



Summer Games Entry Form Instructions

General Information:

The following instructions will assist you in completing the entry packet for the Special Olympics Indiana Summer Games. The entry deadline for the 2020 Special Olympics Indiana Summer Games is Monday, May 11, 2020. All entry materials for the Summer 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.**

1. 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. Only the HOD will receive communications from the State Office. A street address is required. If the HOD will be housed in a residence hall on Indiana State University's or on Rose-Hulman's campus, he/she will need to be entered again as a coach. 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.

2. Athlete Application and Medical:

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.

²For 2020, All NEW athletes, and athletes with a medical expiration in 2020 will be required to complete the **ONLINE ATHLETE REGISTRATION PROCESS**.

3. Coach/Chaperone Entry Form:

List all the coaches and chaperones who will need housing at Summer 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, then proceed to enter athletes and Unified partners individually. **No additions to the coach/chaperone list will be accepted after 8:00 a.m. on Tuesday, May 26, 2020.**

4. Team & Relay Entry Form:

We have provided space for 16 teams or relays. Should you need additional space, 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.

► Bowling

For the Doubles Bowling events (traditional and Unified), record EACH of the members' scores on this form. On the athletes' *Individual Entry Forms*, please list the team number for that event and the person's individual average. There are to be no alternates for bowling. If an individual is unable to compete, a blind score will be used in team competition.

► Bocce

The score for a Bocce doubles or 4-person team is the SUM of each members qualifying score. Any alternates must be listed as their own team labeled "Bocce Alternates." Do NOT place bocce alternates on individual teams.

► Cycling

There is no entry score for cycling. Divisions will be based on preliminary time trials at Summer Games.

► Horseshoes

The score for an individual entrant is determined by completing the scorecard. The doubles team score is the SUM of both players.

► Powerlifting

Coaches should identify the lifter's proper weight class. After this step, coaches should mark the appropriate event(s) and the lifter's current best lift per event. List Unified Powerlifting pairs on the Team & Relay Entry Form.

► Swimming

Place the time for relay teams on this form. List competitors in the order in which they will swim.

► Track & Field

The score for relay teams is the total time for the four (4) members to complete the event. Designate the order the participants are to run. Up to two (2) alternates may be listed, but may be only used once per event. Being listed as an alternate counts towards the athlete's/Unified partner's three (3) event maximum.

► Volleyball

This sport does not require an entry score. Teams will be divisioned on site at the Summer Games. The HOD should complete the *Volleyball Final Roster Form*. All players are required to play in the evaluation round in order to participate in the round robin play and finals.

5. Individual Entry Form (Copy the number of entry forms needed):

The Individual Entry Form is two (2) pages. Swimming and Track & Field entries are on one (1) page. All other sports are on the second page.

Enter one (1) athlete or Unified partner per page. Athletes may be entered in a maximum of two (2) sports and up to four (4) events; three (3) events in Swimming, three (3) events in Cycling, and three (3) events in Track & Field (2 field event maximum). Competitors need not be entered alphabetically. Enter the athlete's/Unified partner's last name, first name, and gender. The date of birth should be recorded with month, day, and year. For example, if an athlete's birth date is June 12, 1967, you will record it as: 06/12/67.

Check ALL events, including team/relay events, in which the athlete/Unified partner will participate:

- Place the TEAM # on the line if the event is a team or relay. If an athlete enters bowling, place the Team # and the athlete's single game average - **NOT** the total of the team score.
- Record the time, distance, or points for each event. An athlete's **best** time or distance should be used as a qualification score.

All heights and distances are to be recorded using the **METRIC** system. A conversion chart has been included, if you do not have a metric measuring tape. If an athlete enters an event which requires no score, such as volleyball, checking the event and listing the Team # is all that is required.

SUMMER GAMES BOWLING QUOTA REQUEST

Due IN HOUSE to the State Office by Monday, March 30, 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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The Coordinator for a County Program seeking to have athletes participate in Bowling for the 2018 Summer Games must submit a *Bowling Request Form* to the State Office by the deadline. The State Office will then send each County Coordinator the number of bowlers the County Program can actually enter for Summer Games.

GENERAL INFORMATION:

PROGRAM NAME: _____ AREA: _____
 COUNTY COORDINATOR: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 EMAIL: _____ CELL PHONE: (_____) _____

QUOTA DISTRIBUTION:

Bowling numbers will be distributed based upon all requests submitted prior to the deadline. While early submission is encouraged, distribution is NOT based upon a first-come, first-served basis.

BOWLING EVENT	REQUESTED NUMBER RAMP BOWLERS	REQUESTED NUMBER TEAMS
RAMP BOWLING Indicate the number of INDIVIDUAL Ramp Bowlers your delegation is requesting.		
TRADITIONAL DOUBLES Indicate the number of Traditional Doubles TEAMS your delegation is requesting.		
UNIFIED DOUBLES Indicate the number of Unified Doubles TEAMS your delegation is requesting.		

STATE OFFICE CONTACT:

Tori Cox
 +1 800 742 0612 ext. 234
cox@soindiana.org

SUMMER GAMES DELEGATION ENTRY FORM

Due **IN HOUSE** to the State Office by **Monday, May 11, 2020.**

Copy form as needed.

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CAMPUS (ONE FORM PER SITE): **Indiana State University** **Rose-Hulman**

GENERAL INFORMATION:

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (_____) _____

SUMMER GAMES PROGRAM INFORMATION:

HEAD OF DELEGATION NAME (ON SITE): _____

HOD ADDRESS: _____ CITY/STATE/ZIP: _____

HOD EMAIL: _____

EMERGENCY CELL PHONE (REQUIRED): (_____) _____

Emergency Cell Phone to be ON for the duration of the Games

RECEIVE TEXT MESSAGES: **YES** **NO**

Messages regarding event changes, emergencies, etc.

HOUSING:

SUMMER GAMES DELEGATION INFORMATION	HOUSING ARRIVAL COUNT*			DELEGATION COUNT*	WHEELCHAIR HOUSING REQUIRED OUT OF DELEGATION COUNT NUMBERS, LIST NUMBER OF INDIVIDUALS REQUIRING WHEELCHAIR HOUSING
	THURSDAY	FRIDAY	OFF CAMPUS		
ATHLETES					
UNIFIED PARTNERS					
COACH/CHAPERONES					
TOTAL					

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

CREDENTIALS:

ALL CREDENTIALS MAILED IN ADVANCE OF THE GAMES.

HOW WOULD YOU LIKE TO RECEIVE THEM?

BY MAIL

PICK-UP at State Office

IF REQUEST IS BY MAIL, SEND CREDENTIALS TO?

HOD (HEAD OF DELEGATION)

CC (COUNTY COORDINATOR)

IMPORTANT SAFETY CONSIDERATIONS:

At Indiana State University, Rhoads, Cromwell, Blumberg, and Mills Halls will be used for early arrivals. Each residence hall has accessible showers and toilets in one (1) room on each floor. Please be aware due to the possible increase of early arrivals for these residence halls, athletes and volunteers in wheelchairs may be housed on upper level floors. Athletes who use wheelchairs must be roomed with a responsible adult.

If you have any special housing needs, please attach a piece of paper with your requests. The earlier entry materials arrive, the more likely your special requests will be fulfilled.

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

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

SUMMER GAMES COACH/CHAPERONE ENTRY FORM

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GENERAL INFORMATION:

PROGRAM NAME: _____ AREA: _____

HOD: _____ CELL PHONE: (____) _____

COACH/CHAPERONE LIST:

Please list every coach/chaperone from your County Program who will attend Summer Games, including Unified Partners who will be acting as coach/chaperone when not competing.

Note: A Summer Games Individual Entry Form **MUST** be submitted for all Unified Partners listed here.

FIRST Name	LAST Name	Competing UNIFIED PARTNER	COACH	CHAPERONE	HOUSING: ISU	HOUSING: Rose- Hulman
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMER GAMES TEAM & RELAY ENTRY FORM

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Copy form as needed.

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- Instructions: 1. Print the name of the event.
 2. Print the score (if required) for the team.
 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

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- Instructions: 1. Print the name of the event.
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 3. Print names of team members, including alternates if you have them. Circle A = Athlete P = Unified Partner

County Program: _____

Team # 09	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

Team # 10	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

Team # 11	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

Team # 12	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

Team # 13	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

Team # 14	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

Team # 15	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P

Team # 16	Event Name: _____
	Score: _____
1. _____	A P
2. _____	A P
3. _____	A P
4. _____	A P
Alt _____	A P
Alt _____	A P



SCHOOL OF DENTISTRY

INDIANA UNIVERSITY

IUPUI

IMPORTANT: This information form and consent must be completed, dated and signed.

1. Tell Us About You (the Athlete)

Today's Date: _____ / _____ / _____

Name: _____

Gender: Male Female

Date of Birth: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (daytime): _____

2. Dental Questions

What is the athlete main oral concern?

- No Concerns
 Toothache
 Other (explain below):

Has the athlete ever had problems with previous dental work? Yes No

If yes, explain: _____

Does the athlete have a dentist? Yes No

Has the athlete seen a dentist before? Yes No

3. Athlete's Medical History

Please describe the athlete's current physical health: Good Fair Poor

Please list all drugs the athlete is currently taking: _____

Please list all drugs/materials that the athlete is allergic to: _____

Please briefly explain any health issues: _____

4. Consent & HIPAA

I, _____ am the parent/legal guardian of the athlete identified above or I have the legal right to sign on my own behalf on this form and I have the authority to give consent on behalf of myself or the said athlete to participate in the screening program and receive a fluoride varnish application by student volunteers supervised by a licensed professional. I assert that the personal & health information provided above is true and correct. I have no further questions related to the placement of the fluoride varnish. I acknowledge and consent that any and all employees of the Indiana University Dental School and Volunteers (collectively referred to as the dental or hygiene students) are providing a fluoride varnish for the prevention of dental decay.

Signature _____

Date _____

Witness Name: _____

Signature _____

Date _____

SUMMER GAMES VOLLEYBALL FINAL ROSTER FORM

Due IN HOUSE to the State Office by Monday, May 11, 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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GENERAL INFORMATION:

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ EMAIL: _____

TEAM INFORMATION:

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (_____) _____

TEAM NAME: _____

TEAM CLASSIFICATION:

Type:	Gender:	Level:
<input type="checkbox"/> JUNIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 1
<input type="checkbox"/> MASTER	<input type="checkbox"/> MALE	<input type="checkbox"/> 2
<input type="checkbox"/> SENIOR		<input type="checkbox"/> 3

FINAL ROSTER:

LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YY)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

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