



Winter Games Entry Form Instructions

What's New:

This year we're excited to unveil the 1-Day Winter Experience! This non-competitive event is for athletes who have never tried skiing, snowboarding, or snowshoeing. The Winter Experience will teach athletes to the basics of getting up onto skis or a snowboard while instructing them how to be safe out on the slopes. This is the perfect way to introduce athletes to the fun and excitement of Winter Games!

General Information:

The following instructions will assist you in completing the entry packet for the Special Olympics Indiana Winter Games. The entry deadline for the 2018 Special Olympics Indiana Winter Games is Monday, December 3, 2018. All entry materials for the Winter Games MUST be IN HOUSE by this date. For computer, housing, and competition purposes, Unified partners are considered participants, NOT coaches. Please make that distinction when entering Unified teams and relays. **Please write clearly, making marks heavy, dark and readable.**

The County Coordinator is responsible to be, or to name the Head of Delegation (HOD). A HOD is to be assigned, providing a cell phone number for emergency contact throughout the Games. The HOD is the person in charge of the entire delegation and is responsible for being onsite with athlete *Medical Forms* for the duration of the event. The County Coordinator signs forms to verify information.

Athlete Applications & Medicals:

All athletes are required to have an *Application for Participation* on file with the State Office (Part 1 only). Parts 1 and 2 and the *Medical Form* are to be kept on file with the County Program at all times. Athlete listings will be sent prior to events (see dates below), indicating that an application is on file and current. If an athlete is being registered for this event, and does not appear on this athlete listing, Part 1 of the application must be submitted with the entry form upon registration. Athlete Listings will be sent to programs the week of March 12, July 9, September 3, October 29 and December 17.

Delegation Entry Form:

The County Coordinator is considered the Head of Delegation (HOD) or is responsible for naming the HOD. The HOD is the person in charge of the entire delegation and is responsible for having the up to date Athlete Medical forms. Each HOD is required to provide a cell phone number which will be on throughout the Games to be used for contact in emergency situations.

Coach/Chaperone Entry Form:

List all the coaches and chaperones who will need housing at Winter Games. Parents, bus drivers, residential staff, etc. must be official members of the delegation to be housed and must be listed on the appropriate forms. Once that is completed, proceed to the *Team & Relay Entry Form*. After all of a County Program's teams and relays are entered, proceed to enter athletes and Unified partners individually.

Team & Relay Entry Form:

We have provided space for 16 teams or relays. If additional space is needed, copy the *Team & Relay Entry Form* before starting. Print the names of the team or relay members on the lines provided. On Unified teams, be sure to circle "A" for each athlete or "P" for each Unified partner.

Individual Entry Form:

There is room for two (2) individual entries per form, (*Copy the number of entry forms you need*). Instructions for Levels can be found on the Winter Games *Skiing Skills Assessment* (Page 133). There are no entry scores for these events. All divisioning will take place on-site at Winter Games.

WINTER GAMES DELEGATION ENTRY FORM

Due IN HOUSE to the State Office by Monday, December 3, 2018.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
Fax (317) 328-2018, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM: _____ AREA: _____

COORDINATOR: _____ CELL PHONE: (_____) _____

WINTER GAMES PROGRAM INFORMATION

HEAD OF DELEGATION NAME (ON SITE): _____

HOD ADDRESS: _____ CITY/STATE/ZIP: _____

HOD EMAIL: _____

EMERGENCY CELL PHONE (REQUIRED): (_____) _____ RECEIVE TEXT MESSAGES: YES NO

To be ON for the duration of the Games

Messages may be regarding event changes, emergencies, etc.

HOUSING

Housing will be at Higher Ground Conference & Retreat Center. HOUSING IS NOT INCLUDED FOR 1-DAY WINTER EXPERIENCE PARTICIPANTS.

WINTER GAMES DELEGATION INFORMATION	DELEGATION COUNT		TOTAL*	HOUSING ARRIVAL COUNT		WHEELCHAIR HOUSING COUNT
	MALES	FEMALES		SUNDAY	OFF CAMPUS	
ATHLETES						
UNIFIED PARTNERS						
COACH/CHAPERONES						
TOTAL						

*NOTE: The *Delegation Count* should equal the *Housing Arrival Count* and vice versa.

ENTRY NUMBERS SUMMARY

NUMBER OF ATHLETE, PARTNERS & COACH/CHAPERONES WITH HOUSING = _____

NUMBER OF ATHLETE, PARTNERS & COACH/CHAPERONES STAYING OFF CAMPUS = _____

NUMBER OF ATHLETES PARTICIPATING IN 1-DAY WINTER EXPERIENCE = _____

FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X _____
County Coordinator Signature Date

CONFIDENTIALITY NOTICE

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WINTER GAMES COACH/CHAPERONE FORM

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GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____
 COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

COACH/CHAPERONE LIST

Please list every coach/chaperone from your County Program who will attend Winter Games, including which sport(s) they will coach/chaperone. Check all that apply.

FIRST Name	LAST Name	Gender Male/Female	ALPINE SKIING	SNOW- BOARDING	SNOW- SHOEING
1.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST UNIFIED PARTNERS WHO ALSO WILL SERVE AS CHAPERONES DURING THE GAMES

1.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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WINTER GAMES INDIVIDUAL ENTRY FORM

Due IN HOUSE to the State Office by Monday, December 3, 2018.

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Individuals may only enter in one (1) sport. Use team numbers below for Unified events only.

GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

INDIVIDUAL ENTRY

NAME: _____ DATE OF BIRTH: _____

GENDER: MALE FEMALE TYPE: ATHLETE PARTNER

ALPINE SKIING	SNOWBOARDING	SNOWSHOEING
NOVICE <input type="checkbox"/> STATION 1: GLIDE TEAM # ____ <input type="checkbox"/> STATION 2: SUPER GLIDE TEAM # ____ INTERMEDIATE <input type="checkbox"/> STATION 3: GIANT SLALOM TEAM # ____ <input type="checkbox"/> STATION 4: SLALOM TEAM # ____ ADVANCED <input type="checkbox"/> STATION 5: GIANT SLALOM TEAM # ____ <input type="checkbox"/> STATION 5: SLALOM TEAM # ____	NOVICE <input type="checkbox"/> STATION 7: GLIDE TEAM # ____ INTERMEDIATE <input type="checkbox"/> STATION 7: SLALOM TEAM # ____ ADVANCED <input type="checkbox"/> STATION 7: SLALOM TEAM # ____	<input type="checkbox"/> 50 METER RACE TEAM # ____ <input type="checkbox"/> 100 METER RACE TEAM # ____ <input type="checkbox"/> 200 METER RACE TEAM # ____ <hr/> 1-DAY WINTER EXPERIENCE <input type="checkbox"/> INSTRUCTION, PRACTICE & TUBING

INDIVIDUAL ENTRY

NAME: _____ DATE OF BIRTH: _____

GENDER: MALE FEMALE TYPE: ATHLETE PARTNER

ALPINE SKIING	SNOWBOARDING	SNOWSHOEING
NOVICE <input type="checkbox"/> STATION 1: GLIDE TEAM # ____ <input type="checkbox"/> STATION 2: SUPER GLIDE TEAM # ____ INTERMEDIATE <input type="checkbox"/> STATION 3: GIANT SLALOM TEAM # ____ <input type="checkbox"/> STATION 4: SLALOM TEAM # ____ ADVANCED <input type="checkbox"/> STATION 5: GIANT SLALOM TEAM # ____ <input type="checkbox"/> STATION 5: SLALOM TEAM # ____	NOVICE <input type="checkbox"/> STATION 7: GLIDE TEAM # ____ INTERMEDIATE <input type="checkbox"/> STATION 7: SLALOM TEAM # ____ ADVANCED <input type="checkbox"/> STATION 7: SLALOM TEAM # ____	<input type="checkbox"/> 50 METER RACE TEAM # ____ <input type="checkbox"/> 100 METER RACE TEAM # ____ <input type="checkbox"/> 200 METER RACE TEAM # ____ <hr/> 1-DAY WINTER EXPERIENCE <input type="checkbox"/> INSTRUCTION, PRACTICE & TUBING

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WINTER GAMES TEAM & RELAY FORM

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Copy form as needed.

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fax (317) 328-2018, or email entries@soindiana.org



- Instructions: 1. Print the name of the event.
2. Print the score (if required) for the team. A score is required for relay teams (time), Unified Sports® teams.
3. Print names of team members, including alternates if you have them. Circle A = Athlete P = Unified Partner

County Program _____

Team # 01	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 02	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 03	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 04	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 05	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 06	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 07	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P

Team # 08	Event Name: _____
	Score: _____
1.	_____ A P
2.	_____ A P
3.	_____ A P
4.	_____ A P
Alt	_____ A P
Alt	_____ A P