



State Soccer Entry Form Instructions

General Information:

The following instructions will assist you in completing the entry forms for the Special Olympics Indiana State Soccer Tournament. There are several entry deadlines for the Soccer Tournament. Due dates are listed in the General Information section, as well as on each form. All entry materials for Soccer **MUST** be IN HOUSE by the listed date. For computer, and competition purposes, Unified partners are considered participants, **NOT** coaches. Please make that distinction when entering Unified teams.

Please write clearly, making marks heavy, dark and readable.

The County Coordinator is responsible to be, or to name the Head of Delegation (HOD). An HOD is to be assigned for the State Soccer Tournament providing a cell phone number for emergency contact throughout the Tournament. The HOD is the person in charge of the entire delegation and is responsible for being onsite with Athlete Medicals 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) for existing Athletes who have a current Medical on file with the County). Part 1, 2, and the Medical Form are always to be kept on file with the County Program.

For 2020, All NEW athletes, and athletes with a medical expiration in 2020 will be required to complete the **ONLINE ATHLETE REGISTRATION PROCESS**.

Coach/Chaperone Entry Form:

List every coach and chaperone who will attend each State Soccer Tournament. Also list any Unified partners who will also serve as a chaperone for this event.

Soccer Entry Forms:

- ▶ **Team Entry Form:** Each team within a county program must have a unique and distinguishable name. Complete the classification entry information according to the grid on the entry form.
- ▶ **Final Roster Form:** Submit one (1) form for each team, including classification for that team as registered on the *Team Entry Form*. List each member of the team, designating athlete or Unified partner for Unified teams. Include the team's head coach and his/her contact information.

SOCCER TEAM ENTRY FORM

Due IN HOUSE to the State Office by Monday, April 20, 2020.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
Email: entries@soindiana.org



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PROGRAM INFORMATION

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

DIRECTORY INFORMATION This information will be listed on the Team Directory.

COMPLETE SECTION IF DIFFERENT THAN THE COUNTY COORDINATOR.

NAME: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 EMAIL: _____ CELL PHONE: (____) _____

TEAM INFORMATION

GENDER: M = MALE F = FEMALE

AGE GROUP: J = JUNIOR (15 & UNDER) S = SENIOR (21 & UNDER) M = MASTER (22 & OVER)

CLASS: T = TRADITIONAL U = UNIFIED

TEAM NAME	CLASS		AGE GROUP			GENDER	
	T	U	J	S	M	F	M
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____						LIST ON DIRECTORY: <input type="checkbox"/> YES	
EMAIL: _____						<input type="checkbox"/> NO	
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____						LIST ON DIRECTORY: <input type="checkbox"/> YES	
EMAIL: _____						<input type="checkbox"/> NO	
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____						LIST ON DIRECTORY: <input type="checkbox"/> YES	
EMAIL: _____						<input type="checkbox"/> NO	
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____						LIST ON DIRECTORY: <input type="checkbox"/> YES	
EMAIL: _____						<input type="checkbox"/> NO	
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____						LIST ON DIRECTORY: <input type="checkbox"/> YES	
EMAIL: _____						<input type="checkbox"/> NO	

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

SOCCER TEAM FINAL ROSTER FORM

Due **IN HOUSE** to the State Office by **Monday, June 1, 2020.**

Copy form as needed.

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GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

TEAM INFORMATION

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (____) _____

TEAM NAME: _____

TEAM CLASSIFICATION

Category:	Type:	Gender:
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> FEMALE
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> SENIOR	<input type="checkbox"/> MALE
	<input type="checkbox"/> MASTER	

FINAL ROSTER

NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (MM/DD/YY)	TYPE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner

CONFIDENTIALITY NOTICE

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SOCCER COACH/CHAPERONE FORM

Due **IN HOUSE** to the State Office by **Monday, June 1, 2020.**

Copy form as needed.

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GENERAL INFORMATION

PROGRAM NAME: _____

AREA: _____

COUNTY COORDINATOR: _____

CELL PHONE: (____) _____

HEAD OF DELEGATION

Name a Head of Delegation for your County Program who will attend the State Soccer Tournament and be onsite with medical the entire time of event.

FIRST Name	LAST Name	CELL PHONE NUMBER
1.		

COACH/CHAPERONE LIST

LIST ALL CLASS A VOLUNTEERS (COACH/CHAPERONE) FROM YOUR COUNTY PROGRAM FOR THE SOCCER TOURNAMENT, INCLUDING UNIFIED PARTNERS WHO WILL BE ACTING AS COACH/CHAPERONE WHEN NOT COMPETING.

FIRST Name	LAST Name	Competing UNIFIED PARTNER	COACH	CHAPERONE
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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