

Due to [registrations@soiowa.org](mailto:registrations@soiowa.org) by 06/01/2021

**Athlete Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Olympics Iowa Delegation: \_\_\_\_\_ Sport(s) athlete is applying for: \_\_\_\_\_

\*Applicant is requested to submit a photo in the jpeg format along with the completed general application.

**Parent/Legal Guardian Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Local Coach Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Athlete Inventory:**

How long does the applicant take to groom and dress each morning (number of minutes)? \_\_\_\_\_

Can the applicant dress and undress himself/herself without assistance? \_\_\_\_\_

Does the applicant have any behavior problems? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_

Can the applicant relate to an unfamiliar coach? \_\_\_\_\_ If no, please explain. \_\_\_\_\_

Has the applicant ever traveled by airplane? \_\_\_\_\_ Is the applicant claustrophobic? \_\_\_\_\_

Does the applicant experience discomfort while traveling (motion sickness, homesickness, etc.)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has the applicant ever spent time away from family on an overnight trip? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Please check all that apply:

Allergies

Broken Bones

Diabetes

Hepatitis

Seizures

Recent Surgery

Does the applicant self-medicate? \_\_\_\_\_ If no, what assistance is needed? \_\_\_\_\_

List all medications that the applicant takes:

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

It is expected that athletes and Unified partners will actively participate, to the best of their ability, to fundraise and attend fundraising events when such requests are made by the state office. A commitment to help in these fundraising efforts is required for consideration of selection for this opportunity.

Signature of Agreement:

The information presented in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Athlete or Unified partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please return the completed application to [registrations@soiowa.org](mailto:registrations@soiowa.org) by 06/01/2021. Please direct any questions to Dawn Criss at 515-986-5520 or [dcrist@soiowa.org](mailto:dcrist@soiowa.org). Thank you.

2022 Special Olympics USA Games **Coach** General Application (Tentative: 06/05/2022 – 06/12/2022)

Due to [registrations@soiowa.org](mailto:registrations@soiowa.org) by 06/01/2021

Check the Box for Gender of Applicant:      Male                      Female

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Special Olympics Iowa Delegation: \_\_\_\_\_

What sport or sports are you applying to coach for Team Iowa?

\_\_\_\_\_

Have you coached at the USA Games or World Games level before?      Yes      No

If yes, which Games? \_\_\_\_\_

If yes, which Sports? \_\_\_\_\_

How many years' experience do you have working with Special Olympics Athletes? \_\_\_\_\_

How many years' experience do you have in coaching the sport(s) you are applying for? \_\_\_\_\_

How many years have you been coaching for Special Olympics? \_\_\_\_\_

Why do you want to be a coach for Team Iowa at the 2022 Special Olympics USA Games?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What specifically do you incorporate into your coaching plans to ensure successful training?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you handle an athlete who is homesick while at the USA Games?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Agreement:

The information presented in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

Please return the completed application to [registrations@soiowa.org](mailto:registrations@soiowa.org) by 06/01/2021. Please direct any questions to Dawn Criss at 515-986-5520 or [dcriss@soiowa.org](mailto:dcriss@soiowa.org). Thank you.

## 2022 Special Olympics USA Games Requirements & General Information

Tentative Transportation & Competition Dates: June 5 – 12, 2022

Competition Location/Site: Orlando, FL

### Sports allocation for Team Iowa:

Sport	Female Athletes	Male Athletes	Unified Partners		# of Coaches
			Female	Male	
Athletics	6	6	0	0	3
Bocce	2	2	2	2	2
Bowling	2	2	2	2	2
Powerlifting	2	4	0	0	2
Swimming	4	4	0	0	2
Tennis	2	2	0	0	1
Cheerleading	5	0	5	0	3
Flag Football	*	10	0	0	3

\*One male team that could include female athletes.

### Eligibility & General Information for Athlete and Unified Partner Participation:

- Athletes and Unified partners who received first place in their division at a state competition held in 2019 in a sport offered by Team Iowa may submit a general application by the deadline date to the state office.
- A random draw of all qualified applicants will determine who will participate.
- All required registration materials must be complete and received by the state office by the deadline dates.
- Athletes and Unified partners will attend required training camps if held.
- Athletes and Unified partners will attend required meetings and uniform fittings.
- Athletes and Unified partners will be housed with Team Iowa members in assigned housing at camps and the USA Games.
- Athletes and Unified partners will not be allowed to travel with or stay with family members, guardians, local coaches, etc. to or during the USA Games.
- Athletes and Unified partners will not have one-on-one supervision or coaching.
- Athletes and Unified partners must function as part of a team, including group living and following coaching instructions from unfamiliar coaches.

### Eligibility & General Information for Coach Participation:

- Coaches must have a current Class A credential.
- Coaches must be certified in the sport(s) they apply for.
- Coaches must be certified in the advanced training "Coaching Special Olympics Athletes."
- A random draw of all qualified applicants will determine who will attend.
- All required registration materials must be complete and received by the state office by the deadline dates.
- Coaches will attend required training camps if held.
- Coaches will attend required meetings and uniform fittings.
- Coaches will be housed with Team Iowa members in assigned housing during camps and the USA Games.
- Coaches will not be allowed to travel with or stay with family or friends to or during the USA Games.
- Coaches must function as part of a team, including group living.

Please return the completed application to [registrations@soiowa.org](mailto:registrations@soiowa.org) by 06/01/2021. Please direct any questions to Dawn Criss at 515-986-5520 or [dcriss@soiowa.org](mailto:dcriss@soiowa.org). Thank you.