Program.)
- Deliberately strike another athlete with the intent to harm. (Immediate expulsion from the Global Messenger Program.)
- Deliberate destruction of others' property. (Immediate expulsion from the Global Messenger Program.)
- Possession of any drugs or alcohol. (Immediate expulsion from the Global Messenger Program.)
- I will not smoke while wearing a Global Messenger shirt. I will smoke ONLY in designated smoking areas at a Special Olympics event. Example: There is no smoking allowed on the Iowa State Campus except in designated areas. First reported offense will be a written warning; 2<sup>nd</sup> offense will be a 3 month suspension from the Global Messenger Program; third offense will mean immediate expulsion from the Global Messenger Program.
- Wear inappropriate clothing at events (jeans hanging below your waist, clothing with beer logo's, drug logo's, gang logo's, profanity, pornographic pictures, etc.) Reported first offense is a written warning; second offense is a 3 month suspension; third offense will mean immediate expulsion from the Global Messenger Program.

**ATHLETE LEADERSHIP PROGRAM**  
**CODE OF CONDUCT (Page 2)**

- I will not show inappropriate behavior when receiving my award (refusing to accept my award, verbally expressing dissatisfaction with the award, showing disrespect towards my fellow competing athletes, refusing to come to the awards stand, etc.). First reported offense is an automatic 6 month suspension from the Global Messenger Program; Second reported offense will mean immediate expulsion from the Global Messenger Program.

**I will:**

- I will practice and encourage good sportsmanship from fellow players, coaches, officials and parents at every Special Olympic event I attend.
- I will treat my coaches, teammates and volunteers with respect.

I agree that participating in Special Olympics and the Global Messenger Program is a privilege that I possess. I also realize that I am representing Special Olympics Iowa as an athlete and as a spokesperson for the organization and my fellow athletes. Failure to follow these guidelines may jeopardize my opportunity to participate in the Global Messenger Program.

I agree that signing this contract is in the best interest of all involved in Special Olympics, including myself.

Global Messenger Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Global Messenger Name: \_\_\_\_\_

Global Messenger Coach Signature: \_\_\_\_\_

Global Messenger Director Signature: \_\_\_\_\_

**ATHLETE LEADERSHIP PROGRAM**  
**CODE OF CONDUCT** (Page 3)

**ATHLETE RULES OF CONDUCT**  
**DOCUMENTATION OF VIOLATION AND PLAN OF ACTION**

DATE: \_\_\_\_\_

NAME OF ATHLETE: \_\_\_\_\_

NAME OF SPEECH COACH: \_\_\_\_\_

VIOLATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLAN OF ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1st Offense \_\_\_\_\_ Action Taken \_\_\_\_\_

2<sup>nd</sup> Offense \_\_\_\_\_ Action Taken \_\_\_\_\_

3<sup>rd</sup> Offense \_\_\_\_\_ Action Taken \_\_\_\_\_

SPEECH COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ATHLETE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GM DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATHLETE SPECIAL PRIVILEGE FORM**

**Submit with entry/registration form**

**Special  
Olympics**  
Iowa



The Delegation Manager or Head coach may request a sport rule exception for an athlete. The Athlete Special Privilege Form is to be submitted to the Area Director for area aquatics, athletics, basketball skills and bowling events. The form is to be submitted to the state office for all state competitions. The Area Director or State Staff will let you know if the exception is approved. If your request is not allowed, you will have the option of entering that athlete in a different event, for example: shorter running event, swimming freestyle in place of breast stroke, developmental event, etc.

Date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Athlete Age: \_\_\_\_\_

Delegation: \_\_\_\_\_ Coach Name: \_\_\_\_\_

Sport: \_\_\_\_\_ Event: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Athlete Disability: \_\_\_\_\_

Rule Change Requested: \_\_\_\_\_

Rationale for Requesting an Exception to the Rule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decision of Committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that the Athlete Special Privilege Form needs to be approved before the athlete may compete with the special privilege requested.

**Submit with your registration form to the area director/state office**



## Summer Games Team Bocce Quota Request Form

**(Form must be sent to [registrations@soiowa.org](mailto:registrations@soiowa.org) by February 15)**

Delegation Name: \_\_\_\_\_ Area: \_\_\_\_\_

Head Coach/Delegation Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

The State Office is in the process of organizing the Summer Games Bocce Tournament. To fairly allocate the **125 team slots** available for bocce please let us know the maximum number of teams your delegation would like to have in the tournament. The team tournament will be held on the first day of the Summer Games (Thursday).

We will determine the final allocations of bocce teams based on the completed quota request forms received from each delegation. Once the allocations are determined, it will be up to the individual delegations to determine how they will choose the teams advancing to Summer Games. Each delegation will receive at least one bocce team for Summer Games. Delegations will be notified of the competition allocations by February 28.

SOIA will offer a bocce skills competition for athletes just learning the sport of bocce. Athletes competing in skills are not eligible to compete in the team or singles competitions. The skills competition will be held on the first day of the Summer Games (Thursday). The singles tournament will be held on the second day (Friday).

All bocce entries (team, singles & skills) along with all other Summer Games registration material is due to [registrations@soiowa.org](mailto:registrations@soiowa.org) by date listed on website. **Also, all athletes and Unified Sport Partners must wear closed toe shoes during competition or they will be ineligible to play.**

Thank you for your assistance. Please contact Rhonda Schwarzkopf at [rschwarzkopf@soiowa.org](mailto:rschwarzkopf@soiowa.org) or Sally Briggs at [sbriggs@soiowa.org](mailto:sbriggs@soiowa.org) if you have any questions. You may also contact our office at 515-986-5520.

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Please indicate the maximum number of **teams (not athletes)** you would like to bring to the state competition. *(Note we only want the total number of teams you are requesting for the state summer games competition, not the modified game score.)*

Categories: Traditional Junior or Senior, Unified Junior or Senior, Ramp Team (all athletes must use a ramp to qualify for this category)

Number of Teams \_\_\_\_\_

Number of Bocce Skills \_\_\_\_\_

**Please return this form by February 15 to [registrations@soiowa.org](mailto:registrations@soiowa.org) or 551 SE Dovetail Rd, PO Box 620, Grimes, IA 50111-0620. If your form is not received by the deadline you may not receive an allocation for the Summer Games Bocce Tournament.**

Special Olympics Iowa  
Class A Volunteer Application

**OFFICE USE ONLY**

Photo

PBT \_\_\_\_\_

PLEASE PRINT: Date: \_\_\_\_\_

New Class A Application OR  Renewal Class A Application

**Role(s) as a Volunteer** (Please check **all** boxes that apply to you with your delegation)  Board Member

Delegation Manager  Head Coach  Assistant Coach  Unified Partner  Volunteer  Chaperone  Committee Member

Athlete  Family Member  Fundraising Committee  Law Enforcement Torch Run  Global Messenger Mentor

Full Name: \_\_\_\_\_  
Last First (given) Middle

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell  Home  Work  Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

**Special Olympics Delegation Name (Example: City-team name - Grimes Road Riders):**

I have read and understand the expectations and conditions of the Coaches Code of Conduct located at [www.soiowa.org](http://www.soiowa.org)

**ATTACHED IS A COPY OF MY DRIVER'S LICENSE (required):** Yes  No

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

**A color photograph is required. \*A DRIVER'S LICENSE WILL NOT WORK FOR THE CREDENTIAL. NO BLACK AND WHITE PHOTOS PLEASE\***

**Please indicate how you will be submitting your photo: I will mail a photo (will be returned) \_\_\_\_\_ I will email a photo \_\_\_\_\_**

**Please answer the following questions:**

Do you use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with and/or convicted of neglect, abuse or assault? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your driver's license ever been suspended or revoked in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to any of the above questions, please explain:

**MINORS (17 and under) ONLY:** Please provide two references who are not related to the minor or the minor's legal guardian and one of whom is from the volunteer applicant's school, church, civic group, etc.

1. Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Primary Telephone No: \_\_\_\_\_

2. Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Primary Telephone No: \_\_\_\_\_

By providing the above references, I am authorizing Special Olympics Iowa to contact them in reference to my volunteer application.

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics Iowa (SOIA) may refuse to allow me to volunteer if I provided any incorrect information or omission. I understand that in the course of volunteering for Special Olympics Iowa, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

In consideration of SOIA considering my application, I have given my permission for SOIA to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. Those records may include arrest and conviction date as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my suitability for a volunteer position with SOIA and that as long as I remain a volunteer with SOIA, the criminal history records check and motor vehicle driving records check may be repeated any time. Upon my request, I will have an opportunity to review criminal history and motor vehicle driving records obtained by SOIA.

I fully understand Special Olympics Iowa events involve risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I may incur as a result of my participation. I acknowledge that at any time that if I feel that the event conditions are unsafe, I will discontinue participation immediately. I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Special Olympics Iowa events.

If during my participation in Special Olympics Iowa activities I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary hospitalization.

**I WAIVE, RELEASE AND DISCHARGE** Special Olympics Iowa, its officers, directors, employees, volunteers, agents and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with participating in SOIA events and conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOIA or at my option and that SOIA may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Iowa and Special Olympics, Inc. permission to use my likeness, voice, and words in or on telephone, radio, film, and on SOIA and Special Olympics, Inc.'s website (s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

In signing this application, I have read the foregoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

**I HAVE READ AND UNDERSTAND THIS DISCLOSURE, RELEASE AND WAIVOR OF LIABILITY, ASSUMPTION OF RISK, AND IDEMNITY AGREEMENT AND AUTHORIZATION TO OBTAIN INFORMATION.**

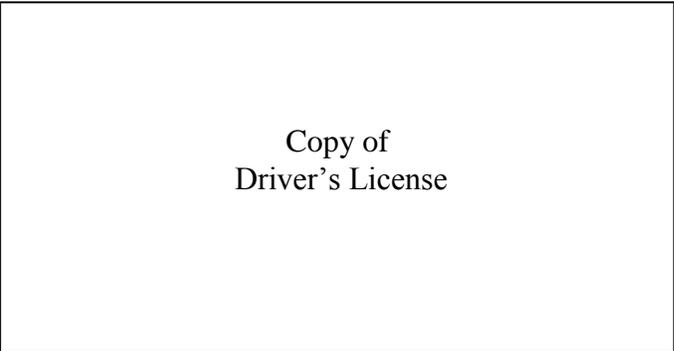
**Volunteer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Signature of Parent or Guardian if Volunteer is a Minor (17 and under): \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Full Name of Parent or Guardian:  
\_\_\_\_\_



**Please return to:**  
Special Olympics Iowa  
PO Box 620  
Grimes, IA 50111  
Tel 515-986-5520  
classa@soiowa.org

**COACH/CHAPERONE/UNIFIED SPORT PARTNER  
CODE OF CONDUCT**

**(Retain for your own record)**

**By checking the box on the Class A Volunteer Application, volunteer acknowledges that they have read or have had read to them, the Coach/Chaperone/Unified Sport Partner Code of Conduct and that they agree to obey this Code of Conduct.**

Special Olympics Iowa adheres to the highest ideals of sport in the tradition of the Olympic movement. The Special Olympics Oath, "Let me win, but if I cannot win, let me be brave in the attempt," represents the ideal of competition that every Special Olympics athlete tries to achieve.

I understand that my participation in Special Olympics as a coach/chaperone/Unified Sport Partner is a call to excellence for me to teach in ways that bring honor to the athletes and to Special Olympics. I pledge to uphold the spirit of this Code of Conduct, which is only a general guide for my conduct and does not describe all types of good behavior and bad behavior. If I do not obey this Code of Conduct, my Delegation or a Games Organizing Committee may suspend me from Special Olympics, either temporarily or permanently. If I am suspended from Special Olympics, I can appeal the decision in accordance with the attached Special Olympics Appeal Process.

**I Pledge that:**

**Sportsmanship**

- I will practice and instruct the athletes to have good sportsmanship and act in ways that will bring respect to the athletes, my team, Special Olympics and me
- I will not use abusive language or behavior towards other persons. I will be a good role model and have a positive attitude

**Training and Competition**

- I will conduct regular training sessions and meet training criteria set by Special Olympics Iowa. I will instruct the athletes to always try their best during training/practice and competitions
- I will instruct the athletes to follow the rules of the sport, and I will encourage and support them, whatever their abilities
- I will not allow the athletes to hold back in divisioning preliminaries in order to get into an easier heat in the finals

**Personal Responsibility**

- I will not make inappropriate or unwanted physical, verbal or sexual advances on others
- I will not drink alcohol or use illegal drugs at Special Olympics events
- I will not smoke in non-smoking areas
- I will obey all laws and Special Olympics rules
- I will always hold the athletes' well-being and safety as my utmost responsibility

If I violate this Code of Conduct and disagree with my disciplinary action, I agree to follow the Special Olympics Appeal Process and I will accept their decision as final.

## **DISCIPLINARY STEPS FOR VIOLATING COACH/CHAPERONE/UNIFIED SPORT PARTNER CODE OF CONDUCT**

The following progressive disciplinary steps may be taken with the delegation beginning at whichever step is deemed appropriate under the circumstances by the Area Director and staff of Special Olympics Iowa.

**Step 1** Verbal warning to the coach/chaperone/Unified Sport Partner with a written copy of the Incident Form to the Area Director and State Office.

**Step 2** A written Incident Report must be completed giving warning to the coach/chaperone/Unified Sport Partner with a copy to the Area Director and State Office.

**Step 3** The State Office and Area Director will conduct a personal meeting with the coach/chaperone/Unified Sport Partner to review unacceptable behavior and to agree on a plan for improvement.

The meeting will be documented in writing and copies distributed to the coach/chaperone/Unified Sport Partner, Area Director and State Office.

**Step 4** Suspension from coaching/chaperoning/Unified Sport Partner for a specific time period.

The State Office and Area Director will discuss the circumstances and must approve/disapprove the action. The action will be documented in writing and presented to the coach/chaperone/Unified Sport Partner and a copy will be sent to the local program.

Any further action must be approved by the Area Director and State Office.

Further Action could be, but is not limited to:

- Suspension for a longer period
- Permanent expulsion

### **Coach/Chaperone/Unified Sport Partner Appeal Process**

The coach/chaperone/Unified Sport Partner has the right to appeal any disciplinary action to the State Office. The coach/chaperone/Unified Sport Partner must submit a written notice of appeal to the President/CEO of SOIA. This notice must include a request for a meeting within 30 days of being notified of the disciplinary action.

The appeal will be heard by a designated advisory committee. A decision must be rendered in writing within 21 days following the meeting and may reverse, amend or affirm the disciplinary action. The decision shall be submitted to the coach/chaperone/Unified Sport Partner and to their delegation and should include, if applicable, a plan of action for the coach/chaperone/Unified Sport Partner to correct the unacceptable behavior that led to the disciplinary action.

**COACH/CHAPERONE/UNIFIED SPORT PARTNER  
CODE OF CONDUCT INCIDENT REPORT**

**Special  
Olympics**  
Iowa



Incident Date: \_\_\_\_\_ Report Date: \_\_\_\_\_

Coach/Chaperone/Unified Sport Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Place where incident occurred: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Witnesses to the Incident?  Yes  No

If yes, who were they? Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Witness Comments:

List others involved: \_\_\_\_\_

If athletes were involved were parent/guardians notified?  Yes  No

Was the Delegation Manager notified?  Yes  No

When were they notified? \_\_\_\_\_ How? \_\_\_\_\_

Description of the incident:

Describe any physical injuries:

Was medical treatment necessary?  Yes  No

Describe treatment in detail:

Name of Person making report: \_\_\_\_\_ Position: \_\_\_\_\_

Action taken:

Follow up:

**DELEGATION MANAGER FORM**

Each delegation of Special Olympics Iowa will designate a Delegation Manager. The primary role of the Delegation Manager is to serve as a liaison between the delegation, Area Director and State Office. Responsibilities of the Delegation Manager include providing ongoing communication with the Area Director, State Office, delegation volunteers including coaches, chaperones, athletes and athlete families and/or staff, submitting registration forms including entry forms to the Area Director and State Office and distributing Class A credentials to delegation members.

Delegation Name – City/Delegation Name or Last Name (Example: Grimes Dream Rollers or Grimes Brown)

Delegation Name \_\_\_\_\_

Delegation Manager Name (please only list one name) \_\_\_\_\_

E-mail address \_\_\_\_\_ Telephone \_\_\_\_\_ Home \_\_\_ Cell \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home \_\_\_ Facility \_\_\_ School \_\_\_

List the age range of athletes who are eligible to train and compete with your delegation \_\_\_\_\_

Are you accepting new athletes into your delegation at this time? \_\_\_ Yes \_\_\_ No

Check the sports and/or Special Programs your delegation currently offers training and competition opportunities.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alpine Skiing     | <input type="checkbox"/> Athletics (Track & Field) | <input type="checkbox"/> Basketball           |
| <input type="checkbox"/> Basketball Skills | <input type="checkbox"/> Bocce                     | <input type="checkbox"/> Bowling              |
| <input type="checkbox"/> Challenge Day     | <input type="checkbox"/> Cheerleading              | <input type="checkbox"/> Cross Country Skiing |
| <input type="checkbox"/> Cycling           | <input type="checkbox"/> Equestrian                | <input type="checkbox"/> Figure Skating       |
| <input type="checkbox"/> Flag Football     | <input type="checkbox"/> Golf                      | <input type="checkbox"/> Gymnastics           |
| <input type="checkbox"/> Powerlifting      | <input type="checkbox"/> Roller Skating            | <input type="checkbox"/> Snowshoeing          |
| <input type="checkbox"/> Soccer            | <input type="checkbox"/> Softball                  | <input type="checkbox"/> Speed Skating        |
| <input type="checkbox"/> Swimming          | <input type="checkbox"/> Tennis                    | <input type="checkbox"/> Unified Sports       |
| <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Young Athlete Play Day    |   |

Does your delegation have any plans to begin offering training and competition opportunities in any new sports, including Unified Sports? \_\_\_ Yes \_\_\_ No

If yes, please indicate what sports will be offered:

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Please complete and submit the completed Delegation Manager Form to [classa@soiowa.org](mailto:classa@soiowa.org) or the State Office.

**GENERAL ORIENTATION QUIZ - REFER TO COACHES' GUIDE**

**You must score at least 80% on this quiz to pass. You will only be notified if you do not pass.**

Name: \_\_\_\_\_ Delegation (program): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

**Please circle the answers you believe to be correct.**

1. Who is eligible to participate in Special Olympics Iowa? (Section 2 – Athlete Information)
  - A. Anyone who wants to participate in Olympic type events.
  - B. Someone who has a physical disability.
  - C. Anyone who has an intellectual disability and is under age 18.
  - D. Someone who is at least 8 years of age and has a doctor signature of having an intellectual disability.
  
2. Which one of the following IS NOT an aspect that differentiates Special Olympics Iowa from other sports organizations? (Section 7 – Competitions, Games & Tournaments)
  - A. A variety of sports opportunities are provided for all ability levels.
  - B. Ability groupings are created through divisioning to provide equitable competition for all athletes.
  - C. Awards are provided to all participants who compete.
  - D. Not everyone who competes will get an award.
  - E. To advance to higher levels of competition, criteria is based on place of finish within each division and random draw.
  - F. There is no charge to athletes or their family members for athletes to train and compete.
  
3. What program does Special Olympics Iowa offer to athletes with the most severe levels of disability? (Section 6 – Special Programs)
  - A. Motor Activities Training Program – (Challenge Day)
  - B. Healthy Athletes
  - C. Summer Games
  - D. Young Athletes Program
  
4. Does Special Olympics Iowa stress the recreational or competition approach to sports? (Section 1 – Introduction to Special Olympics)
  - A. Recreational
  - B. Competition
  
5. Which of the following are unique characteristics of people with intellectual disabilities that affect how they learn sports and require coaches to modify their instruction? (Select all that apply.) (Section 2 – Athlete Information)
  - A. Learn at a slower rate.
  - B. Will give up before they give an honest effort, therefore they will never learn.
  - C. Often need skills broken down into smaller tasks and need concepts made very concrete.
  
6. Any delegation that raises funds in the name of Special Olympics is to open a centralized account with the state office. (Section 5 – Fundraising, Policies & Procedures)
  - A. True
  - B. False

7. Combination of gender and/or consecutive age groups may occur when very low participation numbers exist in order to provide quality, competitive competition. (Section 7 – Competitions, Games & Tournaments & Section 8 – Sport Specific Information)
  - A. True
  - B. False
8. What is the minimum amount of time (weeks/hours) required within a sport season that Special Olympics Iowa athletes need to train and compete? (Section 4 – Coach Information)
  - A. 10 Weeks/20 Hours
  - B. 8 Weeks/10 Hours
  - C. 12 Weeks/30 Hours
  - D. 52 Weeks/100 + Hours
9. In order for an athlete to participate in Special Olympics, the following must be completed (Select all that apply) (Section 2 – Athlete Information)
  - A. Participant Release Form
  - B. Athlete medical form – Healthy History
  - C. School Physical
  - D. Athlete Information Form
  - E. Athlete Medical Form – Physical Exam
10. What method is used to choose athletes and teams to compete in higher levels of Special Olympics competition (USA Games or World Games)? (Section 7 – Competitions, Games & Tournaments)
  - A. Everyone gets to advance, no matter what.
  - B. It is a process of elimination based on who has been to past competitions.
  - C. A random draw or lottery process is used to ensure fairness.
  - D. It is only based on who is able to show up the day of competition.
11. What is the main component of Special Olympics Iowa Unified Sports®? (Section 6 – Special Programs)
  - A. Only Special Olympic Iowa athletes can compete.
  - B. Only non-disabled athletes can compete.
  - C. Only athletes with both intellectual and physical disabilities can compete
  - D. Athletes with and without intellectual disabilities of similar age and ability compete together on teams.
12. Class A application and the Protective Behavior Training must be completed by ALL classifications below EXCEPT (Section 3 – Volunteer Information)
  - A. Coaches, chaperones, unified partners, family members and volunteers who have regular, close physical contact with athletes.
  - B. Volunteers who are in a position of authority of supervision or trust with athletes.
  - C. Volunteers who are considered “Day of Event” volunteers.
  - D. Volunteers who handle substantial amounts of cash or other assets of SOIA.

**Please return to:**

**Special Olympics Iowa  
PO Box 620  
Grimes IA 50111**

**Email: [classa@soiowa.org](mailto:classa@soiowa.org)  
Tel: 515-986-5520**

# POLAR PLUNGE REVENUE SHARING GUIDELINES



## REQUIREMENTS:

- Area/Delegation must participate in the Plunge.
- Areas/Delegations must have Special Olympic athletes in attendance at the Plunge. Athletes serve as greeters, speakers and/or plungers. If an athlete would like to receive a Polar Plunge T-Shirt, they must register and raise registration fee.
- A minimum of \$750 must be raised for any team to be considered for, or participate in, the program.
- The maximum amount that any individual team may earn is 100% of funds raised on a per team basis.
- 18% of the net proceeds go back to area from any given plunge with the maximum number of total dollars available after revenue minus expenses
- The University of Iowa and Iowa State Greek Plunges are not eligible for the Revenue Sharing program.
- The Revenue Sharing application must be submitted to Jeanette Steinfeldt no later than 30 days following the Plunge; a committee at the state office will review all applications and funds should be deposited into the area/delegation centralized account within 120 days of the date of the plunge.

## SPONSORSHIP OPPORTUNITIES:

- If an area/delegation secures **sponsorships** of \$1,000 or above, 50% of the funds go directly into the area/delegation centralized account and 50% goes to the state office. If the sponsorship is renewed in subsequent years, the 50/50 allocation will remain in effect. \*These funds do not count toward the area/delegation funds raised as related to Revenue Sharing.
- Prior solicitation approval must be obtained from SOIA office; please contact Jeanette Steinfeldt at [jsteinfeldt@soiowa.org](mailto:jsteinfeldt@soiowa.org) with any questions or to gain approvals.

# POLAR PLUNGE REVENUE SHARING APPLICATION



(The electronic version of this form can be found on the participation forms list on the SOIA web page)

Coach Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Coach E-mail: \_\_\_\_\_

Area/Delegation Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Olympics Plunge Location: \_\_\_\_\_ Team Name: \_\_\_\_\_

A. Total amount of requested funds: \_\_\_\_\_ Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date needed: \_\_\_\_\_

B. Describe the need that the Revenue Sharing dollars would meet \_\_\_\_\_

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C. Please provide a **detailed** budget of the expenses related to this request. List quantities and cost/item (add attachments if necessary).

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E. Total number of Special Olympics athletes impacted by Revenue Sharing Dollars: \_\_\_\_\_

F. What are your plans for recruiting additional teams/sponsors for the next two Polar Plunge seasons?

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G. If not awarded the full scholarship amount, will your area/delegation proceed by funding the difference?

Yes/No

H. Does your area/delegation have an existing centralized account? Yes/No

I. Comments/Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When this form is completed, please forward it to Jeanette Steinfeldt at [jsteinfeldt@soiowa.org](mailto:jsteinfeldt@soiowa.org)**

\*\*\*\*\*

SOIA Staff Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount awarded: \_\_\_\_\_

SOIA Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Forms must be completed and received by SOIA personnel within 30 days of the plunge in order to be eligible to participate in this program; funds should be deposited into the area/delegation centralized account within 120 days of the date of the plunge.**

**PROTECTIVE BEHAVIOR TRAINING**  
**QUIZ**



1. **Who determines the punishment for violating a Special Olympics Code of Conduct?**
  - a. The state chapter
  - b. The coach
  - c. Any Special Olympics staff member in a position of authority
  - d. Society
  
2. **Which of the following is NOT an indicator of potential inappropriate behavior?**
  - a. Unusual or inappropriate gifts from a volunteer
  - b. Questionable injuries such as bruises or lacerations in the soft tissue areas of an athlete's body
  - c. Two Class A volunteers assisting with changing, showering or toileting
  - d. Relationships between volunteers and athletes that become private or secretive
  
3. **Have you checked to see if you are a mandatory reporter in your State?**
  - a. Yes
  - b. No
  
4. **When is it appropriate to withhold water from an athlete?**
  - a. Only when the athlete is unprepared or uncooperative
  - b. Never
  - c. When the weather is cool and water isn't really needed
  - d. When the athlete is underachieving and could use a "water break" as motivation
  
5. **What is the rule about what area of the body to avoid touching?**
  - a. Avoid all areas; don't make yourself vulnerable to an accusation!
  - b. Avoid areas where he/she doesn't like to be touched
  - c. Set some ground rules early on, so you know where your athlete is okay with being touched
  - d. Avoid areas a traditional swimsuit would cover
  
6. **What should you do if you suspect that an athlete is in immediate danger?**
  - a. **Ask the athlete if he/she has been abused**
  - b. **Notify the police, and then Special Olympics staff**
  - c. **Tell the coach or volunteer to take it easy on the athlete**
  - d. **Notify the athlete's parents**

**7. When is a private meeting with an athlete appropriate?**

- a. When the athlete is misbehaving and needs to be reprimanded
- b. When you have something personal to tell the athlete and you want to be out of earshot of his/her teammates
- c. When it is within sight of others who are aware of the conversation
- d. A private meeting with an athlete is never appropriate

**8. When assigning rooms for an overnight stay, what should you consider?**

- a. What's to consider? Go through your list and group the athletes alphabetically by last name
- b. Try to put athletes who are friends together
- c. Athletes of the same community oftentimes prefer to room together
- d. Separate sleeping rooms by gender and assign roommates based on similar age, maturity and size

**9. Is it permissible for a volunteer in an authority position over an athlete to date that athlete?**

- a. Yes
- b. No
- c. Depends on the circumstances

**10. Is a Unified Partner subject to volunteer screening policies in the US?**

- a. Yes
- b. No

Name (Signature):

Name (Printed):

Date:

Please return to:

Special Olympics Iowa

PO Box 620

Grimes IA 50111

or [classa@soiowa.org](mailto:classa@soiowa.org)

# **PROTECTIVE BEHAVIOR TRAINING** **SLIDES**



The goal of this presentation is prevention of sexual abuse of Special Olympics athletes. It also addresses physical and emotional abuse.

*(If you take Protective Behavior Training online - After you click Finish, you will be directed to a Confirmation Form to fill out and submit. Once you click submit, both you and the Special Olympics program in your state will receive confirmation that you have taken the test.)*

## **Actions Special Olympics has Taken to Protect Athletes:**

- This protective behavior training
- Volunteer screening requirements in the US
- Codes of conduct for athletes and coaches
- Policy prohibiting volunteers or staff in authority positions from dating athletes

## **Actions Special Olympics has Taken to Protect Athletes:**

### **Special Olympics US Volunteer Screening Policy**

- The foremost goal of the volunteer screening policy is to protect the safety and well-being of athletes
- Special Olympics screens prospective Class A volunteers
- Class A volunteers are re-screened every three years
- If screening reveals criminal history involving certain offenses, the volunteer is prohibited from participation

## **Actions Special Olympics has Taken to Protect Athletes:**

### **Who is a Class A Volunteer?**

#### **Definition:**

- Volunteers who have regular, close, physical contact with athletes
- Volunteers in a position of authority or supervision with athletes
- Volunteers in a position of trust of athletes
- Volunteers who handle substantial amounts of cash or other assets of the Program

#### **Examples:**

- Coaches, Unified Partners, chaperones, overnight hosts, ALPs mentors, drivers of athletes
- May also include Fundraising Event Committee members, board members, and Games Management team members

## **Actions Special Olympics has Taken to Protect Athletes:**

### **Benefits and Limitations of the Volunteer Screening Policy**

- Volunteer screening is a tool Special Olympics uses to help protect athletes, but it is not fool-proof
- Many predators do not have criminal records
- Your job as a volunteer is to be vigilant and report any behavior or activity that does not appear appropriate based on
  - Your personal experience or
  - Warning signs identified in this presentation

## **Actions Special Olympics has Taken to Protect Athletes:**

### **Codes of Conduct**

Codes of Conduct are in effect and enforced for athletes, coaches and volunteers.

- All Special Olympics Programs are required to have a code of conduct for athletes and coaches. The codes below list the minimum standards set by Special Olympics. Please check with your local Special Olympics Program to see if there is a more restrictive code for that Program. To locate the Special Olympics Program near you, use our **Program Locator**
  - **Athlete Code of Conduct**
  - **Coach Code of Conduct**
  - **Volunteer Code of Conduct**
- Each Program is responsible for establishing guidelines for sanctions related to breach of these codes of conduct
- Included in the codes of conduct are references to the **prohibition of volunteers or staff in authority positions dating athletes**

### **Prevention:**

#### **Recognizing Sexual Predators**

A sexual predator could be anyone. There is no “look” or behavior pattern that sets them apart.

Sexual Predators:

- Target vulnerable populations (such as children and individuals with intellectual disabilities);
- Come from all backgrounds;
- Can be male or female;
- Are generally very likeable and have warm personalities;
- May have limited relationships with other adults
- Remind athletes and families that not everyone who comes to a Special Olympics event is a volunteer who has been screened and is assumed to be “safe”

### **Prevention:**

#### **Sexual Abuse**

- For athletes requiring assistance with changing, toileting or showering, it is a best practice if two volunteers are present.
- Private conversations with athletes should be within sight of others who are aware of the conversation
- Hugs should respect both athlete and volunteer limits and never be secretive
- Touching should avoid areas a traditional swimsuit would cover
- Be aware of unusual or inappropriate gifts, trips, affection or attention from a volunteer
- Be aware of relationships between volunteers and athletes that become private or secretive
- Be clear and direct about pointing out inappropriate behavior

### **Prevention:**

#### **Inappropriate Behavior**

Inappropriate gifts, trips, outings, or other gestures of affection from a volunteer include:

- Invitations for sleepovers at a volunteer's house;
- Invitations to parties at a volunteer's house where parents or care providers are not included;
- Excessive displays of interest in a particular athlete or group of athletes (such as all male athletes or only athletes under the age of 13);

## **Prevention:**

### **Tips for Travel**

- Be sure to separate sleeping rooms by gender
- Try to assign roommates based on similar age, maturity and size
- Establish a plan for checking on each room/athlete
- Clearly explain rules and behavior expectations of both chaperones and athletes before each trip

## **Prevention:**

### **Emotional Abuse**

- Profanity is never allowed
- Treat athletes with respect and provide encouragement
- Do not allow demeaning nicknames even among teammates
- Discipline should be part of a meaningful behavior modification strategy and never acted on in anger

## **Prevention:**

### **Physical Abuse**

- Corporal punishment is never allowed no matter who says it is OK
- Withholding food or water is maltreatment and strictly prohibited
- Only give prescribed medications in accordance with state regulations (consult your Special Olympics Program office for those regulations)
- Be aware of athlete sensitivity to temperature, sound and touch

## **How to Recognize Abuse**

- Changes in behavior may offer the only visible clue that an athlete is the victim of abuse. Abuse causes stress and victims often exhibit stress related behavior
  - Depression
  - Withdrawal (including loss of interest in participation in Special Olympics)
  - Thoughts of or attempts at suicide
  - Aggression
  - Immature acts
  - Sleep disturbances
- Uncharacteristic changes in behavior that last for more than a few days indicate a possible need for intervention, but are not a certain indicator of abuse as there are other causes of stress. The absence of behavioral indicators does not indicate a lack of abuse

## How to Recognize Abuse

- Statements by the athlete concerning inappropriate touching or physical harm
- Physical indicators of abuse
  - Questionable injuries such as bruises or lacerations in the soft tissue areas of an athlete's body. Bruises change color during the healing process and bruises of different colors indicate different stages of healing, thereby indicating that the injuries happened on more than one occasion
  - Injuries to genital areas may indicate sexual abuse; for example, cigarette burns on the inside of the upper leg or on the buttocks
  - Tether marks or rope burns and abrasions caused by tying wrists, ankles or the neck are also indicators of probable abuse
- Some athletes are prone to injuries as a consequence of athletic competition. The location of the injury may indicate whether the injury was due to abuse or competition. Injuries that happen due to athletic competition are most likely to be on the shins, knees, elbows, etc. They are less likely to be on the abdomen, across the back, on the backs of the legs, or on facial cheeks
- Possible signs of neglect include
  - Unattended medical needs
  - Inappropriate clothing for the climate and weather conditions
  - Chronic hunger and poor personal hygiene

## Reporting Suspicious Activity

- Suspicious activity should be reported to Special Olympics staff
- Reports will be reviewed and reported as appropriate
- Suspensions may be utilized during investigations
- Special Olympics reserves the right to expel athletes or volunteers as a result of suspected or confirmed physical, sexual or emotional abuse of a Special Olympics athlete

## Be Ready To Say:

- What makes you think this activity is suspicious
- When you witnessed the activity - or first suspected it

## Who To Tell:

- If the activity is during Special Olympics functions, tell local Special Olympics leadership (preferably staff)
- If you suspect that an athlete is in immediate danger, notify the police, and then Special Olympics staff
- If you are a mandatory reporter under your state's laws, report as required by statute in addition to the report you file with Special Olympics
- Reporting is NOT the same as accusing. It just alerts professionals to investigate

## Am I A Mandatory Reporter Under My State's Laws?

- Nearly all states have laws that require some individuals to report suspected abuse (such as teachers, healthcare providers, etc.)
- In some states, everyone is a mandatory reporter
- Utilize the Child Welfare Information Gateway website below to familiarize yourself with your state's reporting requirements. On the site, choose the state that you wish to check and under the "Child Abuse and Neglect" heading, check "Mandatory Reporters of Child Abuse & Neglect" and then click "Go <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>



**PROTEST FORM**

In the case of a disqualification of an athlete, or in regards to any other matters during the conduct of the competition, the certified delegation manager or certified head coach may submit the following protest form within 30 minutes of the completion of the athlete’s competition (For example – race, jump, throw, game, match). The protest must address the “facts” or the “interpretation” of the applicable rules. The official shall review the protest with the appropriate officials and render a decision.

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**Protest Form**

**Must be submitted to the director of the sport no later than 30 minutes after the conclusion of the event being protested.**

Date \_\_\_\_\_ Time Submitted \_\_\_\_\_ Sport \_\_\_\_\_

Event \_\_\_\_\_ Age Group \_\_\_\_\_ Division/Heat \_\_\_\_\_

Athlete Name \_\_\_\_\_

Delegation \_\_\_\_\_

Reason for Protest \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Delegation Manager or Head Coach \_\_\_\_\_

Decision by Sports / Venue Director: Protest Approved \_\_\_\_\_ Protest Denied \_\_\_\_\_

Signed \_\_\_\_\_ Time \_\_\_\_\_



**SCHOLARSHIP APPLICATION FORM**

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Delegation Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check your role:  Delegation Manager  Area Director  Other \_\_\_\_\_

Special Olympics Area (i.e. Northeast, West, etc.): \_\_\_\_\_

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Have you previously applied for and been awarded money from the scholarship fund?  yes  no  
If yes, please list when, the amount received, and activity/project for which you were awarded funding.

Describe the activity or project for which you are now asking for support:

What amount of support are you requesting from the scholarship fund? \$ \_\_\_\_\_

What amount of support are you providing through other sources? \$ \_\_\_\_\_

What is the total cost of the activity/project for which you are applying for support? \$ \_\_\_\_\_

**Activity/Project Budget:** (please include quantities needed and cost per item on item line)

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

How many athletes and Unified Sports partners will benefit from this activity/project? \_\_\_\_\_

How many of these athletes or Unified Sports partners are new to this activity/project? \_\_\_\_\_

# **SCHOLARSHIP APPLICATION FORM**

Please list any fundraising activities you've already undertaken or plan to pursue to support this activity/project. Include also any business names, amounts requested and/or received, and any other plans for future support.

Is there a Polar Plunge currently held in your area?  yes  no

If so, did your program participate in the most recently held plunge?  yes  no

Does your program plan on participating in the next plunge in your area?  yes  no

Please provide any additional comments/feedback you think would be helpful for us to know in considering your request for assistance from the scholarship fund:

## **For office use only:**

Participating in Polar Plunge (if one is held in their area) \_\_\_\_\_ yes \_\_\_\_\_ no

Area or Regional Director Feedback:

Amount Requested \$ \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_

Reason for denial or partial funding of request:

## **Please submit your completed application to:**

Scholarship Fund

Special Olympics Iowa

551 SE Dovetail Rd, PO Box 620

Grimes, IA 50111-0620

# ATHLETE INFORMATION FORM

Special Olympics



Special Olympics Iowa Delegation/Team: \_\_\_\_\_

Are you a new athlete to Special Olympics or Re-Registering?  New Athlete  Re-Registering

Has the athlete's Health History changed in the last three years?  Yes  No  
If Yes please submit an updated Health History along with the Exam.

## ATHLETE INFORMATION

<b>First Name:</b>		<b>Middle Name:</b>	
<b>Last Name:</b>		<b>Preferred Name:</b>	
<b>Date Birth (mm/dd/yyyy):</b>		<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Race/Ethnicity (Optional):</b>			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Two or More Races	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino (specific origin group: _____)		
<b>Language(s) Spoken in Athlete's Home (Optional):</b> Check all that apply			
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list): _____			
<b>Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>	
<b>Phone:</b>	<b>E-mail:</b>		
<b>Sports/Activities:</b>			
<b>Athlete Employer, if any (Optional):</b>			
Does the athlete have the capacity to consent to medical treatment on his or her own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)

<b>Name:</b>		
<b>Relationship:</b>		
<input type="checkbox"/> Same Contact Info as Athlete		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>E-mail:</b>	

## EMERGENCY CONTACT INFORMATION

<input type="checkbox"/> Same as Parent/Guardian	
<b>Name:</b>	
<b>Phone:</b>	<b>Relationship:</b>

## PHYSICIAN / INSURANCE INFORMATION

<b>Physician Name:</b>	
<b>Physician Phone:</b>	
<b>Insurance Company:</b>	<b>Insurance Policy Number:</b>
<b>Insurance Group Number:</b>	

# PARTICIPANT RELEASE FORM

Special Olympics



Name: \_\_\_\_\_

Delegation: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Female  Male

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics to use my photo, video, name, voice, and words to promote Special Olympics and raise funds for Special Olympics. For this form, "Special Olympics" means all Special Olympics organizations.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
  - I have a religious or other objection to receiving medical treatment.
  - I do not consent to blood transfusions.(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Special Olympics is collecting my personal information.
  - I consent to Special Olympics using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related operations and activities; and provide event-related services.
  - I consent to Special Olympics using my email address and creating a profile of me for communications and marketing purposes.
  - I understand that Special Olympics may disclose my personal information to medical professionals in the event of an emergency and to third party researchers to analyze data for the purposes of improving Special Olympics programming and identifying and responding to the needs of Special Olympics participants.
  - I understand that Special Olympics may disclose my personal information to government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
  - I understand Special Olympics is a global organization with headquarters in the United States of America. I consent to Special Olympics storing and processing my personal information in countries, including the United States of America, that have laws requiring a different level of privacy and data protection.
  - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to make changes to or delete my information.

**ATHLETE NAME:** \_\_\_\_\_ **Email:** \_\_\_\_\_

PLEASE PRINT

**ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)**

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Adult Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)**

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to exam)

**Special  
Olympics**



Athlete First & Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Athlete Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Female Male

STATE PROGRAM: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):**

Autism	Down Syndrome	Fragile X Syndrome
Cerebral Palsy	Fetal Alcohol Syndrome	
Other Syndrome, please specify: _____		

**ALLERGIES & DIETARY RESTRICTIONS**

No Known Allergies
Latex
Medications: _____
Insect Bites or Stings: _____
Food: _____

**ASSISTED DEVICES - Does the athlete use (check any that apply):**

Brace	Colostomy	Communication Device
C-PAP Machine	Crutches or Walker	Dentures
Glasses or Contacts	G-Tube or J-Tube	Hearing Aid
Implanted Device	Inhaler	Pacemaker
Removable Prosthetics	Splint	Wheel Chair

List any special dietary needs:

**SPORTS PARTICIPATION**

List all Special Olympics sports the athlete wishes to play:

Has a doctor ever limited the athlete's participation in sports?

No Yes *If yes, please describe:*

**SURGERIES, INFECTIONS, VACCINES**

List all past surgeries:

Does the athlete currently have any chronic or acute infection?

No Yes *If yes, please describe:*

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? *If yes, describe date and results*

Yes, had abnormal EKG

Yes, had abnormal Echo

Has the athlete had a Tetanus vaccine in the past 7 years? No Yes

**EPILEPSY AND/OR SEIZURE HISTORY**

Epilepsy or any type of seizure disorder No Yes

*If yes, list seizure type:* \_\_\_\_\_

*If yes, had seizure during the past year?* No Yes

**MENTAL HEALTH**

Self-injurious behavior during the past year No Yes Depression (diagnosed) No Yes

Aggressive behavior during the past year No Yes Anxiety (diagnosed) No Yes

Describe any additional mental health concerns:

**FAMILY HISTORY**

Has any relative died of a heart problem before age 50? No Yes

Has any family member or relative died while exercising? No Yes

List all medical conditions that run in the athlete's family:

# Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)



Athlete's First and Last Name: \_\_\_\_\_

**HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS**

Loss of Consciousness	No	Yes	High Blood Pressure	No	Yes	Stroke/TIA	No	Yes
Dizziness during or after exercise	No	Yes	High Cholesterol	No	Yes	Concussions	No	Yes
Headache during or after exercise	No	Yes	Vision Impairment	No	Yes	Asthma	No	Yes
Chest pain during or after exercise	No	Yes	Hearing Impairment	No	Yes	Diabetes	No	Yes
Shortness of breath during or after exercise	No	Yes	Enlarged Spleen	No	Yes	Hepatitis	No	Yes
Irregular, racing or skipped heart beats	No	Yes	Single Kidney	No	Yes	Urinary Discomfort	No	Yes
Congenital Heart Defect	No	Yes	Osteoporosis	No	Yes	Spina Bifida	No	Yes
Heart Attack	No	Yes	Osteopenia	No	Yes	Arthritis	No	Yes
Cardiomyopathy	No	Yes	Sickle Cell Disease	No	Yes	Heat Illness	No	Yes
Heart Valve Disease	No	Yes	Sickle Cell Trait	No	Yes	Broken Bones	No	Yes
Heart Murmur	No	Yes	Easy Bleeding	No	Yes	Dislocated Joints	No	Yes
Endocarditis	No	Yes	If female athlete, list date of last menstrual period: _____					

**Describe any past broken bones or dislocated joints**

(if yes is checked for either of those fields above):

**List any other ongoing or past medical conditions:**

**Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability**

<b>Difficulty controlling bowels or bladder</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Numbness or tingling in legs, arms, hands or feet</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Weakness in legs, arms, hands or feet</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Head Tilt</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Spasticity</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes
<b>Paralysis</b>	No	Yes	<i>If yes, is this new or worse in the past 3 years?</i>	No	Yes

**PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW**

(includes inhalers, birth control or hormone therapy)

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

Is the athlete able to administer his or her own medications?      No      Yes

<b>Name of Person Completing this Form</b>	<b>Relationship to Athlete</b>	<b>Phone</b>	<b>Email</b>
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# Athlete Medical Form – PHYSICAL EXAM

(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)



Athlete's First and Last Name: \_\_\_\_\_

## MEDICAL PHYSICAL INFORMATION

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

Height	Weight	BMI (optional)	Temperature	Pulse	O <sub>2</sub> Sat	Blood Pressure (in mmHg)		Vision					
cm	kg	BMI	C			BP Right:	BP Left:	Right Vision 20/40 or better	No	Yes	N/A		
in	lbs	Body Fat %	F					Left Vision 20/40 or better	No	Yes	N/A		
Right Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Bowel Sounds	Yes	No					
Left Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Hepatomegaly	No	Yes					
Right Ear Canal	Clear	Cerumen	Foreign Body			Splenomegaly	No	Yes					
Left Ear Canal	Clear	Cerumen	Foreign Body			Abdominal Tenderness	No	RUQ	RLQ	LUQ	LLQ		
Right Tympanic Membrane	Clear	Perforation	Infection	NA		Kidney Tenderness	No	Right	Left				
Left Tympanic Membrane	Clear	Perforation	Infection	NA		Right upper extremity reflex	Normal	Diminished	Hyperreflexia				
Oral Hygiene	Good	Fair	Poor			Left upper extremity reflex	Normal	Diminished	Hyperreflexia				
Thyroid Enlargement	No	Yes				Right lower extremity reflex	Normal	Diminished	Hyperreflexia				
Lymph Node Enlargement	No	Yes				Left lower extremity reflex	Normal	Diminished	Hyperreflexia				
Heart Murmur (supine)	No	1/6 or 2/6	3/6 or greater			Abnormal Gait	No	Yes, describe below					
Heart Murmur (upright)	No	1/6 or 2/6	3/6 or greater			Spasticity	No	Yes, describe below					
Heart Rhythm	Regular	Irregular				Tremor	No	Yes, describe below					
Lungs	Clear	Not clear				Neck & Back Mobility	Full	Not full, describe below					
Right Leg Edema	No	1+ 2+ 3+ 4+				Upper Extremity Mobility	Full	Not full, describe below					
Left Leg Edema	No	1+ 2+ 3+ 4+				Lower Extremity Mobility	Full	Not full, describe below					
Radial Pulse Symmetry	Yes	R>L	L>R			Upper Extremity Strength	Full	Not full, describe below					
Cyanosis	No	Yes, describe				Lower Extremity Strength	Full	Not full, describe below					
Clubbing	No	Yes, describe				Loss of Sensitivity	No	Yes, describe below					

### SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability.

OR

Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

### ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

This athlete is **ABLE** to participate in Special Olympics sports without restrictions.

This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions. Describe → \_\_\_\_\_

This athlete **MAY NOT participate** in Special Olympics sports at this time & **MUST** be further evaluated by a physician for the following concerns:

Concerning Cardiac Exam

Acute Infection

O<sub>2</sub> Saturation Less than 90% on Room Air

Concerning Neurological Exam

Stage II Hypertension or Greater

Hepatomegaly or Splenomegaly

Other, please describe:

### Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:

Follow up with a cardiologist

Follow up with a neurologist

Follow up with a primary care physician

Follow up with a vision specialist

Follow up with a hearing specialist

Follow up with a dentist or dental hygienist

Follow up with a podiatrist

Follow up with a physical therapist

Follow up with a nutritionist

Other/Exam Notes:

Signature of Licensed Medical Examiner		Name:
Exam Date		E-mail:
		Phone:
		License #:

# Athlete Medical Form – MEDICAL REFERRAL FORM

(To be completed by a Licensed Medical Professional only if referral is needed)



Athlete's First and Last Name: \_\_\_\_\_

**This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.**

**Athlete should bring the previously completed pages to the appointment with the specialist.**

Examiner's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

I have been asked to perform an additional athlete exam for the following medical concern(s) - *Please describe:*

Concerning Cardiac Exam      Acute Infection      O<sub>2</sub> Saturation Less than 90% on Room Air

Concerning Neurological Exam      Stage II Hypertension or Greater      Hepatomegaly or Splenomegaly

Other, please describe:

<b>In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):</b>		
<b>Yes</b>	<b>Yes, but with restrictions (<i>list below</i>)</b>	<b>No</b>

Additional Examiner Notes/Restrictions:

Examiner E-mail: \_\_\_\_\_

Examiner Phone: \_\_\_\_\_

License: \_\_\_\_\_

<b>Examiner's Signature</b>	<b>Date</b>
-----------------------------	-------------

**This section to be completed by Special Olympics staff only, if applicable.**

This medical exam was completed at a MedFest event?	Yes	No
The athlete is a Unified Partner or a Young Athlete Participant?	Unified Partner	Young Athlete

# FORMULARIO DE INSCRIPCIÓN DEL ATLETA

**Special Olympics**



Programa Acreditado de Olimpiadas Especiales: \_\_\_\_\_

¿Eres un atleta nuevo para Olimpiadas Especiales o estás solicitando tu reinscripción?

Atleta Nuevo

Reinscripción

INFORMACIÓN DEL ATLETA		
Nombre:	Segundo Nombre:	
Apellidos:	Nombre preferido:	
Fecha de Nacimiento (dd/mm/aaaa):	Femenino	Masculino
Raza/Origen Étnico (Opcional):		
Nativo de Alaska / Indio American	Asiático	Mestizo (dos o más Razas)
Afroamericano o Negro	Nativo de Hawaii o de otra de las Islas del Pacífico	
Blanco	Hispano o Latino (especifica el grupo de origen: _____)	
Idioma(s) Habitual(es) en el Hogar del Atleta (Opcional): Marca todos los que correspondan		
Inglés	Español	Otro(s) (por favor especificalo(s): _____)
Dirección. Calle y número:		
Ciudad:	Estado/Departamento/Provincia:	Código Postal:
Teléfono:	Correo Electrónico:	
Deportes / Actividades:		
Patrón o Empleador del Atleta, si lo hubiere (Opcional):		
¿El atleta tiene la capacidad para autorizar en su nombre que se le administren cuidados médicos?      Sí      No		
INFORMACIÓN DEL FAMILIAR O TUTOR (obligatorio Si el atleta es menor de edad o requiere de un tutor legal)		
Nombre:		
Relación o Parentesco:		
La misma información de contacto del Atleta		
Dirección. Calle y número:		
Ciudad:	Estado/Departamento/Provincia:	Código Postal:
Teléfono:	Correo Electrónico:	
INFORMACIÓN DE CONTACTO EN CASO DE EMERGENCIA		
La misma del Familiar o Tutor		
Nombre:		
Teléfono:	Relación o Parentesco:	
INFORMACIÓN DEL MÉDICO Y DEL SEGURO		
Nombre del Médico:		
Teléfono del Médico:		
Compañía Aseguradora:	Número de Póliza de Seguro:	
Número de Seguro Colectivo:		



Estoy de acuerdo en lo siguiente:

- Capacidad de Participar.** Tengo la aptitud física suficiente para participar en las actividades de los Juegos Olimpiadas Especiales.
- Autorización para el Uso de Referencias a mi Persona.** Doy mi autorización a Special Olympics, Inc., a los comités organizadores de los Juegos de Olimpiadas Especiales y a los Programas Acreditados de Olimpiadas Especiales (colectivamente "Special Olympics") para usar alusiones a mi persona; fotografías y vídeo en los que yo aparezco; mi nombre, mi voz y mis palabras, para propósitos de promoción de los Juegos Olimpiadas Especiales y para recaudar fondos para actividades de Olimpiadas Especiales.
- Riesgo de Conmoción Cerebral y Otros Tipos de Lesión.** Sé que existe riesgo de sufrir lesiones. Entiendo el riesgo de continuar practicando deporte después de haber sufrido alguna conmoción cerebral u otro tipo de lesión. Entiendo que podría necesitar cuidados médicos si existe sospecha de que he sufrido una conmoción cerebral u otro tipo de lesión. Entiendo que si he sufrido una conmoción cerebral u otro tipo de lesión, requeriré autorización de un doctor para volver a practicar deporte, y que quizás necesite dejar de practicar deporte por 7 días o más.
- Cuidados de Emergencia.** Si me viera imposibilitado, o mi tutor no estuviera disponible, para autorizar que se me administren cuidados médicos o tomar decisiones en caso de emergencia, autorizo a Olimpiadas Especiales a administrarme cuidados médicos, a menos de que yo marque uno de los siguientes cuadros:

Tengo objeciones religiosas o de otro tipo para recibir tratamientos médicos. (No común)

No autorizo me sean administradas transfusiones sanguíneas. (No común)

(Si se ha marcado uno o los dos campos anteriores, será obligatorio llenar el FORMULARIO DE RECHAZO DE CUIDADOS MÉDICOS DE EMERGENCIA)

- Pernoctación.** Es posible que necesite pasar la noche en un hotel o en casa de alguien más, para participar en algunos eventos. Si tuviese alguna duda, solicitaría aclaración.
- Programas de salud** Si decido ser parte de algún programa de salud, estoy de acuerdo en participar en las actividades respectivas y en someterme a las pruebas y tratamientos correspondientes. Estas actividades, pruebas y tratamientos no sustituyen a los cuidados médicos de cabecera que pudiera yo necesitar. Tendré la posibilidad de rechazar cualquier tratamiento u otro tipo de actividad en cualquier momento que lo desee.
- Información Personal.** Entiendo que Olimpiadas Especiales reunirá mi información personal para que pueda yo participar, y que esta información incluye mi nombre, imagen, domicilio, número telefónico, expedientes y otros datos médicos, y otra información que me identifique personalmente, que yo he proporcionado a Olimpiadas Especiales ("información personal").
  - Autorizo, con conocimiento, a Olimpiadas Especiales a:
    - Utilizar mi información personal para cerciorarse de que califico para participar y puedo hacerlo con seguridad; llevar a cabo eventos y sesiones de entrenamiento; publicar resultados de las competencias (incluyendo en sitios web y medios electrónicos); administrar cuidados médicos, si participo en un programa de salud; analizar datos para perfeccionar la programación e identificar y responder a las necesidades de los participantes en los Juegos Special Olympics; realizar operaciones informáticas, pruebas, controles de calidad, y otras actividades relacionadas; y suministrar servicios relacionados con los eventos.
    - Utilizar mi información personal para elaborar un perfil de mi persona para propósitos de comunicación y marketing, incluyendo enviarme comunicados directos de marketing digital vía correo electrónico, SMS, redes sociales y otros canales.
    - Compartir mi información personal con (i) investigadores, socios de negocios, agencias de sanidad pública y otras organizaciones que realicen investigación sobre discapacidades intelectuales y el efecto de las actividades de Olimpiadas Especiales, (ii) especialistas médicos en caso de emergencia, y (iii) autoridades gubernamentales, para ayudarme a obtener los visados para viajes internacionales que sean necesarios para asistir a eventos de Special Olympics, y para cualquier otro propósito destinado a proteger la seguridad pública, y responder a cualquier solicitud gubernamental de información que disponga la ley.
  - Entiendo que Olimpiadas Especiales es una organización global con oficinas centrales en los Estados Unidos de América. Entiendo que mi información personal puede almacenarse y procesarse en algún país distinto al mío, donde resido, incluyendo los Estados Unidos de América. Entiendo que estos países podrían no tener el mismo nivel de protección de datos personales que el de mi país de residencia y estoy de acuerdo en que las leyes de los Estados Unidos de América rijan el procesamiento que se hará de mi información personal tal como se autoriza en este formulario.
  - Tengo el derecho de, a mi solicitud, ver mi información personal, o de que se me mantenga al tanto de cuál es la información personal que se procesa sobre mí. Tengo el derecho de solicitar corrección o eliminación de mi información personal, y de restringir el procesamiento que se haga de la misma si resultara incongruente con la autorización que aquí doy,
  - Divulgación de Información Personal.** La información personal podrá divulgarse de conformidad con el presente formulario y tal como lo detalla la política de privacidad de Special Olympics, disponible en [www.SpecialOlympics.org/Privacy\\_Policy.aspx](http://www.SpecialOlympics.org/Privacy_Policy.aspx).

Nombre del atleta:	Correo Electrónico:
<b>FIRMA DEL ATLETA</b> (obligatorio para atletas mayores de edad con capacidad de firmar documentos legales)	
He leído y comprendo este formulario. Si tuviese alguna duda, solicitaría aclaración. Por mi firma declaro estar de acuerdo con el contenido del presente formulario.	
Firma del Atleta:	Fecha:
<b>FIRMA DEL FAMILIAR O TUTOR</b> (obligatoria para atletas menores de edad o sin capacidad de firmar documentos legales)	
Soy el familiar o tutor del atleta. Declaro que he leído el presente formulario, que lo comprendo y que he explicado su contenido al atleta en toda medida posible. Por mi firma declaro estar de acuerdo con el contenido del presente formulario en nombre propio y en el del atleta.	
Firma del Familiar o Tutor:	Fecha:
Nombre en Letra de Molde:	Relación o Parentesco:



En Olimpiadas Especiales dependemos de nuestros socios y patrocinadores para lograr nuestra misión. Frecuentemente utilizamos fotografías, vídeo e historias de nuestros atletas para ejemplificar el efecto que tiene el apoyo de las compañías que nos patrocinan. Si autorizas que se utilicen referencias a tu persona de esta manera, por favor lee lo siguiente y fírmalo.

Estoy de acuerdo en lo siguiente:

- Doy mi autorización a Special Olympics, Inc., a los comités organizadores de los Juegos de Olimpiadas Especiales y a los Programas Acreditados de Olimpiadas Especiales (colectivamente "Special Olympics"), y a sus socios y patrocinadores para usar; fotografías y vídeo en los que yo aparezco; mi nombre, mi voz y mis palabras (las "Referencias a mi persona"), para reconocer el apoyo que sus socios y patrocinadores dan a Special Olympics.
- Ni Special Olympics ni sus socios y patrocinadores utilizarán "las Referencias a mi persona" para promocionar servicios o productos comerciales.
- Entiendo que no recibiré remuneración alguna por el uso de "las Referencias a mi persona".

Nombre del atleta:	Correo Electrónico:
<b>FIRMA DEL ATLETA</b> (obligatorio para atletas mayores de edad con capacidad de firmar documentos legales)	
He leído y comprendo este formulario. Si tuviese alguna duda, solicitaría aclaración. Por mi firma declaro estar de acuerdo con el contenido del presente formulario.	
Firma del Atleta:	Fecha:
<b>FIRMA DEL FAMILIAR O TUTOR</b> (obligatoria para atletas menores de edad o sin capacidad de firmar documentos legales)	
Soy el familiar o tutor del atleta. Declaro que he leído el presente formulario, que lo comprendo y que he explicado su contenido al atleta en toda medida posible. Por mi firma declaro estar de acuerdo con el contenido del presente formulario en nombre propio y en el del atleta.	
Firma del Familiar o Tutor:	Fecha:
Nombre en Letra de Molde:	Relación o Parentesco:

Nombre y apellido del atleta: \_\_\_\_\_ Nombre preferido: \_\_\_\_\_

Fecha de nacimiento del atleta (mm/dd/aaaa): \_\_\_\_\_  Femenino  Masculino

PAÍS: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>AFECCIONES ASOCIADAS- El atleta tiene (marque lo que corresponda):</b>		
<input type="checkbox"/> Autismo	<input type="checkbox"/> Síndrome de Down	<input type="checkbox"/> Síndrome X frágil
<input type="checkbox"/> Parálisis cerebral	<input type="checkbox"/> Síndrome alcohólico fetal	
<input type="checkbox"/> Otro síndrome, por favor especifique:		

<b>ALERGIAS Y RESTRICCIONES DIETÉTICAS</b>	<b>DISPOSITIVOS DE AYUDA - El atleta usa (marque lo que corresponda):</b>
<input type="checkbox"/> No se conocen alergias	<input type="checkbox"/> Soporte ortopédico <input type="checkbox"/> Colostomía <input type="checkbox"/> Dispositivo de comunicación
<input type="checkbox"/> Látex	<input type="checkbox"/> Máquina CPAP <input type="checkbox"/> Muletas o andador <input type="checkbox"/> Dentaduras
<input type="checkbox"/> Medicación:	<input type="checkbox"/> Anteojos o lentes de contacto <input type="checkbox"/> Sonda gástrica o sonda en J <input type="checkbox"/> Audífono
<input type="checkbox"/> Mordeduras o picaduras de insectos:	<input type="checkbox"/> Dispositivo implantado <input type="checkbox"/> Inhalador <input type="checkbox"/> Marcapasos
<input type="checkbox"/> Alimentos:	<input type="checkbox"/> Prótesis removible <input type="checkbox"/> Férula <input type="checkbox"/> Silla de ruedas
Indique cualquier necesidad dietética especial:	

<b>PARTICIPACIÓN EN DEPORTES</b>
Indique todos los deportes de Olimpiadas Especiales en los que el atleta desea jugar:
¿Ha limitado un médico alguna vez la participación del atleta en un deporte? <input type="checkbox"/> No <input type="checkbox"/> Sí <i>Si indicó "sí", por favor describa:</i>

<b>CIRUGÍAS, INFECCIONES, VACUNAS</b>
Indique todas las cirugías que ha tenido:
¿Tiene el atleta alguna infección crónica o aguda en la actualidad? <input type="checkbox"/> No <input type="checkbox"/> Sí <i>Si indicó "sí", por favor describa:</i>
¿Ha tenido el atleta alguna vez un electrocardiograma (ECG) o ecocardiografía (ECO) anormales? <i>Si indicó "sí", describa la fecha y los resultados</i> <input type="checkbox"/> Sí, tuvo un ECG anormal <input type="checkbox"/> Sí, tuvo una ECO anormal
¿Ha recibido el atleta una vacuna antitetánica en los últimos 7 años? <input type="checkbox"/> No <input type="checkbox"/> Sí

<b>HISTORIAL DE EPILEPSIA Y/O CONVULSIONES</b>
Epilepsia o cualquier tipo de trastorno con convulsiones <input type="checkbox"/> No <input type="checkbox"/> Sí <i>Si indicó "sí", indique el tipo de convulsión:</i>
<i>Si indicó "sí", ¿tuvo una convulsión durante el último año?</i> <input type="checkbox"/> No <input type="checkbox"/> Sí

<b>SALUD MENTAL</b>	
Conducta autolesiva durante el último año <input type="checkbox"/> No <input type="checkbox"/> Sí	Depresión (diagnosticada) <input type="checkbox"/> No <input type="checkbox"/> Sí
Conducta agresiva durante el último año <input type="checkbox"/> No <input type="checkbox"/> Sí	Ansiedad (diagnosticada) <input type="checkbox"/> No <input type="checkbox"/> Sí
Describa cualquier problema de salud mental adicional:	

<b>HISTORIAL FAMILIAR</b>
¿Ha fallecido algún familiar por un problema cardíaco antes de los 50 años de edad? <input type="checkbox"/> No <input type="checkbox"/> Sí
¿Ha fallecido algún familiar o pariente mientras hacía ejercicio? <input type="checkbox"/> No <input type="checkbox"/> Sí
Indique todas las afecciones médicas que existen en la familia del atleta:

# Formulario Médico del Atleta – HISTORIAL MÉDICO

(Debe ser completado por el atleta o el padre/madre/tutor/cuidador y traído al Examen)



Nombre y apellido del atleta: \_\_\_\_\_

¿ALGUNA VEZ SE LE DIAGNOSTICÓ O EXPERIMENTÓ EL ATLETA ALGUNA DE LAS SIGUIENTES AFECCIONES?								
Pérdida de conciencia	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Presión arterial alta	<input type="checkbox"/> No	<input type="checkbox"/> Sí	ACV/AIT	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Mareos durante o después de hacer ejercicio	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Nivel elevado de colesterol	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Conmociones cerebrales	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Dolor de cabeza durante o después de hacer ejercicio	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Deficiencia visual	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Asma	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Dolor en el pecho durante o después de hacer ejercicio	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Deficiencia auditiva	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Dificultad para respirar durante o después de hacer ejercicio	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Bazo agrandado	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Hepatitis	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Latidos de corazón irregulares, acelerados u omitidos	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Riñón único	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Molestia urinaria	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Defecto cardíaco congénito	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Osteoporosis	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Espina bífida	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Ataque al corazón	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Osteopenia	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Artritis	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Cardiomiopatía	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Anemia drepanocítica (celulas falciformes)	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Enfermedad por calor	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Valvulopatía cardíaca	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Rasgo drepanocítico	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Huesos rotos	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Soplo del corazón	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Sangrado fácil	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Articulaciones dislocadas	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Endocarditis	<input type="checkbox"/> No	<input type="checkbox"/> Sí	<b>Si es una atleta femenina, indique la fecha del último periodo menstrual:</b>					
Describe cualquier hueso roto o articulación dislocada en el pasado (si indicó "sí" para cualquier de estos cambios previamente):								
Indique cualquier otra afección médica actual o pasada:								

Síntomas neurológicos para la compresión de la médula espinal o inestabilidad atlantoaxial					
Dificultad para controlar las deposiciones o la vejiga	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Si indicó "sí", ¿es nuevo o está peor en los últimos 3 años?	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Entumecimiento u hormigueo en piernas, brazos, manos o pies	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Si indicó "sí", ¿es nuevo o está peor en los últimos 3 años?	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Debilidad en piernas, brazos, manos o pies	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Si indicó "sí", ¿es nuevo o está peor en los últimos 3 años?	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Nervio quemante, punzante o pinchado, o dolor en el cuello, espalda, hombros, brazos, manos, nalgas, piernas o pies	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Si indicó "sí", ¿es nuevo o está peor en los últimos 3 años?	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Inclinación de la cabeza	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Si indicó "sí", ¿es nuevo o está peor en los últimos 3 años?	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Espasticidad	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Si indicó "sí", ¿es nuevo o está peor en los últimos 3 años?	<input type="checkbox"/> No	<input type="checkbox"/> Sí
Parálisis	<input type="checkbox"/> No	<input type="checkbox"/> Sí	Si indicó "sí", ¿es nuevo o está peor en los últimos 3 años?	<input type="checkbox"/> No	<input type="checkbox"/> Sí

INDIQUE POR FAVOR CUALQUIER MEDICACIÓN, VITAMINA O SUPLEMENTO DIETÉTICO ABAJO (incluye inhaladores, anticonceptivos o terapia hormonal)								
Nombre de la medicación, vitamina o suplemento	Dosis	Veces por día	Nombre de la medicación, vitamina o suplemento	Dosis	Veces por día	Nombre de la medicación, vitamina o suplemento	Dosis	Veces por día

¿Puede el atleta administrarse su propia medicación?  No  Sí

Nombre de la persona que completa este formulario		Relación con el atleta	Teléfono	E-mail
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# Formulario Médico del Atleta – EXAMEN FÍSICO

(Debe ser completado por un Profesional Médico Certificado calificado para realizar exámenes y recetar medicación)



Nombre y apellido del atleta: \_\_\_\_\_

## INFORMACIÓN FÍSICA MÉDICA

(Debe ser completada por un Profesional Médico Certificado, calificado para realizar exámenes y recetar medicamentos)

Altura	Peso	IMC (opcional)	Temperatura	Pulso	Saturación de oxígeno	Presión arterial (en mmHg)	Visión
cm	kg	IMC	C			PA derecha: PA izquierda:	Visión derecha - 20/40 o mejor <input type="checkbox"/> No <input type="checkbox"/> Sí <input type="checkbox"/> N/D
plg	lbs	Grasa corporal %	F				Visión izquierda - 20/40 o mejor <input type="checkbox"/> No <input type="checkbox"/> Sí <input type="checkbox"/> N/D

Audición derecha (frote de dedos) <input type="checkbox"/> Responde <input type="checkbox"/> Sin respuesta <input type="checkbox"/> No evaluar	Sonidos intestinales <input type="checkbox"/> Sí <input type="checkbox"/> No
Audición izquierda (frote de dedos) <input type="checkbox"/> Responde <input type="checkbox"/> Sin respuesta <input type="checkbox"/> No evaluar	Hepatomegalia <input type="checkbox"/> No <input type="checkbox"/> Sí
Canal auditivo derecho <input type="checkbox"/> Despejado <input type="checkbox"/> Cerumen <input type="checkbox"/> Cuerpo extraño	Esplenomegalia <input type="checkbox"/> No <input type="checkbox"/> Sí
Canal auditivo izquierdo <input type="checkbox"/> Despejado <input type="checkbox"/> Cerumen <input type="checkbox"/> Cuerpo extraño	Sensibilidad abdominal <input type="checkbox"/> No <input type="checkbox"/> CSD <input type="checkbox"/> CID <input type="checkbox"/> CSI <input type="checkbox"/> CII
Tímpano derecho <input type="checkbox"/> Despejado <input type="checkbox"/> Perforación <input type="checkbox"/> Infección <input type="checkbox"/> NA	Sensibilidad renal <input type="checkbox"/> No <input type="checkbox"/> Derecho <input type="checkbox"/> Izquierdo
Tímpano izquierdo <input type="checkbox"/> Despejado <input type="checkbox"/> Perforación <input type="checkbox"/> Infección <input type="checkbox"/> NA	Reflejo del miembro superior (D) <input type="checkbox"/> Normal <input type="checkbox"/> Reducido <input type="checkbox"/> Hiperreflexia
Higiene bucal <input type="checkbox"/> Buena <input type="checkbox"/> Regular <input type="checkbox"/> Deficiente	Reflejo del miembro superior (I) <input type="checkbox"/> Normal <input type="checkbox"/> Reducido <input type="checkbox"/> Hiperreflexia
Agrandamiento de la tiroides <input type="checkbox"/> No <input type="checkbox"/> Sí	Reflejo del miembro inferior (D) <input type="checkbox"/> Normal <input type="checkbox"/> Reducido <input type="checkbox"/> Hiperreflexia
Agrandamiento de nódulos linfáticos <input type="checkbox"/> No <input type="checkbox"/> Sí	Reflejo del miembro inferior (I) <input type="checkbox"/> Normal <input type="checkbox"/> Reducido <input type="checkbox"/> Hiperreflexia
Soplo del corazón (supina) <input type="checkbox"/> No <input type="checkbox"/> 1/6 o 2/6 <input type="checkbox"/> 3/6 o mayor	Marcha anormal <input type="checkbox"/> No <input type="checkbox"/> Sí, describa abajo
Soplo del corazón (vertical) <input type="checkbox"/> No <input type="checkbox"/> 1/6 o 2/6 <input type="checkbox"/> 3/6 o mayor	Espasticidad <input type="checkbox"/> No <input type="checkbox"/> Sí, describa abajo
Ritmo cardíaco <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Temblores <input type="checkbox"/> No <input type="checkbox"/> Sí, describa abajo
Pulmones <input type="checkbox"/> Despejados <input type="checkbox"/> No despejados	Movilidad del cuello y la espalda <input type="checkbox"/> Plena <input type="checkbox"/> No plena, describa
Edema en la pierna derecha <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Movilidad de miembros superiores <input type="checkbox"/> Plena <input type="checkbox"/> No plena, describa
Edema en la pierna izquierda <input type="checkbox"/> No <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Movilidad de miembros inferiores <input type="checkbox"/> Plena <input type="checkbox"/> No plena, describa
Simetría del pulso radial <input type="checkbox"/> Sí <input type="checkbox"/> D>I <input type="checkbox"/> I>D	Fortaleza de los miembros superiores <input type="checkbox"/> Plena <input type="checkbox"/> No plena, describa
Cianosis <input type="checkbox"/> No <input type="checkbox"/> Sí, describa	Fortaleza de los miembros inferiores <input type="checkbox"/> Plena <input type="checkbox"/> No plena, describa
Dedos hipocráticos <input type="checkbox"/> No <input type="checkbox"/> Sí, describa	Pérdida de sensibilidad <input type="checkbox"/> No <input type="checkbox"/> Sí, describa abajo

### COMPRESIÓN DE LA MÉDULA ESPINAL E INESTABILIDAD ATLANTOAXIAL (IAA) (Seleccione una)

- El atleta no muestra NINGUNA EVIDENCIA de síntomas neurológicos o manifestaciones físicas asociadas con la compresión de la médula espinal o inestabilidad atlantoaxial.
- El atleta tiene síntomas neurológicos o manifestaciones físicas que podrían asociarse con la compresión de la médula espinal o inestabilidad atlantoaxial, y **deberá tener una evaluación neurológica adicional** para descartar el riesgo adicional de una lesión de la médula espinal antes de ser autorizado a participar en deportes.

### AUTORIZACIÓN PARA LA PARTICIPACIÓN DEL ATLETA (DEBE SER COMPLETADO SOLO POR EL EXAMINADOR)

Examinadores Médicos Certificados: Se recomienda que el examinador revise los ítem del historial médico con el atleta o su tutor antes de realizar el examen físico. Si un atleta necesita una evaluación médica adicional, por favor haga una remisión abajo y el segundo médico de la remisión deberá completar la página 4.

- Este atleta PUEDE participar en deportes de Olimpiadas Especiales sin restricciones.
- Este atleta PUEDE participar en deportes de Olimpiadas Especiales **CON** restricciones. Describa →
- Este atleta **NO PODRÁ** participar en deportes de Olimpiadas Especiales en este momento, y **DEBERÁ** ser tener una evaluación adicional de un médico por las siguientes inquietudes:
- Con relación al examen cardíaco  Infección aguda  Saturación de oxígeno menos de 90% en el aire de la habitación
- Con relación al examen neurológico  Hipertensión de etapa 2 o mayor  Hepatomegalia o esplenomegalia
- Otro, por favor describa:

### Notas adicionales del Examinador Certificado y seguimiento recomendado (pero no exigido):

- Seguimiento con un cardiólogo  Seguimiento con un neurólogo  Seguimiento con un médico de cabecera
- Seguimiento con un especialista de la visión  Seguimiento con un especialista de la audición  Seguimiento con un dentista o higienista dental
- Seguimiento con un podólogo  Seguimiento con un terapeuta físico  Seguimiento con un nutricionista
- Otro/Notas del examen:

Firma del Profesional Médico Certificado	Nombre:
	E-mail:
	Teléfono:
	Número de licencia:
Fecha del examen	



Nombre del atleta: \_\_\_\_\_

**Esta página solo necesita ser completada y firmada si el médico de la página tres no autoriza al atleta e indica que se necesita un seguimiento.**

**El atleta deberá traer las páginas previamente completadas a la cita con el especialista.**

Nombre del examinador: \_\_\_\_\_

Especialidad: \_\_\_\_\_

He examinado a este atleta por las siguientes inquietudes médicas - *Por favor describa:*

- Con relación al examen cardíaco     Infección aguda     Saturación de oxígeno menos de 90% en el aire de la habitación
- Con relación al examen neurológico     Hipertensión de etapa 2 o mayor     Hepatomegalia o esplenomegalia
- Otro, por favor describa:

**En mi opinión profesional, este atleta PUEDE participar en deportes de Olimpiadas Especiales (indique restricciones o limitaciones abajo):**

- Sí, sin restricciones     Sí, pero con restricciones (indique abajo)     No

Notas adicionales del Examinador/Restricciones:

E-mail del Examinador: \_\_\_\_\_

Teléfono del Examinador: \_\_\_\_\_

Licencia: \_\_\_\_\_

Firma del Examinador

Fecha

**Esta sección deberá ser completada solo por el personal de Olimpiadas Especiales, si corresponde.**

¿Este examen médico fue completado en un evento de MedFest?     Sí     No

¿El atleta es un Compañero Unificado o un participante de Atletas Jóvenes?     Compañero Unificado     Atleta Joven

# PARTICIPANT RELEASE FORM

Special Olympics



Name: \_\_\_\_\_

Delegation: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Female  Male

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics to use my photo, video, name, voice, and words to promote Special Olympics and raise funds for Special Olympics. For this form, "Special Olympics" means all Special Olympics organizations.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
  - I have a religious or other objection to receiving medical treatment.
  - I do not consent to blood transfusions.(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Special Olympics is collecting my personal information.
  - I consent to Special Olympics using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related operations and activities; and provide event-related services.
  - I consent to Special Olympics using my email address and creating a profile of me for communications and marketing purposes.
  - I understand that Special Olympics may disclose my personal information to medical professionals in the event of an emergency and to third party researchers to analyze data for the purposes of improving Special Olympics programming and identifying and responding to the needs of Special Olympics participants.
  - I understand that Special Olympics may disclose my personal information to government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
  - I understand Special Olympics is a global organization with headquarters in the United States of America. I consent to Special Olympics storing and processing my personal information in countries, including the United States of America, that have laws requiring a different level of privacy and data protection.
  - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to make changes to or delete my information.

**ATHLETE NAME:** \_\_\_\_\_ **Email:** \_\_\_\_\_

PLEASE PRINT

**ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)**

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Adult Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)**

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

# FORMULARIO DE INSCRIPCIÓN DEL ATLETA

**Special Olympics**



Programa Acreditado de Olimpiadas Especiales: \_\_\_\_\_

¿Eres un atleta nuevo para Olimpiadas Especiales o estás solicitando tu reinscripción?

Atleta Nuevo

Reinscripción

INFORMACIÓN DEL ATLETA		
Nombre:	Segundo Nombre:	
Apellidos:	Nombre preferido:	
Fecha de Nacimiento (dd/mm/aaaa):	Femenino	Masculino
Raza/Origen Étnico (Opcional):		
Nativo de Alaska / Indio American	Asiático	Mestizo (dos o más Razas)
Afroamericano o Negro	Nativo de Hawaii o de otra de las Islas del Pacífico	
Blanco	Hispano o Latino (especifica el grupo de origen: _____)	
Idioma(s) Habitual(es) en el Hogar del Atleta (Opcional): Marca todos los que correspondan		
Inglés	Español	Otro(s) (por favor especificalo(s): _____)
Dirección. Calle y número:		
Ciudad:	Estado/Departamento/Provincia:	Código Postal:
Teléfono:	Correo Electrónico:	
Deportes / Actividades:		
Patrón o Empleador del Atleta, si lo hubiere (Opcional):		
¿El atleta tiene la capacidad para autorizar en su nombre que se le administren cuidados médicos?      Sí      No		
INFORMACIÓN DEL FAMILIAR O TUTOR (obligatorio Si el atleta es menor de edad o requiere de un tutor legal)		
Nombre:		
Relación o Parentesco:		
La misma información de contacto del Atleta		
Dirección. Calle y número:		
Ciudad:	Estado/Departamento/Provincia:	Código Postal:
Teléfono:	Correo Electrónico:	
INFORMACIÓN DE CONTACTO EN CASO DE EMERGENCIA		
La misma del Familiar o Tutor		
Nombre:		
Teléfono:	Relación o Parentesco:	
INFORMACIÓN DEL MÉDICO Y DEL SEGURO		
Nombre del Médico:		
Teléfono del Médico:		
Compañía Aseguradora:	Número de Póliza de Seguro:	
Número de Seguro Colectivo:		



Estoy de acuerdo en lo siguiente:

- Capacidad de Participar.** Tengo la aptitud física suficiente para participar en las actividades de los Juegos Olimpiadas Especiales.
- Autorización para el Uso de Referencias a mi Persona.** Doy mi autorización a Special Olympics, Inc., a los comités organizadores de los Juegos de Olimpiadas Especiales y a los Programas Acreditados de Olimpiadas Especiales (colectivamente "Special Olympics") para usar alusiones a mi persona; fotografías y vídeo en los que yo aparezco; mi nombre, mi voz y mis palabras, para propósitos de promoción de los Juegos Olimpiadas Especiales y para recaudar fondos para actividades de Olimpiadas Especiales.
- Riesgo de Conmoción Cerebral y Otros Tipos de Lesión.** Sé que existe riesgo de sufrir lesiones. Entiendo el riesgo de continuar practicando deporte después de haber sufrido alguna conmoción cerebral u otro tipo de lesión. Entiendo que podría necesitar cuidados médicos si existe sospecha de que he sufrido una conmoción cerebral u otro tipo de lesión. Entiendo que si he sufrido una conmoción cerebral u otro tipo de lesión, requeriré autorización de un doctor para volver a practicar deporte, y que quizás necesite dejar de practicar deporte por 7 días o más.
- Cuidados de Emergencia.** Si me viera imposibilitado, o mi tutor no estuviera disponible, para autorizar que se me administren cuidados médicos o tomar decisiones en caso de emergencia, autorizo a Olimpiadas Especiales a administrarme cuidados médicos, a menos de que yo marque uno de los siguientes cuadros:

Tengo objeciones religiosas o de otro tipo para recibir tratamientos médicos. (No común)

No autorizo me sean administradas transfusiones sanguíneas. (No común)

(Si se ha marcado uno o los dos campos anteriores, será obligatorio llenar el FORMULARIO DE RECHAZO DE CUIDADOS MÉDICOS DE EMERGENCIA)

- Pernoctación.** Es posible que necesite pasar la noche en un hotel o en casa de alguien más, para participar en algunos eventos. Si tuviese alguna duda, solicitaría aclaración.
- Programas de salud** Si decido ser parte de algún programa de salud, estoy de acuerdo en participar en las actividades respectivas y en someterme a las pruebas y tratamientos correspondientes. Estas actividades, pruebas y tratamientos no sustituyen a los cuidados médicos de cabecera que pudiera yo necesitar. Tendré la posibilidad de rechazar cualquier tratamiento u otro tipo de actividad en cualquier momento que lo desee.
- Información Personal.** Entiendo que Olimpiadas Especiales reunirá mi información personal para que pueda yo participar, y que esta información incluye mi nombre, imagen, domicilio, número telefónico, expedientes y otros datos médicos, y otra información que me identifique personalmente, que yo he proporcionado a Olimpiadas Especiales ("información personal").
  - Autorizo, con conocimiento, a Olimpiadas Especiales a:
    - Utilizar mi información personal para cerciorarse de que califico para participar y puedo hacerlo con seguridad; llevar a cabo eventos y sesiones de entrenamiento; publicar resultados de las competencias (incluyendo en sitios web y medios electrónicos); administrar cuidados médicos, si participo en un programa de salud; analizar datos para perfeccionar la programación e identificar y responder a las necesidades de los participantes en los Juegos Special Olympics; realizar operaciones informáticas, pruebas, controles de calidad, y otras actividades relacionadas; y suministrar servicios relacionados con los eventos.
    - Utilizar mi información personal para elaborar un perfil de mi persona para propósitos de comunicación y marketing, incluyendo enviarme comunicados directos de marketing digital vía correo electrónico, SMS, redes sociales y otros canales.
    - Compartir mi información personal con (i) investigadores, socios de negocios, agencias de sanidad pública y otras organizaciones que realicen investigación sobre discapacidades intelectuales y el efecto de las actividades de Olimpiadas Especiales, (ii) especialistas médicos en caso de emergencia, y (iii) autoridades gubernamentales, para ayudarme a obtener los visados para viajes internacionales que sean necesarios para asistir a eventos de Special Olympics, y para cualquier otro propósito destinado a proteger la seguridad pública, y responder a cualquier solicitud gubernamental de información que disponga la ley.
  - Entiendo que Olimpiadas Especiales es una organización global con oficinas centrales en los Estados Unidos de América. Entiendo que mi información personal puede almacenarse y procesarse en algún país distinto al mío, donde resido, incluyendo los Estados Unidos de América. Entiendo que estos países podrían no tener el mismo nivel de protección de datos personales que el de mi país de residencia y estoy de acuerdo en que las leyes de los Estados Unidos de América rijan el procesamiento que se hará de mi información personal tal como se autoriza en este formulario.
  - Tengo el derecho de, a mi solicitud, ver mi información personal, o de que se me mantenga al tanto de cuál es la información personal que se procesa sobre mí. Tengo el derecho de solicitar corrección o eliminación de mi información personal, y de restringir el procesamiento que se haga de la misma si resultara incongruente con la autorización que aquí doy,
  - Divulgación de Información Personal.** La información personal podrá divulgarse de conformidad con el presente formulario y tal como lo detalla la política de privacidad de Special Olympics, disponible en [www.SpecialOlympics.org/Privacy\\_Policy.aspx](http://www.SpecialOlympics.org/Privacy_Policy.aspx).

<b>Nombre del atleta:</b>	<b>Correo Electrónico:</b>
<b>FIRMA DEL ATLETA</b> (obligatorio para atletas mayores de edad con capacidad de firmar documentos legales)	
He leído y comprendo este formulario. Si tuviese alguna duda, solicitaría aclaración. Por mi firma declaro estar de acuerdo con el contenido del presente formulario.	
<b>Firma del Atleta:</b>	<b>Fecha:</b>
<b>FIRMA DEL FAMILIAR O TUTOR</b> (obligatoria para atletas menores de edad o sin capacidad de firmar documentos legales)	
Soy el familiar o tutor del atleta. Declaro que he leído el presente formulario, que lo comprendo y que he explicado su contenido al atleta en toda medida posible. Por mi firma declaro estar de acuerdo con el contenido del presente formulario en nombre propio y en el del atleta.	
<b>Firma del Familiar o Tutor:</b>	<b>Fecha:</b>
<b>Nombre en Letra de Molde:</b>	<b>Relación o Parentesco:</b>



En Olimpiadas Especiales dependemos de nuestros socios y patrocinadores para lograr nuestra misión. Frecuentemente utilizamos fotografías, vídeo e historias de nuestros atletas para ejemplificar el efecto que tiene el apoyo de las compañías que nos patrocinan. Si autorizas que se utilicen referencias a tu persona de esta manera, por favor lee lo siguiente y fírmalo.

Estoy de acuerdo en lo siguiente:

- Doy mi autorización a Special Olympics, Inc., a los comités organizadores de los Juegos de Olimpiadas Especiales y a los Programas Acreditados de Olimpiadas Especiales (colectivamente "Special Olympics"), y a sus socios y patrocinadores para usar; fotografías y vídeo en los que yo aparezco; mi nombre, mi voz y mis palabras (las "Referencias a mi persona"), para reconocer el apoyo que sus socios y patrocinadores dan a Special Olympics.
- Ni Special Olympics ni sus socios y patrocinadores utilizarán "las Referencias a mi persona" para promocionar servicios o productos comerciales.
- Entiendo que no recibiré remuneración alguna por el uso de "las Referencias a mi persona".

Nombre del atleta:	Correo Electrónico:
<b>FIRMA DEL ATLETA</b> (obligatorio para atletas mayores de edad con capacidad de firmar documentos legales)	
He leído y comprendo este formulario. Si tuviese alguna duda, solicitaría aclaración. Por mi firma declaro estar de acuerdo con el contenido del presente formulario.	
Firma del Atleta:	Fecha:
<b>FIRMA DEL FAMILIAR O TUTOR</b> (obligatoria para atletas menores de edad o sin capacidad de firmar documentos legales)	
Soy el familiar o tutor del atleta. Declaro que he leído el presente formulario, que lo comprendo y que he explicado su contenido al atleta en toda medida posible. Por mi firma declaro estar de acuerdo con el contenido del presente formulario en nombre propio y en el del atleta.	
Firma del Familiar o Tutor:	Fecha:
Nombre en Letra de Molde:	Relación o Parentesco:

## **GLOSSARY**

**Chaperone/Athlete Ratio** – 1:3 (One chaperone for every three athletes), 1:1 ratio, contact the State Office for requests

**Delegation** – An Accredited Program licensed and authorized by SOI as provided in these General Rules to operate Special Olympics programs within the boundaries of a particular state or city

**EKS** – Eunice Kennedy Shriver

**GMS** – Games Management System – database used for athlete & volunteer profiles and competition

**GOC** – Games Organizing Committee

**SOI** – Special Olympics International

**SOIA** – Special Olympics Iowa

**SOIA Sports Rules** – Means the separate document entitled “Official Special Olympics Sports Rules”, which is issued periodically by SOI for the use of all Accredited Programs and GOC’s in conducting training and competition in each Official Sport, as amended and updated from time to time by SOI

**SONA** – Special Olympics North America

**Special Olympics website** – [www.specialolympics.org](http://www.specialolympics.org)

**Special Olympics Iowa website** – [www.soiowa.org](http://www.soiowa.org)

**Torch Run (LETR)** – Means, individually and collectively: (1) the Law Enforcement Torch Run® for Special Olympics, which consists of the relay run during which the Special Olympics Torch is carried from a pre-determined location (and from Athens, Greece in the case of any World Games) to the site of the opening ceremonies of any Games held by an Accredited Program, or, where applicable, to the site of the opening ceremonies of any Regional Games or World Games; and (2) fund-raising and public awareness activities in support of the Law Enforcement Torch Run for Special Olympics

**UCS** – Unified Champion Schools®