

Games Dates

January 29th thru February 5th, 2013

Delegation

Registration

Booklet

For the 2013 Special Olympics

World Winter Games

PyeongChang, Republic of Korea

**Memo**

**To:** Accredited Special Olympics Programs

**From:** Lee Todd

Chief of World Games and Competition Special Olympics

**Date:** March 15, 2012

**Re:** Athlete Selection for the 2013 Special Olympics World Winter Games, PyeongChang, Republic of Korea

I would like to reinforce the importance of the proper selection of Athletes and Coaches to participate in Special Olympics World Games. All accredited Programs registering delegations to participate in the 2013 Special Olympics World Winter Games must abide by the requirements as set forth by Special Olympics.

Before selecting Athletes to participate in the 2013 Special Olympics World Winter Games, please review the policies outlined in the official Special Olympics Sports Rules, Revised January 2011 and General Rules:

* Article 6. Section 6.01 – Eligibility for Participation in Special Olympics
* Article 1. Section K.1-7 – Criteria for Advancement to Higher Level Competition

Before selecting Coaches to participate in the 2013 Special Olympics World Winter Games, please ensure all coaches are knowledgeable and appropriately certified in regards to Special Olympics rules and policies, sport specific training and competition rules and Unified Sports® rules and philosophy, if applicable.

Please contact your Regional Sports Director should you need clarification of any of the above policy issues or a copy of the rules. It is expected that you should have the rules prior to the World Games.

Thank you very much.

cc: Regional Sports Directors

Regional Managing Directors

2013 Games Organizing Committee

SOI Sports Department

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**General Registration Instructions**

1. **Deadline:** All Registration Forms for the 2013 Special Olympics World Winter Games must be received by SOI no later than **1 October 2012.** Your Regional Sports Director may establish an earlier deadline for your Region. ***No official registration documentation will be accepted by fax.***

**All Questions and Registration information regarding World Games Registration should be sent to:** [**gamesregistration@specialolympice.org**](mailto:gamesregistration@specialolympice.org)

**If you are submitting GMS Exchange, GMS Transfer Files or any registration information where the attachment is over 10MB, use the following Drop-Box:**

[**http://dropbox.yousendit.com/ReubenSilva-GMS**](http://dropbox.yousendit.com/ReubenSilva-GMS%20%20)

1. There will be three ways to register for the 2013 Special Olympics World Winter Games:
2. Using GMS Exchange for those Programs using GMS 5
   1. If you choose to use GMS Exchange, you must request the Games setup from SOI. If you do not use SOI’s Games setup, your GMS exchange file will not be accepted.
   2. The only paper forms that will be required are B1, C1, C2, C3 (if it applies), Form D, Form G and Form H.
   3. Once you submit your GMS Exchange file registration, all changes will be made by Email
3. Using GMS Transfer for those Programs using GMS 6
   1. If you choose to use GMS Transfer, you must request the Games setup from SOI. If you do not use SOI’s Games setup, your GMS Transfer file will not be accepted.
   2. The only paper forms that will be required are B1, C1, C2, C3 (if it applies), Form D, Form G and Form H.
   3. Once you submit your GMS Transfer file registration, all changes will be made by Email
4. Paper Form
   1. All paper forms must be received by SOI the Deadline of 1 October 2012.
   2. All forms must be complete when you send them to SOI.
   3. Send All Forms to:

Special Olympics, Inc.

Attn. Reuben Silva

1133 19th Street NW

Washington, DC 20036 USA

1. **Photos:** (See Photo Guidelines below for information on photo quality)

With registration option (A) or (B) above, load a digital color image in JPG format and at least 150 dpi. If you cannot load a photo at the time of registration or are using option (C) to register, you must provide SOI with a digital photo in JPG format. Each digital photo must be identified following the guidelines below. If you cannot provide a digital photo, then you must submit two good-quality (using the guidelines set forth below) passport-size color photos for each Delegation member you are registering. Please print the individual’s name, date of birth and three letter Program abbreviation for your Delegation on the back of the photo. Abbreviations can be found in this registration packet under SOI Country Abbreviations by Region. ***DO NOT*** staple the photos to forms. Passport-size photos may also be scanned and sent electronically or via CD provided they are received in JPG format. Each individual image should be saved using the following naming convention: COUNTRYCODE\_SURNAME\_DOB, e.g., JPN\_OTA\_04JUN1980.

1. Please provide all requested information in English, ***print*** clearly in block letters, or ***type*** the information.
2. Please keep a photocopy of ***every*** form you submit.

**NOTE: We have changed the procedures for Alternate Registration and Activation**

1. **Registration of Alternates (Substitutes/Reserves) Athletes/Unified Partners and Alternate (Substitute/Reserves) Delegates/Coaches: Alternates** **will not be registered in advance in GMS,** however you should complete all required forms for all **Alternates**. If for some reason and individual cannot participate in the 2013 World Games, you will need to submit the **COMPLTETED** forms and check the box “Alternate” by the **01 December 2012 Alternate Registration** deadline.  If the Registrations forms are incomplete, the Alternate Registration will not be accepted.

**Remember the last day to submit registration forms for any Alternate is 1 December 2012.**

1. As the Games approach, if one of your Delegates, Coaches, Athletes or Unified Partners is withdrawn from the Delegation for any reason, the Head of Delegation must notify the Regional Sports Director and SOI.

# IMPORTANT DATES:

Dates of the Games: Jan. 29th thru Feb. 5th 2013

Delegation Registration Start Date: 1 May 2012

Registration Deadline: 1 October 2012

Last day to submit Registration for Alternates (Substitutes/Reserves) 1 December 2012

# Photo Guidelines

* Head should be positioned directly facing the camera
* Photo should capture from slightly above top of hair to middle of chest
* Eyes should be open and looking at the camera
* Eyeglasses should be worn if normally used by the individual
* Glare on eyeglasses can usually be avoided with a slight upward or downward tilt of the head
* Background should be plain white or off-white
* Include headpieces if worn daily for religious purposes; they should not obscure or cast shadows on the eyes or any other part of the face
* Medium – resolution photography and printing are strongly recommended
* Digitally printed photos should be produced without visible pixels or dot patterns
* Fine facial features should be discernible
* The entire face should be in focus
* Photo size must be 2 inches (5.06cm) X 2 inches (5.08cm)

**Photo Examples**

|  |
| --- |
| Photo Examples Banner |
| |  |  | | --- | --- | | Head position example | To prevent geometric distortion and ensure an adequate depth of field, the camera should be placed at the subject’s eye level and approximately 4 ft. (120 cm) from the subject.  By placing the subject on an adjustable height seat, the height of the camera tripod can be fixed.  A lens of about 105 mm focal length on a 35 mm film camera, or its equivalent on any other camera, should provide a sufficiently flat field-of-view.  The subject’s eyes should look directly at the camera and the subject may be either smiling or not, but unusual expressions and squinting should be avoided. | |
|  |
| |  |  | | --- | --- | | Eyeglass glare example | A slight downward tilt of the head will usually eliminate glare on eyeglasses.  If this does not reduce the glare, try tilting the head slightly upward or rotating the glasses slightly upward or downward.  The head should not be tilted by more than a few degrees to eliminate glare.  Red Eyed conditions should be avoided.  Red eye is caused by a direct reflection, through the pupil, from the retina of the eye when an on-camera flash is used, particularly for a subject who has adapted to a darkened environment.  Red eye can be reduced by using an off-camera flash or by brightening the ambient lighting. | |
|  |
| |  |  | | --- | --- | | Subject background example | A distracting background should be avoided.  Use a plain wall or a photographer’s backdrop cloth as the background.  The background color may be white or off-white.  Ideally, the background will be out of focus so that minor markings or texture on the background are not apparent in the photo. | |

**General Forms Information**

**Please complete all forms in English, in clearly printed BLOCK (CAPITAL) letters or *type* the information.**

**Delegation**

Accredited Program (National Program or U.S. Region)

**Special Olympics Regions**

**AF** = Africa

**AP** = Asia Pacific

**EA** = East Asia

**EE** = Europe/Eurasia

**LA** = Latin America

**NA** = North America

**MA** = Middle East/North Africa

**MI**

Middle Initial (first letter of a second name for data entry purposes)

**Gender**

Check the appropriate box to indicate gender. M= Male, F=Female

**Mailing Address:** State/Province

For U.S. Programs: indicate State

For National Programs: indicate state, province or other if necessary for mailing address

All Programs include zip or postal code on Form A

**Telephone/Fax numbers**

Always indicate the country code

**Date formats**

The format for dates is as follows – DD/MM/YYYY Example: 08/01/1952

**Diet (Forms A, B, C – entire delegation as well as individual requests)**

Please indicate if your Delegation (Form A) or individuals in your Delegation (Forms A, B, C) would prefer a vegetarian diet, or have any other special requirement, including any food allergies. The GOC will try to accommodate as many requests as possible, provided the information is received at time of registration.

**IMPORTANT: Release Forms/Athlete Authorization statements (Forms B1 & C2)**

These must be signed for participation in the 2013 Special Olympics World Winter Games.

**Glossary of Acronyms:**

**GOC** Games Organizing Committee

**DWC** Delegation Welcome Center

**SOWWG and Games** Special Olympics World Winter Games

**Form-Specific Information**

**Form A: Delegation Information and Form A1: Roster**

1. Please submit *one* copy of Form A and *one* copy of Form A 1.
2. The Delegation Roster on this form will serve as a checklist for the processing of your Delegation Registration (A1).

**Form B: Delegate, Coach and Unified Partner Registration and Form B1: Delegate, Coach and Unified Partner Release Adult**

1. Please submit ***one*** form for each non-Athlete in your delegation and ***one*** for each Alternate (Substitute/Reserve) non-Athlete.
2. The Form B1 entitled “Delegate, Coach and Unified Partner Release” must be signed in **THREE** (3) places as indicated and dated by the Delegate, Coach or Unified Partner in order for this individual to be registered.
3. If the Unified Partner is a Minor, then From **B1: Delegate, Coach and Unified Partner Release Minor** must be signed in **THREE** (3) places by the parent/guardian of the Unified Partner.
4. If the Delegate, Coach or Unified Partner cannot sign the “Release” based on a religious objection, the Head of Delegation should inform their Regional Sports Director.
5. The **“AS”** designation is for delegation staff above the allotted delegation quota. “AS” Staff must pay in order to receive credentials, housing, food and transportation. The fee for “AS” Staff is TBD USD.

6. Details regarding payment will be communicated at a later date.

**Form C: Athlete Registration**

1. Please submit one form for each Athlete.
2. Please note that each Athlete will be registered by sport.
3. Event Registration: Each Athlete may register for one sport only and for a predetermined number of events within that sport. Please review the ***Overview by Sport*** document and event listing carefully in order to register your Athletes correctly.

**Form C1: Athlete Medical Form**

1. Please submit one form for each Athlete.
2. A caregiver, etc., must complete Form C1, Sections 1 and 2 and sign the form in Section 2.
3. A medical doctor or licensed medical professional (as determined by the laws of each Program’s jurisdiction) must examine each Athlete and complete Form C1 and sign under Physical Examination, in order for the individual to compete in the 2013 Special Olympics World Winter Games.

4**.** If an Athlete with Down syndrome desires to participate in the activities described in Section 6.02 (g)(1) of the Special Olympics General Rules (adopted 1997 and amended), the Athlete shall first be examined (including x-ray views of full extension and flexion of neck) by a physician who has been briefed on the nature of the Atlanto-axial instability condition, and who determines, based on the results of that examination that the Athlete does not have an Atlanto-axial instability condition. An Athlete with Down Syndrome who has been diagnosed by a physician as having an Atlanto-axial instability condition may be permitted to participate in the activities described in the aforementioned section of the Special Olympics General Rules if the Athlete, or the parent or guardian of a minor Athlete, confirms in writing his or her decision to proceed with these activities notwithstanding the risks created by the Atlanto-axial instability, and two (2) licensed medical professionals certify in writing that they have explained these risks to the Athlete and his/her parent or guardian, and that the Athlete’s condition does not, in their judgment, preclude the Athlete from participating in Special Olympics restricted activities. These statements and certifications shall be documented and pro­vided using the standardized form entitled Form C3 - ***Special Release for Athletes with Atlanto-axial Instability,*** and any revisions of that form, approved by Special Olympics.

**Form C2: Athlete Authorization - Adult**

1. Please submit one form for each Athlete.
2. If an Athlete with intellectual disabilities will be 18 years of age or older by 26 January 2011 he or she must complete and sign the form, ***and*** a witness must also complete and sign this form.
3. If an Athlete, parent or guardian cannot authorize Special Olympics to provide emergency medical care based on religious objection, the Head of Delegation should inform the Delegation Services Department at the Games Organizing Committee in writing prior to the deadline for registration materials.

**Form C2: Athlete Authorization - Minor**

1**.** Please submit one form for each Athlete (and one for each Alternate (Substitute/Reserve).

2.If an Athlete will be less than 18 years of age by 26 January 2013 a parent or guardian must complete and sign the form.

3.If an Athlete, parent or guardian cannot authorize Special Olympics to provide emergency medical care based on a religious objection, the Head of Delegation should inform the Delegation Services Department at the Games Organizing Committee, in writing prior to the deadline for registration materials.

**Form C3: Special Release For Athletes With Atlanto-Axial Instability**

This form is required by any Athlete that is positive for Atlanto-axial instability and who desires to participate in the activities set forth in 6.02 (g) (1) of the Special Olympics General Rules.

**Form C4: Athlete/Unified Partner Registration**

1. Please submit one form for each Athlete/Unified Partner (and one for each Alternate (Substitute)). ***Unified Partners complete and sign Form B.***

2. Please note that each Athlete/Unified Partner will be registered by sport.

3. Event Registration: Each participant may register for one sport only and for a predetermined number of events within that sport. Please review the *Overview by Sport* document and event listing carefully in order to register the Athletes correctly.

**Form D: Floor Hockey Team Assessment Scores**

In addition to completing the Form C4– Athlete Registration, Form D must be completed for all Athletes/Unified Partners registering for Floor Hockey you must submit one Form D for each team. Athlete Skills Assessment Scores must be entered on Form D for each member.

1. **Team Information** List Special Olympics region, delegation name, and coaches’ names and indicate the type of team.

***Note:*** Each team requires the completion of a separate copy of Form D. An Athlete/Unified Partner cannot be on more than one team; Form D must be completed for each team event.

1. **Team Members** Enter the names of all team members on the team. Indicate Unified Partners with a “P” in front of their names. Use “Alt” for Alternates.

**Form E: Relay Team Entry Registration**

In addition to completing Form C 4 – Athlete Registration, Form E must be completed for all Athletes registering for a Relay Team. You may enter up to three relay teams per form. If you are registering more than three relay teams, use additional Form E’s.

**I. Team Information**

Required Information:

Special Olympics Region

Delegation name

Coaches name

Note: An Athlete cannot be on more than one relay team.

**II. Team Members**

For Relay Team Events please enter the names of all team members in the order you want them to compete. Enter alternate team members on the lines marked “Alt.”

*Total Team Score*

The Team Score is the total time for the relay team.

**Form F: Athlete Profile**

This form will be used to provide biographical information to the media. Please complete one form for each Athlete and Unified Partner. Provide as much information as possible.

**Form G: Special Olympics International Policy against Refusal to Compete**

This form is required from each Delegation

**Form H: Delegation Travel Itinerary**

Once your Travel Plans are complete, you must submit this form to SOI/GOC

**SOI Country Abbreviations by Region**

**Country Name CODE**

**Africa**

Benin BEN

Botswana BOT

Burkina Faso BUR

Cameroon CMR

Central Africa Republic CAF

Chad CHA

Congo CGO

Côte d’Ivoire CIV

Democratic Republic of the Congo COD

Gabon GAB

Ghana GHA

Guinea GUI

Kenya KEN

Lesotho LES

Malawi MAW

Mali MLI

Mauritius MRI

Namibia NAM

Niger NIG

Nigeria NGR

Reunion REU

Rwanda RWA

Senegal SEN

Seychelles SEY

Sierra Leone SLE

South Africa RSA

Swaziland SWZ

Tanzania TAN

The Gambia GAM

Togo TOG

Uganda UGA

Zambia ZAM

Zimbabwe ZIM

**Asia Pacific**

Afghanistan AFG

Australia AUS

Bangladesh BAN

Brunei Darussalam BRU

Cambodia CAM

India IND

Indonesia INA

Japan JPN

Laos LAO

Malaysia MAS

Myanmar MYA

Nepal NEP

New Zealand NZL

Pakistan PAK

Philippines PHI

Singapore SIN

Sir Lanka SRI

Thailand THA

Timor-Leste TLS

**Country Name CODE**

**Asia Pacific Cont.**

Vietnam VIE

**East Asia**

China CHN

Chinese Taipei TPE

Hong Kong HKG

Macau MAC

Korea KOR

**Europe/Eurasia**

Albania ALB

Andorra AND

Armenia ARM

Austria AUT

Azerbaijan AZE

Belarus BLR

Belgium BEL

Bosnia And Herzegovina BIH

Bulgaria BUL

Croatia CRO

Cyprus CYP

Czech Republic CZE

Denmark DEN

Estonia EST

Faeroe Islands FRO

Finland FIN

France FRA

Georgia GEO

Germany GER

Gibraltar GIB

Great Britain GBR

Greece GRE

Hungary HUN

Iceland ISL

Ireland IRL

Isle of Man IOM

Israel ISR

Italy ITA

Kazakhstan KAZ

Kosovo under UNSCR 1244/99 UN-KOS

Kyrgyz Republic KGZ

Latvia LAT

Liechtenstein LIE

Lithuania LTU

Luxembourg LUX

FYR Macedonia FYROM

Malta MLT

Moldova MDA

Monaco MON

Montenegro MNE

Netherlands NED

Norway NOR

Poland POL

Portugal POR

**Country Name CODE**

**Europe/Eurasia Cont.**

Romania ROM

Russia RUS

San Marino SMR

Serbia SRB

Slovakia SVK

Slovenia SLO

Spain ESP

Sweden SWE

Switzerland SUI

Tajikistan TJK

Turkey TUR

Turkmenistan TKM

Ukraine UKR

Uzbekistan UZB

**Latin America**

Argentina ARG

Bolivia BOL

Brazil BRA

Chile CHI

Columbia COL

Costa Rica CRC

Cuba CUB

Dominican Republic DOM

Ecuador ECU

El Salvador ESA

Guatemala GUA

Honduras HON

Mexico MEX

Panama PAN

Paraguay PAR

Peru PER

Puerto Rico PUR

Uruguay URU

**Country Name CODE**

**Middle East/North Africa cont.**

Saudi Arabia KSA

Sudan SUD

Syria SYR

Tunisia TUN

United Arab Emirates UAE

Yemen YEM

**North America**

American Samoa ASA

Antigua & Barbuda ANT

Aruba ARU

Bahamas BAH

Barbados BAR

Belize BIZ

Bermuda BER

Bonaire BON

Canada CAN

Cayman Islands CAY

Curacao CUR

Guadeloupe GLP

Guam GUM

Guyana GUY

Jamaica JAM

Martinique MTQ

Montserrat MSR

St. Kitts and Nevis SKN

St. Lucia LCA

St. Vincent and the Grenadines VIN

Suriname SUR

Trinidad and Tobago TRI

Turks and Caicos TKS

United States USA

Virgin Islands, U.S. ISV

Venezuela VEN

**Middle East/North Africa**

Algeria ALG

Bahrain BRN

Comoro Islands COM

Djibouti DJI

Egypt EGY

Iran IRI

Iraq IRQ

Jordan JOR

Kuwait KUW

Lebanon LBA

Libya LIB

Mauritania MTN

Morocco MAR

Oman OMA

Palestine PLE

Qatar QAT

**Republic of Korea VISA Requirements**

Below is a list of countries and VISA requirements

|  |  |
| --- | --- |
| **COUNTRY** | **VISA REQUIRED** |
| AFGHANISTAN | VISA |
| ALBANIA | NO |
| ALGERIA | VISA |
| ANDORRA | NO |
| ANGOLA | VISA |
| ANTIGUA AND BARBUDA | VISA |
| ARGENTINA (ARGENTINE REPUBLIC) | NO |
| ARMENIA | VISA |
| AUSTRALIA | NO |
| AUSTRIA, REPUBLIC OF | NO |
| AZERBAIJAN (AZERBAIJANI REPUBLIC) | VISA |
| BAHAMAS, COMMONWEALTH OF THE | NO |
| BAHRAIN, STATE OF | NO |
| BANGLADESH, PEOPLE'S REPUBLIC OF | VISA |
| BARBADOS | NO |
| BELARUS, REPUBLIC OF | VISA |
| BELGIUM, KINGDOM OF | NO |
| BELIZE | VISA |
| BENIN, REPUBLIC OF | VISA |
| BHUTAN, KINGDOM OF | VISA |
| BOLIVIA, REPUBLIC OF | VISA |
| BOSNIA AND HERZEGOVINA | VISA |
| BOTSWANA, REPUBLIC OF | VISA |
| BRAZIL, FEDERATIVE REPUBLIC OF | NO |
| BRUNEI (NEGARA BRUNEI DARUSSALAM) | NO |
| BULGARIA, REPUBLIC OF | NO |
| BURKINA FASO | VISA |
| BURUNDI, REPUBLIC OF | VISA |
| CAMBODIA, KINGDOM OF | VISA |
| CAMEROON, REPUBLIC OF | VISA |
| CANADA | NO |
| CAPE VERDE, REPUBLIC OF | VISA |
| CENTRAL AFRICAN REPUBLIC | VISA |
| CHAD, REPUBLIC OF | VISA |
| **COUNTRY** | **VISA REQUIRED** |
| CHILE, REPUBLIC OF | NO |
| CHINA, PEOPLE'S REPUBLIC OF | VISA |
| CHINESE TAIPEI | NO |
| COLOMBIA, REPUBLIC OF | NO |
| COMOROS, FEDERAL ISLAMIC REPUBLIC | VISA |
| CONGO, DEMOCRATIC REPUBLIC OF THE | VISA |
| CONGO, REPUBLIC OF THE | VISA |
| COSTA RICA, REPUBLIC OF | NO |
| COTE D'IVOIRE, REPUBLIC OF (IVORY COAST) | VISA |
| CROATIA, REPUBLIC OF | NO |
| CUBA, REPUBLIC OF | VISA |
| CYPRUS, REPUBLIC OF | NO |
| CZECH REPUBLIC | NO |
| DENMARK, KINGDOM OF | NO |
| DJIBOUTI, REPUBLIC OF | VISA |
| DOMINICA COMMONWEALTH OF | NO |
| DOMINICAN REPUBLIC | NO |
| ECUADOR, REPUBLIC OF | VISA |
| EGYPT, ARAB REPUBLIC OF | NO |
| EL SALVADOR, REPUBLIC OF | NO |
| EQUATORIAL GUINEA, REPUBLIC OF | VISA |
| ERITREA, STATE OF | VISA |
| ESTONIA, REPUBLIC OF | NO |
| ETHIOPIA (FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA) | VISA |
| FIJI ISLANDS, REPUBLIC OF THE | NO |
| FINLAND, REPUBLIC OF | NO |
| FRANCE (FRENCH REPUBLIC) | NO |
| FYR MACEDONIA | VISA |
| GABON (GABONESE REPUBLIC) | VISA |
| GAMBIA, THE | VISA |
| GEORGIA | VISA |
| GERMANY (FEDERAL REPUBLIC OF) | NO |
| GHANA, REPUBLIC OF | VISA |
| GREECE | NO |
| **COUNTRY** | **VISA REQUIRED** |
| GRENADA | VISA |
| GRENADA | VISA |
| GUATEMALA, REPUBLIC OF | VISA |
| GUINEA, REPUBLIC OF | VISA |
| GUINEA-BISSAU, REPUBLIC OF | VISA |
| GUYANA, CO-OPERATIVE REPUBLIC OF | VISA |
| HAITI, REPUBLIC OF | NO |
| HOLY SEE (STATE OF THE VATICAN CITY) | NO |
| HONDURAS, REPUBLIC OF | VISA |
| HONG KONG SPECIAL ADMINISTRATIVE REGION | NO |
| HUNGARY, REPUBLIC OF | NO |
| ICELAND, REPUBLIC OF | NO |
| INDIA, REPUBLIC OF | VISA |
| INDONESIA, REPUBLIC OF | VISA |
| IRAN, ISLAMIC REPUBLIC OF | VISA |
| IRAQ, REPUBLIC OF | VISA |
| IRELAND | NO |
| ISRAEL, STATE OF | NO |
| ITALY (ITALIAN REPUBLIC) | NO |
| JAMAICA | NO |
| JAPAN | NO |
| JORDAN, HASHEMITE KINGDOM OF | VISA |
| KAZAKHSTAN, REPUBLIC OF | VISA |
| KENYA, REPUBLIC OF | VISA |
| KIRIBATI, REPUBLIC OF | VISA |
| KOREA, NORTH (DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA) | VISA |
| KOREA, SOUTH (REPUBLIC OF KOREA) | NO |
| KOSOVO (UN SECURITY COUNCIL RESOLUTION 1244/10.06.1999) | VISA |
| KUWAIT, STATE OF | NO |
| KYRGYZSTAN (KYRGYZ REPUBLIC) | VISA |
| LAOS (LAO PEOPLE'S DEMOCRATIC REPUBLIC) | VISA |
| LATVIA, REPUBLIC OF | NO |
| LEBANON (LEBANESE REPUBLIC) | VISA |
| LESOTHO, KINGDOM OF | NO |
| LIBERIA, REPUBLIC OF | NO |
| **COUNTRY** | **VISA REQUIRED** |
| LIBYA (SOCIALIST PEOPLE'S LIBYAN ARAB JAMAHIRIYA) | VISA |
| LIECHTENSTEIN, PRINCIPALITY OF | NO |
| LITHUANIA, REPUBLIC OF | NO |
| LUXEMBOURG, GRAND DUCHY OF | NO |
| MACAO SPECIAL ADMINISTRATIVE REGION | NO |
| MADAGASCAR, REPUBLIC OF | VISA |
| MALAWI, REPUBLIC OF | VISA |
| MALAYSIA | NO |
| MALDIVES, REPUBLIC OF | VISA |
| MALI, REPUBLIC OF | VISA |
| MALTA, REPUBLIC OF | NO |
| MARSHALL ISLANDS, REPUBLIC OF THE | NO |
| MAURITANIA, ISLAMIC REPUBLIC OF | VISA |
| MAURITIUS | NO |
| MEXICO (UNITED MEXICAN STATES) | NO |
| MICRONESIA, FEDERATED STATES OF | NO |
| MOLDOVA, REPUBLIC OF | VISA |
| MONACO, PRINCIPALITY OF | NO |
| MONGOLIA | VISA |
| MONTENEGRO (ΝΟΤΕ 1) | NO |
| MOROCCO, KINGDOM OF | NO |
| MOZAMBIQUE, REPUBLIC OF | VISA |
| MYANMAR - BURMA, UNION OF | VISA |
| NAMIBIA, REPUBLIC OF | VISA |
| NAURU, REPUBLIC OF | NO |
| NEPAL, KINGDOM OF | VISA |
| NETHERLANDS, KINGDOM OF THE | NO |
| NEW ZEALAND | NO |
| NICARAGUA, REPUBLIC OF | NO |
| NIGER, REPUBLIC OF | VISA |
| NIGERIA, FEDERAL REPUBLIC OF | VISA |
| NORWAY, KINGDOM OF | NO |
| OMAN, SULTANATE OF | NO |
| PAKISTAN, ISLAMIC REPUBLIC OF | VISA |
| PALAU, REPUBLIC OF | NO |
| **COUNTRY** | **VISA REQUIRED** |
| PALESTINIAN AUTHORITY | VISA |
| PANAMA, REPUBLIC OF | NO |
| PAPUA NEW GUINEA, (INDEPENDENT STATE OF) | VISA |
| PARAGUAY, REPUBLIC OF | NO |
| PERU, REPUBLIC OF | NO |
| PHILIPPINES, REPUBLIC OF THE | VISA |
| POLAND, REPUBLIC OF | NO |
| PORTUGAL (PORTUGUESE REPUBLIC) | NO |
| QATAR, STATE OF | NO |
| ROMANIA | VISA |
| RUSSIA (RUSSIAN FEDERATION) | VISA |
| RWANDA (RWANDESE REPUBLIC) | VISA |
| SAINT KITTS AND NEVIS, FEDERATION OF | NO |
| SAINT LUCIA | NO |
| SAINT VINCENT AND THE GRENADINES | NO |
| SAMOA, INDEPENDENT STATE OF | NO |
| SAN MARINO, REPUBLIC OF | NO |
| SAO TOME AND PRINCIPE, DEMOCRATIC REPUBLIC OF | VISA |
| SAUDI ARABIA, KINGDOM OF | NO |
| SENEGAL, REPUBLIC OF | VISA |
| SERBIA | NO |
| SEYCHELLES, REPUBLIC OF | NO |
| SIERRA LEONE, REPUBLIC OF | VISA |
| SINGAPORE, REPUBLIC OF | NO |
| SLOVAKIA (SLOVAK REPUBLIC) | NO |
| SLOVENIA, REPUBLIC OF | NO |
| SOLOMON ISLANDS | NO |
| SOMALIA, REPUBLIC OF | VISA |
| SOUTH AFRICA, REPUBLIC OF | NO |
| SPAIN, KINGDOM OF | NO |
| SRI LANKA, DEMOCRATIC SOCIALIST REPUBLIC OF | VISA |
| SUDAN, REPUBLIC OF THE | VISA |
| SURINAME, REPUBLIC OF | NO |
| SWAZILAND, KINGDOM OF | VISA |
| SWEDEN, KINGDOM OF | NO |
| **COUNTRY** | **VISA REQUIRED** |
| SWITZERLAND (SWISS CONFEDERATION) | NO |
| SYRIA (SYRIAN ARAB REPUBLIC) | VISA |
| TAJIKISTAN, REPUBLIC OF | VISA |
| TANZANIA, UNITED REPUBLIC OF | VISA |
| THAILAND, KINGDOM OF | NO |
| THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA | VISA |
| TIMOR-LESTE (DEMOCRATIC REPUBLIC OF) | VISA |
| TOGO (TOGOLESE REPUBLIC) | VISA |
| TONGA, KINGDOM OF | VISA |
| TRINIDAD AND TOBAGO, REPUBLIC OF | NO |
| TUNISIA, REPUBLIC OF | NO |
| TURKEY, REPUBLIC OF | NO |
| TURKMENISTAN | VISA |
| TUVALU | VISA |
| UGANDA, REPUBLIC OF | VISA |
| UKRAINE | VISA |
| UNITED ARAB EMIRATES | NO |
| UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND | NO |
| UNITED STATES OF AMERICA | NO |
| URUGUAY, ORIENTAL REPUBLIC OF | NO |
| UZBEKISTAN, REPUBLIC OF | VISA |
| VANUATU, REPUBLIC OF | VISA |
| VENEZUELA, BOLIVARIAN REPUBLIC OF | VISA |
| VIETNAM, SOCIALIST REPUBLIC OF | VISA |
| YEMEN, REPUBLIC OF | NO |
| ZAMBIA, REPUBLIC OF | VISA |
| ZIMBABWE, REPUBLIC OF | VISA |
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**Sport Event Codes Table**

**Alpine Skiing**

**Category 1- Novice**

ASNOSG Super G

ASNOGS Giant Slalom

ASNOSL Slalom

**Category 2- Intermediate**

ASINSG Super G

ASINGS Giant Slalom

ASINSL Slalom

**Category 3- Advanced**

ASADSG Super G

ASADGS Giant Slalom

ASADSL Slalom

**Cross-Country Skiing**

**Category 1 Classical Technique**

CC050M 50 Meter Race Classical Technique

CC100M 100 Meter Race Classical Technique

**Category 2 Free Technique**

CC500MF 500 Meter Race Free Technique

CC1KLMF 1 Kilometer Race Free Technique

CC25KLMF 2.5 Kilometer Race Free Technique

CC4X1KF 4 X 1 Kilometer Relay Free Technique

**Category 3 Classical/Free Technique**

CC25KM 2.5 Kilometer Race Classical Technique CC25KMF 2.5 Kilometer Race Free Technique

CC5KLM 5 Kilometer Race Classical Technique CC5KLMF 5 Kilometer Race Free Technique

CC75KM 7.5 Kilometer Race Free Technique

CC 10KM 10 Kilometer Race Free Technique

CC4X1K 4 X 1 Kilometer Relay Free Technique

**Figure Skating**

FSSING Singles Level 1, 2, 3, 4, 5 and 6

FSPAIR Pair Skating Level 1and 2

FSDANC Ice Dancing Level 1, 2, 3 and 4

FSDANCT Ice Dancing Team Level 1, 2 and 3

FSPAIRU Unified Sports Pairs Skating Level 1 and 2

**Floor Hockey**

FHTEAM Team Competition

FHTEAMU Unified Sports Team Competition

**Snowboarding**

**Category 1- Novice**

SBNOGS Novice Giant Slalom

SBNOSL Novice Slalom

SBNOSG Novice Super Giant Slalom

**Category 2 - Intermediate**

SBINGS Intermediate Giant Slalom

SBINSL Intermediate Slalom

SBINSG Intermediate Super Giant Slalom

**Snowboarding (cont.)**

**Category 3 - Advanced**

SBADGS Advanced Giant Slalom

SBADSL Advanced Slalom

SBADSG Advanced Super Giant Slalom

**Snowshoeing**

**Category 1**

SN025M 25 Meter Race

SN050M 50 Meter Race

**Category 2**

SN100M 100 Meter Race

SN200M 200 Meter Race

SN400M 400 Meter Race

SN4X1R 4 X 100 Meter Relay

SN4X4R 4 X 400 Meter Relay

**Category 3**

SN200M 200 Meter Race

SN400M 400 Meter Race

SN800M 800 Meter Race

SN4X1R 4 X 100 Meter Relay

SN4X4R 4 X 400 Meter Relay

**Category 4**

SN800M 800 Meter Race

SN1600 1600 Meter Race

SN5KLM 5 Kilometer Race

SN4X1R 4 X 100 Meter Relay

SN4X4R 4 X 400 Meter Relay

**Short Track Speedskating Category 1**

SS025M 25 Meter Straight-away Race

SS055M 55 Meter Half Lap Race

SS111M 111 Meter Race

**Category 2**

SS111M 111 Meter Race

SS222M 222 Meter Race

SS333M 333 Meter Race

**Category 3**

SS222M 222 Meter Race

SS333M 333 Meter Race

SS500M 500 Meter Race

**Category 4**

SS333M 333 Meter Race

SS500M 500 Meter Race

SS777M 777 Meter Race

**Category 5**

SS500M 500 Meter Race

SS777M 777 Meter Race

SS1000 1000 Meter Race

**Category 6**

SS777M 777 Meter Race

SS1000 1000 Meter Race

SS1500 1500 Meter Race

##### **OVERVIEW BY SPORT**

**General Regulations and Rules**

1. The competition rules adopted by the International Sports Federation and Special Olympics, Inc. as of 31 January 2012, will govern competition at the 2013 Special Olympics World Winter Games. The international sport federation competition rules shall be employed except when in conflict with the Official Special Olympics Sports Rules. In such cases, the Official Special Olympics Sports Rules shall apply. Special Olympics rules can currently be found at [www.specialolympics.org](http://www.specialolympics.org)
2. There shall be no advertising on the competition uniform. Please refer to General Rules Section 4.08

**‘The only commercial markings which may be displayed on Athletes’ uniforms during Games competitions are the normal commercial markings of the manufacturer. On larger clothing items, such as shirts, jackets, pants, jerseys, and sweatshirts, one continued logo or commercial name per clothing item is permissible, if that name or logo display does not exceed an area of six square inches or 38.7 square centimeters (such as a display measuring 2" x 3" or 5.08 cm x 7.62 cm); (2) On small clothing items, such as caps, socks, hats, gloves and belts, one logo or commercial name per clothing item is permissible, if that name or display does not exceed an area of three square inches or 19.35 square centimeters; and (3)\* On athletic shoes, no logos or commercial names are permissible except for names or logos which are included by the manufacturer on athletic shoes which are sold to the general public”.**

1. It is the policy of Special Olympics for its accredited Programs to participate in all training and competition in the spirit of respect and sportsmanship. Any individual, team or delegation that refuses to compete or participate in Special Olympics Games or activities based on the religion, political affiliation of their fellow Special Olympics athletes in those activities, will be disqualified from participation in the games or event in question and not eligible for awards or recognition at that event
2. If it has been determined by competition management jury that an athlete or team has not competed with maximum effort in preliminary and/or Divisioning rounds with the clear intent to gain an unfair advantage in the Divisioning process, sanctions will be imposed on the athlete/team/coach. Sanctions may include adjusted division placement, final placement or disqualification. Sport specific details related to implementation of the Honest Effort Rule will be published in the coaches’ handbook.

**Sport/Event Selection**

1. Athletes must participate in only one sport.
2. Athletes must be entered in events that are appropriate for their level of training.
3. All Special Olympics Programs must adhere to the sport specific category distribution process in order to ensure each athlete’s full participation in the 2013 Special Olympics World Winter Games. The process will be conducted under the guidance and direction of the Regional Sports Director.
4. Athletes (not partners) participating in Unified Sports® (figure skating) may also participate in traditional singles events if the schedule permits. Registered coaches at the 2013 Special Olympics World Winter Games may not participate as a Unified Sports® Partner at the Games.
5. Delegations are reminded to abide by their quota confirmation numbers.
6. Special Olympics, Inc. and the Games Organizing Committee reserve the right to cancel a sport specific event due to insufficient registration.
7. It is expected that the Programs selected to send a Unified Sports® team have strong understanding of the rules and philosophy of Unified Sports®. All teams shall be composed equal numbers of athletes and partners of similar age and ability with requisite sports skills and a clear understanding of the importance of social inclusion in Unified Sports. It is recommended that all coaches are certified Unified Sports® coaches.

**Athlete and Coach Preparation**

1. It is expected that all Head Coaches attending World Games be certified and knowledgeable about Special Olympics and International Sport Federation rules.
2. It is expected that all athletes arrive in PyeongChang properly equipped for competition.
3. It is expected that all athletes be well trained in order to achieve consistent results between their divisioning round and final competition. Poor training or preparation will not be considered an acceptable excuse for variations in performance. The integrity of the Divisioning process can be adversely affected by both poor athlete training and lack of honest effort and if we do not do our best to uphold the integrity of the Divisioning process those athletes that abide by the rules and train properly are unfairly penalized.
4. Head Coaches are responsible for assuring that the reported assessments and Divisioning times/scores/measurements for their athletes accurately reflect the ability of the athlete/s. If for any reason the Head Coach does not consider this assessment or time/measurement correct, it is their responsibility to notify the Competition Management within the designated time period.

#### **Alpine Skiing**

1. Events Offered

|  |  |
| --- | --- |
| **Ability Level** | **Event Selection** |
| Category 1 Novice | Super G, Giant Slalom, Slalom |
| Category 2 Intermediate | Super G, Giant Slalom, Slalom |
| Category 3Advanced | Super G, Giant Slalom, Slalom |

1. Registration Instructions

* An Athlete is restricted to participation in one ability level as outlined above.
* Athletes registered for alpine skiing may enter all three (3) events within their ability level.
* An ability level is based on the most recent competition experience.

1. Sport Uniform/Equipment

* A helmet appropriate for alpine ski racing is required for all competitors for all training and competition.
* Skiers are required to have their own skis, boots, ski poles and appropriate ski racing attire to include:   gloves, goggles, race uniform, other ski related clothing, gate protective gear/body armor and any equipment that may be necessary for a physical disability (i.e. mono ski, bi ski). The Games Organizing Committee will not provide equipment, such as skis, boots, poles or tethers; this is the responsibility of the delegation.

1. Points of Emphasis – Rules Conditions

* Athletes are required to run all Assessment, Divisioning and Competition race runs in the same attire and on the same equipment for consistency.
* On the first day all athletes will be assessed by race officials on a Giant Slalom course of their registered skiing ability.  If necessary an athlete will be moved to the appropriate ability level venue.

**Cross Country Skiing**

1. Events Offered

|  |  |
| --- | --- |
| **Category** | **Event Selection** |
| Category 1 | 50m race – classical technique, 100m race – classical technique |
| Category 2 | 500m free technique, 1K free technique, 2.5K free technique, 4x1K relay – free technique |
| Category 3 | 2.5K free technique, 2.5K classical, 5K free technique, 5K classical 7.5 free technique, 10K free technique, 4 x 1K relay – free technique |

1. Registration Instructions
   * An Athlete is restricted to participation within one category as outlined above.
   * An Athlete may enter a maximum of three (3) events: two (2) individual and one (1) relay.
   * Athletes registered in category 2 and 3 may enter one (1) relay. The relay may be a composite of Athletes from Categories 2 and 3
2. Sport Uniform/Equipment

* Athletes must bring their own skis, poles, boots, bindings, uniforms, eyewear, and weather protective wear – which must comply with International Ski Federation (FIS) rules.
* Ski length (according to FIS rules)
* Minimum: Height of skier minus 100mm
* Ski width (according to FIS rules)
* The minimum is 40mm.
* Tip (according to FIS rules)
* The minimum shovel curvature is 30mm.
* Ski poles. Athletes must use 2 poles of equal length. The poles may not be taller than the competitor and must be at least reach the competitor’s hips. Poles may not be telescopic and the grips must be affixed to the shaft.

**Figure Skating**

1. Events Offered

|  |  |
| --- | --- |
| **Level** | **Event Selection** |
| 1 | Singles, Pairs, Ice Dancing, Unified Sports® Pair Skating |
| 2 | Singles, Pairs, Ice Dancing, Unified Sports® Pair Skating |
| 3 | Singles, Ice Dancing |
| 4 | Singles, Ice Dancing |
| 5 | Singles |
| 6 | Singles |

Athletes are permitted to take part at these events as follows:

* Each Athlete is permitted to participate in his singles Level.
* Athletes of singles Level 1 are only permitted to skate in Singles Level 1
* Athletes of singles Level 2 + 3 are permitted to skate in Pairs events level 1.
* Athletes of singles Level 4 + 5 + 6 are permitted to skate in Pairs events level 2.
* Athletes of singles Level 2 + 3 are permitted to skate in Dance events level 1.
* Athletes of singles Level 3 + 4 are permitted to skate in Dance events level 2.
* Athletes of singles Level 4 + 5 + 6 are permitted to skate in Dance events level 3 or 4.
* To skate in Dance events Level 2, 3 or 4 a singles Level of at least Level 3 is necessary.

1. Registration Instructions

* An Athlete may enter up to a maximum of two (2) events.
* Unified Sports® partners may only compete with 1 Athlete.
* Athletes (not partners) participating in Unified Sports® Pair Skating may also participate in traditional singles events if the schedule permits.
* Registered coaches may not participate as a Unified Sports® Partner at the Games.

1. Sport Uniform/Equipment

* Athletes are required to bring their own skates and attire, which must comply with International Skating Union (ISU) rules.
* Females are to wear a simple, fitted figure skating dress, skirt or jumper with turtleneck and/or sweater. Sheer to waist pantyhose or tights, undergarments not to be visible.
* Males are to wear simple fitted pants (stretch material and plain color preferred), a long sleeve sweater and/or turtleneck. No sweat pants allowed.
* Athletes are required to wear clean and polished figure skates with laces tucked in.
* Skate guards are recommended.

1. Points of Emphasis – Rules Conditions

* The size of the ice that will be used for the competition is 25.9 meters x 60.9 meters.

**Floor Ball – Demonstration Sport**

Floor Ball entries is limited to those Delegations that received a Quota for this Sport, please contact SOI for Registration Forms,

**Floor Hockey**

1. Events Offered

|  |  |
| --- | --- |
| **Division** | **Event Selection** |
| Male / Mixed | Team Competition |
| Female | Team Competition |
| Unified | Unified Sports® Team Competition |

1. Registration Instructions

* There will be no 8-15 age group/division at the 2013 Special Olympics World Winter Games.
* Maximum team size = 16 players.
* Minimum team size = 12 players.
* Teams must submit Individual Skills Competition scores for each player on the Team Roster and Skills Assessment (Form D).
* Teams may include both female and male members, but they will compete in the male division.
* An Athlete is restricted to participation within one division category as outlined above.
* Delegations with more than one team must designate a different Head Coach and Assistant Coach for each team.
* Unified Sports® teams must have an equal number of partners and athletes on the roster.
* Registered coaches /assistant coaches may not participate as a Unified Sports® Partner at the Games.

1. Sport Uniform/Equipment

* All Players including the Goalie must wear a helmet with a full face mask, shin guards (i.e. roller hockey / soccer / football) and protective gloves. The goalkeeper will be allowed to wear regulation-size ice hockey goalkeeper pads and gloves or some reasonable facsimile thereof. The leg guards worn by goalkeepers must not exceed 31 cm (12") in extreme width when on the leg of the player.
* All players are required to wear proper running/athletic shoes while on the playing surface.
* The uniforms (jerseys/shirt and pants/shorts) must be the same colors and designs for all team members.
* It is recommended that each team have two sets of solid colored jerseys/shirts: a light-colored set when designated “home team,” and a dark-colored set when designated “visiting team.”
* The 15 – 20 cm (6-8”) numbers must appear on the back of jersey/shirt, no two players can have the same number.
* Each team is required to provide their own sticks for use during play.
* Sticks, other than the goalkeepers’, must be rods or dowels made of wood and/or fiberglass.  The non-handle end of all sticks must be rounded-off.  The stick must be between 7.5 cm and 10 cm in circumference and 90 cm and 150 cm in length.  No tape, string, or other object is allowed that will increase the diameter on the bottom of the stick.
* The goalkeeper’s stick is optional, but if used, shall be a regulation ice hockey goalkeeper’s stick. The blade must not exceed 8.9 cm (3”) in width except at the heel where it must not exceed 11.4 cm (4”) in width.  The goalkeeper’s stick must not exceed 39.3 cm (15”) in length from the heel to the end of the blade.

**Snowboarding**

1. Events Offered

|  |  |
| --- | --- |
| **Ability Level** | **Event Selection** |
| Category 1 Novice | Super Giant Slalom, Giant Slalom, Slalom |
| Category 2 Intermediate | Super Giant Slalom, Giant Slalom, Slalom |
| Category 3 Advanced | Super Giant Slalom, Giant Slalom, Slalom |

1. Registration Instructions

* An Athlete is restricted to participation in one ability level as outlined above.
* Athletes registered for snowboarding may enter all three (3) events within their ability level. An ability level is based on the most recent competition experience.

1. Sport Uniform/Equipment

* A helmet appropriate for alpine ski racing shall be required on all competitors in the Slalom, Giant Slalom and Super Giant Slalom. Helmets are also required during all training.
* Athletes are required to have their own snowboards.
* Snowboards must meet the international federation standards (FIS).
* Coaches are now required to wear helmets while in the field of play area.

**Snowshoeing**

1. Events Offered

|  |  |
| --- | --- |
| **Category** | **Event Selection** |
| Category 1 | 25 meter race, 50 meter race |
| Category 2 | 100 meter race, 200 meter race, 400 meter race, 4x100 meter relay,  4 x 400 meter relay |
| Category 3 | 200 meter race, 400 meter race, 800 meter race, 4 x 100 meter relay,  4 x 400 meter relay |
| Category 4 | 800 meter race, 1600 meter race, 5 kilometer race, 4 x 100 meter relay,  4 x 400 meter relay |

1. Registration Instructions

* An Athlete is restricted to participation within one category as outlined above.
* An Athlete may enter a maximum of three (3) events: two (2) individual and one (1) relay.
* The relay team may be a composite of four (4) different Athletes from Categories 2, 3 or 4.
* Entry times are required for all Athletes. Times should be based on the most recent activity.
* Entries to the 25m race must be above 12 seconds
* Entries to the 50m race must be above 25 seconds.

1. Sport Uniform/Equipment

* Athletes are required to bring their own snowshoes that meet Special Olympic standards. Snowshoes shall have frames with at least 2 points on them a minimum of 20.5 apart (width) and at least 2 points on them a minimum of 64 cm apart (length). These measurements are taken in 2 straight lines in 2 perpendicular dimensions. Athletes should wear the same style, brand, type, size (or pair) of snowshoes throughout this competition.
* All snowshoes will be measured and checked prior to each event.
* Athletes must have their own clothing suitable for all possible weather conditions.
* Clothing should consist of long sleeved tops and long pants that fully cover the arms and legs.
* Ear coverings and warm hats may be required if the wind chill dips to below 15° C.
* Gloves, mittens and protective eyewear are recommended.

1. Points of Emphasis – Rules Conditions

* Athletes cannot be physically assisted or aided by anyone else during their competition. Pacing of Athletes, unsportsmanlike behavior, and/or intentional physical interference will also result in disqualification.
* Pacing is defined as moving along with, ahead of, just behind or next to an Athlete for more than 3 meters by one individual at one time. This movement is not allowed on the course or within 20 meters of the edge of the course.
* Each competitor on a relay team must complete one-fourth of the distance of the total relay. No competitor may complete more than one leg of any one relay. Any team with fewer than 4 competitors must forfeit.

**Short Track Speedskating**

1. Events Offered

|  |  |
| --- | --- |
| **Category** | **Event Selection** |
| Category 1 | 25 meter race, 55 meter race, 111 meter race |
| Category 2 | 111 meter race, 222 meter race, 333 meter race |
| Category 3 | 222 meter race, 333 meter race, 500 meter race |
| Category 4 | 333 meter race, 500 meter race, 777 meter race |
| Category 5 | 500 meter race, 777 meter race, 1000 meter race |
| Category 6 | 777 meter race, 1000 meter race, 1500 meter race |

1. Registration Instructions

* An Athlete is restricted to participation within one category as outlined above.
* An Athlete may enter a maximum of three (3) events.
* Athletes participating in Category 1 must register for consecutive distances. For example, 25m and 55m NOT 25m and 111m.
* Entry times are required for all Athletes.
* Training Effective Groupings for Special Olympics Short Track Speed skating
* 111m, 222m, 333m events: For skaters with an average lap time of 40 to 54 seconds.
* 222m, 333m, 500m events: For skaters with an average lap time of 30 to 39 seconds.
* 333m, 500m, 777m events: For skaters with an average lap time of 25 to 29 seconds.
* 500m, 777m, 1000m events: For skaters with an average lap time of 19 to 24 seconds.
* 777m, 1000m, 1500m events: For skaters with and average lap time of 15 to 18 seconds.

1. Sport Uniform/Equipment

* Athletes MUST bring their own speed skates, protective gear and uniform, which must comply with International Skating Union (ISU) Rules.
* “Klap style” speed skates may NOT be used. Figure skates are prohibited.
* All Athletes MUST wear:
* Safety type headgear which is in compliance with the current ASTM standard. Helmets must have a regular shape and may not have protrusions.
* Cut resistant neck protector
* Gloves or mitts
* Shin protection
* Long sleeved and long legged clothing
* Padded or hard shell knee protection

1. Points of Emphasis – Rules Conditions

* A starter’s gun will be used to start the races – please prepare Athletes for this component of the competition.

Registration Check List

This is a check list of what is required for registration for the 2013 Special Olympics World Winter Games. You should not proceed with submitting Registration forms until you have everything on this checklist.

**General Forms:**

 Form A: Delegation Information

 Form A1: Delegation Rooster

 Form G: Refusal to Compete

 Form H: Delegation Travel Itinerary

**HOD, A-HOD, Coaches, AS-Staff and Unified Partners**

 Form B: Coach & Unified Partner Registration

 Form B1: Delegate, Coach & Unified Partner Release

 Photo (Must meet requirements as outlined under Photo Guidelines)

 Passport Information (All Delegations outside of the Republic of Korea

**Athletes**

 Form C: Athlete Registration

 Form C1: Athlete Medical Form

 Form C2: Athlete Authorization

 Form C3: (If Required) Special release for Athletes with Atlanto-Axial Instability

 Form C4: Athlete Sport Registration

 Form D: (Floor Hockey Only) Floor Hockey Team Assessment Scores

 Form E: (If Required) Relay Team Registration

 Form F: Athlete Profile

 Photo (Must meet requirements as outlined under Photo Guidelines)

 Passport Information (All Delegations outside of the Republic of Korea)

**FORM A – Delegation Information**

(Please PRINT in ink using block letters or TYPE)

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Delegation Name SO Region

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Delegation Mailing Address

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Country Postal Code

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Telephone (include country and or area code) Fax (include country and or area code)

Head of Delegation

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Email

Delegation Information

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Primary Language Secondary Language

Special diet (entire delegation):

 Vegetarian

 No Pork

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM A1 – Delegation Roster**

(Please PRINT in ink using block letters or TYPE)

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Delegation Name SO Region

Head of Delegation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Head of Delegation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List names of all other delegation members (Athletes, Unified Partners, coaches, AS staff) by SPORT: Please use to following to designate the individuals ROLE:

A= Athlete, UP=Unified Partner, HC= Head Coach, C= Coach, AS= Staff, HOD = Head of Delegation A-HOD= Assistant Head of Delegation

**SPORT/FUNCTION NAME GENDER ROLE**

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**FORM A1 – Delegation Roster**

**Delegation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roster Continued, Page # \_\_\_\_\_**

**Please make additional pages as needed**

**SPORT/FUNCTION NAME GENDER ROLE**

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**FORM B – Delegate, Coach and Unified Partner Registration -** Page 1 of 2

Please check if this person is an Alternate (Substitute/Reserve)

(**Please print in ink using block letters or type)**

(*If you are not using digital photos, attach 2 passport size photos)*

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| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | |  | State/Province | | | | | | | | | | | | | | |  | Country | | | | | | |
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| Date of Birth: dd-mm-yyyy | | | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Passport Number | | | | | | | | | | | | | | |  |  | | Passport Expiration Date: dd-mm-yyyy | | | | | | | | | | | | | | |  |  |  |  |
| **Function** *Check one* | | | | | | | | | |  |  |  |  |  |  |  | |  |  |  |
|  | Head of Delegation | | | | | |  |  |  |  |  | Head Coach | | | | | | |  |  | Sport | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Assistant Head of Delegation | | | | | | | | |  |  | Coach | | | | | | |  |  | Sport | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  | AS Staff\* | | | | | | |  |  | Sport | | |  |  |  |  |  |  |  |  |  |  |  |  |  |

*\* The “AS” designation is for Delegation staff above the delegation quota. ALL AS Staff fees must be paid before credentials are issued.*

**FORM B – Delegate, Coach and Unified Partner Registration –** page 2 of 2

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| Name: Last/Family | | | | | | | | | | | |  | First | | | | | | | | | | | | | Middle Initial | | | | |

**Medical Information**

**Does this person use a wheelchair? □ YES □ NO**

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| Is there a history of: | | | | | | |  |  |  |  | Yes | | | No | | |  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  |  |
| Heart problems/high blood pressure | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  |  |
| Head injury/history of concussion | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  |  |
| Seizures | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  |  |
| Heat Stroke | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  |  |
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| Allergies: (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dietary Restrictions: (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**FORM B1 – Delegate, Coach & Unified Partner Release Adult**

**Release Form for Delegation, Coaches and Unified Partners**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation as a Delegate, Coach or Unified Partner for the 2013 Special Olympics World Winter Games (“Games”). I hereby authorize, without compensation to me, Special Olympics, Inc. and the 2013 Special Olympics World Winter Games Organizing Committee (collectively, “Special Olympics”), both during and any time after the Games to use, and license others to use, my name, voice, likeness, statements or words in television, radio, film, newspapers, magazine, on the internet or any other media, in any form, for the purpose of publicizing, promoting, advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Waiver & Release**

I fully understand the risks involved with participation in the Games and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation in the Games. I further understand that Special Olympics, Inc. will own the information I provide in the registration materials and will share that information with the 2013 Special Olympics World Winter Games.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., the 2013 Special Olympics World Winter Games, their respective administrators, directors, agents, officers, volunteers, and employees, and other participants (“Releasees”) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which I may incur as the result of such claim.

I have read this **Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement,** and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I agree to abide by the Coaches Code of Conduct during the Games.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for treatment because of my injuries, I authorize Special Olympics to take whatever measures it deems advisable to protect my health and well-being, including hospitalization if necessary. **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

I understand that Special Olympics, Inc. (SOI) is collecting my personal information as provided by me through this registration packet. I further understand and acknowledge that SOI will disclose my personal information, including the information collected through this registration material, to the 2013 Special Olympics World Winter Games Organizing Committee (GOC) and that either SOI or the GOC will input the personal information I provided into a computerized database that will be maintained by SOI after the 2013 Games end. I further understand that SOI and the GOC will use the information provided by me to conduct the 2013 Games, including for the following or similar purposes: 1) compiling results of the Games for SOI, the media and the public (including via a Web site that may provide certain information about me and video or pictures of me participating at the 2013 Games); verifying participation in the 2013 Games; conducting training on divisioning; conducting statistical analysis; and providing 2013 Games related services, such as housing, transportation, meals and medical. I acknowledge and understand that the GOC may disclose my personal information to certain government authorities for the purpose of obtaining any required visas so that I may travel to the United States.

I have read this form and fully understand the provisions of the release that I am signing. I understand that by signing this form I am saying I agree to the provisions of this release.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Delegate, Unified Partner, or Coach**

**Signature of Delegate, Unified Partner, or Coach Date**

**FORM B 1– Delegate, Coach & Unified Partner Release Minor**

**Release Form for Minor Unified Partners**

I am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the Unified Partner), on  
whose behalf I have submitted the attached application for participation in the 2013 Special Olympics World Winter Games (Games). The United Partner has my permission to participate in Games-related activities.

I hereby authorize, without compensation to me or the Unified Partner, Special Olympics, Inc. (SOI) and the 2013 Special Olympics World Winter Games (GOC) (collectively, “Special Olympics”), both during and any time after the Games to use, and license others to use, the Unified Partner’s name, voice, likeness, statements or words in television, radio, film, newspapers, magazine, on the Internet or any other media, in any form, for the purpose of publicizing, promoting, advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

Waiver & Release

I fully understand the risks involved with participation in the Games and I fully accept and assume all such risks and all responsibility for losses, costs, and damages the Unified Partner may incur as a result of the Unified Partner’s participation in the Games. I further understand that Special Olympics, Inc. will own the information I provide in the registration materials and may provide it to other entities as Special Olympics, Inc. deems necessary to conduct the Games.

I hereby release, discharge, and covenant not to sue SOI, the GOC , their respective administrators, directors, agents, officers, volunteers, and employees, and other participants (“Releasees”) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on the Unified Partner’s behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which I may incur as the result of such claim.

I have read this **Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement,** and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I agree to abide by the Coaches Code of Conduct during the Games.

If, during the Unified Partner’s participation in Special Olympics activities, the Unified Partner should need emergency medical treatment, and I am not able to give my consent or make arrangements for treatment, I authorize Special Olympics to take whatever measures it deems advisable to protect my health and well-being, including hospitalization if necessary. **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

I understand that SOI is collecting my personal information as provided by me through this registration packet. I further understand and acknowledge that SOI will disclose my personal information, including the information collected through this registration material, to the GOC and other entities as SOI deems necessary to conduct the Games and provide for the minor Athlete’s health and safety at the Games and that either SOI or the GOC will input the personal information I provide into a computerized database that will be maintained by SOI after the Games end. I further understand that SOI and the GOC will use the information provided by me to conduct the Games, including for the following or similar purposes: 1) compiling results of the Games for SOI, the media and the public (including via a Web site that may provide certain information about me and video or pictures of me participating at the Games); 2) verifying participation in the Games; 3) conducting training on divisioning; conducting statistical analysis; 4) providing Games related services, such as housing, transportation, meals and medical and 5) protect the minor Athletes health and safety by providing it to medical personnel, hospitals, or insurers.. I acknowledge and understand that the GOC may disclose my personal information to certain government authorities for the purpose of obtaining any required visas so that I may travel to United States.

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

**Printed Name of Parent or Guardian**

**Signature of Parent or Guardian Date**

**FORM C – Athlete Registration**

Please check if this person is an Alternate (Substitute/Reserve)

(**Please print in ink using block letters or type)**

(*If you are not using digital photos, attach 2 passport size photos)*

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| Delegation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SO Region | | | | |
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| Name: Last/Family | | | | | | | | | | | |  | First | | | | | | | | | | | | | Middle Initial | | | | | Gender: M/F | | | | |
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| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | |  | State/Province | | | | | | | | | | | | | |  | Country | | | | | | |
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| Date of Birth: dd-mm-yyyy | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nationality | | | | | | | | | | | | | | |  |  | Place of Birth | | | | | | | | | | | | | | |  |  |  |  |
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| Passport Number | | | | | | | | | | | | | | |  |  | Passport Expiration Date: dd-mm-yyyy | | | | | | | | | | | | | | |  |  |  |  |

Wheelchair: □ Yes □ No

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Allergies: (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dietary Restrictions: (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**FORM C1 – Athlete Medical Form – Page 1**

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| SECTION 1 DEMOGRAPHICS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Athlete | | | | | | | |  | Unified Sports Partner | | | | | | | | |  |  | |  |  |  | |  | |  | |  |  | |  |  | | |  |  | | |  |  | | |  | |  |  | | | | |  | |  |
| Delegation: | | | | | | | | |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  | |  | |  | |  |  | |  |  | | |  |  | | |  |  | | |  | | SO Region | | | | | |  | |  |
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| Family Name | | | | | | | | | | | | | | | | | | | | | | |  | First Name | | | | | | | | | | | | | | | | | | | | | |  | | Middle Initial | | | | | | | | |
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| Date of Birth dd-mm-yyyy | | | | | | | | | | | | | |  |  |  | | Sport | | | | | | | | | | | | | | | | | | | | |  | | |  |  | | |  | |  |  |  | |  |  |  | |  |
| **Emergency contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Relationship to Athlete | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |  | |  | |  |  | |  |  | | |  |  | | |  |  | | |  | |  |  |  | |  |  |  | |  |
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| Family Name | | | | | | | | | | | | | | | | | | | | | | |  | First Name | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  | |  |  |  | |  |
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| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | State/Province | | | | | | | | | | | | | | | | | |  | Country | | | |
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| Telephone Number Day | | | | | | | | | | | | | | | | | | | | | | | |  | Telephone Number Night | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
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| Health Insurance Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Policy Number | | | | | | | | | | | | | | | | | | | | | |
| Religious objections to medical treatment: Please specify and refer to instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 2 HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | No | | | | |  | | | | | | | | | | | | | | | | | | | | Yes | | No | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | \*Heart disease / heart defect / high blood pressure | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Allergy: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | \*Chest pain | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Medicines: | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | |  | | | \*Seizures / epilepsy/fainting spells | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Food: | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | \*Diabetes | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Insect stings/bites: | | | | | | | | | | | |  | | | | | | | | | |  | |
|  | | |  | | | \*Concussion or serious head injury | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Special diet | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | \*Major surgery or serious illness | | | | | | | | | | | | | | | | | | | | | |  | |  | | | \*Asthma | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | Heat stroke / exhaustion | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Tobacco use | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | \*Blindness / visual problem | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Easy bleeding | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | Contact lenses / glasses | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Emotional / psychiatric / behavioral | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | Hearing loss / hearing aid | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Sickle cell trait or disease | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | Bone or joint problem | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Immunizations up to date, including tetanus | | | | | | | | | | | | | | | | | | | | | | | |
| Date of most recent tetanus immunization \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | Other | | | | | | | | | | | | | |  | | | | | | | |  | |
| (\*) Requires physical examination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| **Medications:** Please print medication name, amount, date prescribed and number of times per day medication are given. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Medication Name | | | | | | | | | | | Dosage | | | | | Date  Prescribed | | | | | Times per day | | | | Medication Name | | | | | | | | | | Dosage | | | | | | | | Date  Prescribed | | | | | | | Times per day | | | |  | |
|  | | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | |
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| Signature of parent/caregiver/adult Athlete: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Date | | | | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | | | |
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**FORM C1 – Athlete Medical Form – Page 2**

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| Family Name | | | | | | | | | | | | | | |  | First Name | | | | | | | | | | | |  | Middle Initial | | | | | | |

|  |
| --- |
| Does this Athlete have Down Syndrome? Yes  No |

***If yes, you must complete the box below***

|  |  |  |
| --- | --- | --- |
| **ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME** | | |
| EXAMINER’S NOTE: If the Athlete has Down Syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: butterfly events, individual medley events and diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer) team competition, snowboarding, judo, alpine skiing and any warm-up exercise placing undue stress on the head and neck. | | |
| Yes | No |  |
|  |  | Has an x-ray evaluation for Atlanto-axial instability been done? |
|  |  | If yes, was it positive for Atlanto-axial instability? (positive indicates that the Atlanto-dens interval is 5mm or more)  If YES, Form C3-Special Release for Athletes With Atlanto-Axial Instability MUST be Completed |

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| **PHYSICAL EXAMINATION** | | | | | | | | | | | | | | | | | | | |
| Blood pressure: \_\_\_\_\_/\_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| Normal/Abnormal | | | |  | | | | | Normal/Abnormal | | |  | | | Normal/Abnormal | | |  | |
|  | |  | | Vision | | | | |  |  | | Cardiovascular system | | |  | |  | Cranial nerves | |
|  | |  | | Hearing | | | | |  |  | | Respiratory system | | |  | |  | Coordination | |
|  | |  | | Oral cavity | | | | |  |  | | Gastrointestinal system | | |  | |  | Reflexes | |
|  | |  | | Neck | | | | |  |  | | Genitourinary system | | |  | |  |  | |
|  | |  | | Extremities | | | | |  |  | | Skin | | |  | | |  | |
| Other: | |  | | | | | | | | | | | | | | | | |  |
| Primary MR Etiology/Category: | | | | | | | (If known) | | | | | | | | | | | |  |
| I have reviewed the above health information and have performed the above examination on this Athlete within the past 6 months and certify that the Athlete can participate in Special Olympics. | | | | | | | | | | | | | | | | | | | |
| RESTRICTIONS: | | | | |  | | | | | | | | | | | | | |  |
| EXAMINER’S SIGNATURE: | | | | | | | |  | | | | | | | Date | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | |
| EXAMINER’S NAME: | | | | | |  | | | | | | | |  | | | | |  |
| ADDRESS: | | |  | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | PHONE: | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |

**FORM C 2 – Athlete Authorization Adult**

**Section A**

**Authorization to be completed by ADULT ATHLETE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed medical professional has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence that would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official Special Release for Athletes with Atlanto-Axial Instability, available from the Special Olympics Program in my jurisdiction, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the Special Release for Athletes with Atlanto-Axial Instability form, which establishes the absence of Atlanto-axial Instability, I must have the radiological examination ruling out Atlanto-Axial Instability before I can participate in equestrian sports, gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and football (soccer).

Special Olympics Inc. has my permission forever to use and allow others to use my likeness, name, voice or words in television, radio, film, newspapers, magazines, on the Internet, World Wide Web and/or in other media, and in any form, throughout the world for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics, including the 2013 Special Olympics World Winter Games (Games) and/or applying for funds to support these purposes and activities.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for me to participate in the Healthy Athletes program and that I may decide not to participate at any time. I understand that provision of these screening services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not, through the provision of these services responsible for my health. I understand that information gathered as part of the Healthy Athletes program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

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

**I understand that Special Olympics, Inc. (SOI) is collecting my personal information as provided by me through this registration packet. I further understand and acknowledge that SOI will disclose my personal information, including the information collected through this registration material, to the 2013 Special Olympics World Winter Games Organizing Committee (GOC) and that either SOI or the GOC will input the personal information I provided into a computerized database that will be maintained by SOI after the 2013 Games end. I further understand that SOI and the GOC will use the information provided by me to conduct the 2013 Games, including for the following or similar purposes: 1) compiling results of the Games for SOI, the media and the public (including via a Web site that may provide certain information about me and video or pictures of me participating at the Games); verifying participation in the 2013 Games; conducting training on divisioning; conducting statistical analysis; providing 2013 Games related services, such as housing, transportation, meals and medical; and for other purposes as SOI or the GOC may deem necessary to protect my health and safety. I acknowledge and understand that the GOC may disclose my personal information to certain government authorities for the purpose of obtaining any required visas so that I may travel to the Republic of Korea.**

I, the athlete named above, have read this paper and fully understand the provisions of the Authorization that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this Authorization.

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

Signature of Adult Athlete Date

I hereby certify that I have reviewed this Authorization with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this Authorization and has agreed to its terms.

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(E.g. family member, teacher, coach, etc.)

**FORM C 2 – Athlete Authorization Minor**

**Section B**

**Authorization to be completed by PARENT or GUARDIAN of MINOR ATHLETE**

I am the parent/guardian of , the minor Athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. The Athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed medical professional has reviewed the health information set forth in the athlete’s application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete s participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events, which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official Special Release for Athletes with Atlanto-Axial Instability. Available from the Special Olympics Program in my jurisdiction, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the Special Release for Athletes with Atlanto-Axial Instability form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination ruling out Atlanto-Axial Instability before he/she can participate in judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and football team competition (soccer).

In permitting the athlete to participate, I am specifically granting my permission forever to Special Olympics, Inc. to use and allow others to use the athletes likeness, name, voice and words in television, radio, film, newspapers, magazines, on the Internet, World Wide Web and/or other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics, including the 2013 Special Olympics World Winter Games (Games) and/or applying for funds to support these purposes and activities.

By signing below, I am also permitting the Athlete to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for the Athlete to participate in the Healthy Athlete program and that I may decide that the Athlete not to participate at any time. I understand that provision of these health services is not intended as a substitute for regular care. I also understand that the Athlete should seek his/her own medical advice and assistance irrespective of the provision of these services and that Special Olympics through the provision of these services is not making itself responsible for Athletes health. I understand that information gathered as part of the Healthy Athletes program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

If a medical emergency should arise during the athlete s participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete s care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athletes health and well-being.

**I understand that Special Olympics, Inc. (SOI) is collecting the Athlete personal information as provided by me through this registration packet. I further understand and acknowledge that SOI will disclose the personal information, including the information collected through this registration material, to the 2013 Special Olympics World Winter Games Organizing Committee (GOC) and that either SOI or the GOC will input the personal information I provided into a computerized database that will be maintained by SOI after the 2013 Games end. I further understand that SOI and the GOC will use the information provided by me to conduct the 2013 Games, including for the following or similar purposes: 1) compiling results of the Games for SOI, the media and the public (including via a Web site that may provide certain information about the Athlete and video or pictures of the Athlete participating at the Games); verifying participation in the 2013 Games; conducting training on divisioning; conducting statistical analysis; providing 2013 Games related services, such as housing, transportation, meals and medical; and for other purposes as SOI or GOC deem necessary to protect the minor Athletes health and safety. I acknowledge and understand that the GOC may disclose Athlete personal information to certain government authorities for the purpose of obtaining any required visas so that the Athlete may travel to the Republic of Korea.**

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above Authorization, and have explained these provisions to the athlete. Through my signature on this Authorization form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

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

Signature of Parent or Guardian Date

**FORM C 3 – Athlete Release**

**Special Release for Athletes with Atlanto-axial Instability (Page 1)**

**CERTIFICATION BY PHYSICIANS**

We have examined the Athlete named in the application, who has Down Syndrome and who has been diagnosed as having Atlanto-axial Instability. We certify based on our examinations of the Athlete and our review of the health information contained in this application, that despite the diagnosis of Atlanto-axial Instability, this Athlete is not medically precluded from participation in Special Olympics. We Further certify that we have explained to the Athlete named in this application, (and to the parent or guardian whose signature appears below, if the Athlete is a minor), the medical risks associated with Atlanto-axial Instability and in particular, the risks associated with the Athlete’s participation in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine.

(Signatures of two physicians are required.)

|  |  |
| --- | --- |
| Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Delegation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Restrictions (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Restrictions (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Physician’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Physician’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ | Signature of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ |

**CERTIFICATION OF ADULT ATHLETE** (Required for adult Athletes with diagnosis of Atlanto-axial Instability)

I am the Athlete named in this application. I certify that:

1. I have been informed by the physicians named above that I have Atlanto-axial Instability

2. The risks associated with that condition, including the risks from participating in butterfly events, individual medley events and diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer) team competition, snowboarding, judo, alpine skiing and any warm-up exercise placing undue stress on the head and neck have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences if I participate in any of these sports or events.

3. Although I recognize and understand the risks and possible medical consequences, I certify that I am taking these risks knowingly and voluntarily, of my own free will, because of my desire to participate in Special Olympics, including any or all of the sports listed above, based on the certifications of the two physicians named above that I am not medically precluded from participating in Special Olympics.

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

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

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult Friend or Family Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM C 3 – Athlete Release**

**Special Release for Athletes with Atlanto-axial Instability (Page 2)**

**CERTIFICATION OF PARENT (Required for MINOR Athletes with diagnosis of Atlanto-axial Instability)**

I am the mother/father of the Athlete named in this application. I certify that:

1. I have been informed by the physicians named above that my son/daughter has Atlanto-axial Instability.

2. The risks associated with that condition, including the risks from participating in butterfly events, individual medley events and diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer) team competition, snowboarding, judo, alpine skiing and any warm-up exercise placing undue stress on the head and neck have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences of my son/daughter participating in any of these sports or events.

3. Although I recognize and understand the risks and possible medical consequences, I hereby give my permission for my son/daughter to participate in Special Olympics, including any or all of the sports or events listed above, based on the certifications of the two physicians named above that my son/daughter is not medically precluded from participating in Special Olympics.

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

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

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

Signature of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FORM C 3 – Athlete Release

**Special Release for Athletes with Atlanto-axial Instability (Page 3)**

**SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY – instructions**

The Special Release for Athletes with Atlanto-Axial Instability is in accordance with Special Olympics *General* *Rules, 6.02 (f):*

*In light of medical research indicating that up to 15% of individuals with Down Syndrome have a mal-alignment of the cervical vertebrae C-1 and C-2 in the neck known as Atlanto-axial instability, exposing them to possible injury if they participate in activities that hyper­extend or radically flex the neck or upper spine, all Accredited Programs must take the following precautions before permitting Athletes with Down Syndrome to participate in certain physical activities:*

*(1) Athletes with Down Syndrome may participate in most Special Olympics sports training and competition, but shall not be permitted to participate in any activities which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless the requirements of subsections (f)(2) and (f)(3) below are satisfied. Such sports training and competition activities include: butterfly events, individual medley events and diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer) team competition, snowboarding, judo, alpine skiing and any warm-up exercise placing undue stress on the head and neck.*

*(2) An Athlete with Down Syndrome may be permitted to participate in the activities described in subsection (1) above if that Athlete is examined (including x-ray views of full extension and flexion of neck) by a physician who has been briefed on the nature of the Atlanto-axial instability condition, and who determines, based on the results of that examination, that the Athlete does not have an Atlanto-axial instability condition.*

*(3) An Athlete with Down Syndrome who has been diagnosed by a physician as having an Atlanto-axial instability condition may nevertheless be permitted to participate in the activities described in subsection (1) above if the Athlete, or the parent or guardian of a minor Athlete, confirms in writing his or her decision to proceed with these activities notwithstanding the risks created by the Atlanto-axial instability, and two (2) Licensed Medical Professionals certify in writing that they have explained these risks to the Athlete and his/her parent or guardian, and that the Athlete's condition does not, in their judgment, preclude the Athlete from participating in Special Olympics. These statements and certifications shall be documented and provided to Accredited Programs using the standardized form approved by SOI, entitled "Special Release for Athletes with Atlanto-axial Instability," and any revisions of that form, approved by SOI (the* ***"Special Release Concerning Atlanto-axial Instability"****).*

*any changes or additions to the attached form must be approved by soi*

**FORM C 4 – Athlete Sport Registration / Alpine Skiing**

(Please PRINT in ink using block letters or TYPE)

This Registration is for (CHECK ONLY ONE BOX BELOW):

Athlete

Alternate (Substitute/Reserve) Athlete

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Delegation Name SO Region

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Family Name First Name MI

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| Gender |  | Male |  | Female |

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| Date of Birth |  |  |  |  |  |  |  |  |  |  |  |

DD MM Year

***NOTE: You can only select events in ONE Category***

***You must check each event(s) an Athlete wishes to enter***

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| **CATEGORY 1 - Novice** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| A | S | N | O | S | G |  |  |  | Super G |  | **Not Required** |
| A | S | N | O | G | S |  |  |  | Giant Slalom |  | **Not Required** |
| A | S | N | O | S | L |  |  |  | Slalom |  | **Not Required** |
| **CATEGORY 2 - Intermediate** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| A | S | I | N | S | G |  |  |  | Super G |  | **Not Required** |
| A | S | I | N | G | S |  |  |  | Giant Slalom |  | **Not Required** |
| A | S | I | N | S | L |  |  |  | Slalom |  | **Not Required** |
| **CATEGORY 3 - Advanced** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| A | S | A | D | S | G |  |  |  | Super G |  | **Not Required** |
| A | S | A | D | G | S |  |  |  | Giant Slalom |  | **Not Required** |
| A | S | A | D | S | L |  |  |  | Slalom |  | **Not Required** |

**FORM C4 – Athlete Sport Registration / Cross-Country Skiing**

(Please PRINT in ink using block letters or TYPE)

This Registration is for

(CHECK ONLY ONE BOX BELOW):

Athlete

Alternate (Substitute/Reserve) Athlete

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Delegation Name SO Region

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Family Name First Name MI

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| Gender |  | Male |  | Female |

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| Date of Birth |  |  |  |  |  |  |  |  |  |  |  |

DD MM Year

***NOTE: You can only select events in ONE Category***

***You must check each event(s) an Athlete wishes to enter***

**All Relay Events REQUIRE that Form E be completed for each Relay Team**

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| **CATEGORY 1 Classical Technique** | | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name | |  | Qualification Time |
| C | C | 0 | 5 | 0 | M |  |  |  | 50 Meter Race Classical Technique | |  | **Not Required** |
| C | C | 1 | 0 | 0 | M |  |  |  | 100 Meter Race Classical Technique | |  | **Not Required** |
| **CATEGORY 2 Free Technique** | | | | | | | | | | | | |
| Event Code | | | | | | | Check | | | Event Name |  | Qualification Time |
| C | C | 5 | 0 | 0 | M | F |  |  |  | 500 Meter Race Free Technique |  | **Not Required** |
| C | C | 1 | K | L | M | F |  |  |  | 1 Kilometer Race Free Technique |  | **Not Required** |
| C | C | 2 | 5 | K | M | F |  |  |  | 2.5 Kilometer Race Free Technique |  | **Not Required** |
| C | C | 4 | X | 1 | K | F |  |  |  | 4 X 1 Kilometer Freestyle Relay Free |  | **Not Required** |
| **CATEGORY 3 Classical/Free Technique** | | | | | | | | | | | | |
| Event Code | | | | | | | Check | | | Event Name |  | Qualification Time |
| C | C | 2 | 5 | K | M |  |  |  |  | 2.5 Kilometer Classical Technique |  | **Not Required** |
| C | C | 2 | 5 | K | M | F |  |  |  | 2.5 Kilometer Race Free Technique |  | **Not Required** |
| C | C | 5 | K | L | M |  |  |  |  | 5 Kilometer Classical Technique |  | **Not Required** |
| C | C | 5 | K | L | M | F |  |  |  | 5 Kilometer Race Free Technique |  | **Not Required** |
| C | C | 7 | 5 | K | M |  |  |  |  | 7.5 Kilometer Race Free Technique |  | **Not Required** |
| C | C | 1 | 0 | K | M |  |  |  |  | 10 Kilometer Race Free Technique |  | **Not Required** |
| C | C | 4 | X | 1 | K |  |  |  |  | 4 X 1 Kilometer Freestyle Relay |  | **Not Required** |

**FORM C4 – Athlete Sport Registration / Figure Skating**

(Please PRINT in ink using block letters or TYPE)

This Registration is for (CHECK ONLY ONE BOX BELOW):

Athlete

Alternate (Substitute/Reserve) Athlete

Unified Partner

Alternate (Substitute/Reserve) Unified Partner

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Delegation Name SO Region

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Family Name First Name MI

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| Gender |  | Male |  | Female |

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| Date of Birth |  |  |  |  |  |  |  |  |  |  |  |

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| Event Code | | | | | | | Check | | | Event Name | Event Level 1,2,3,4, 5 or 6 |
| F | S | S | I | N | G |  |  |  |  | Singles Skating |  |
| F | S | P | A | I | R |  |  |  |  | Pair Skating |  |
| F | S | D | A | N | C |  |  |  |  | Ice Dancing |  |
| F | S | D | A | N | C | T |  |  |  | Ice Dancing Team |  |
| F | S | P | A | I | R | U |  |  |  | Unified Sports Pairs |  |

Partner’s Name (If applicable)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Family Name First Name MI

**FORM C4 – Athlete Sport Registration / Floor Hockey Team**

(Please PRINT in ink using block letters or TYPE)

This Registration is for (CHECK ONLY ONE BOX BELOW):

Athlete

Alternate (Substitute/Reserve) Athlete

Unified Partner

Alternate (Substitute/Reserve) Unified Partner

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Delegation Name SO Region

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Family Name First Name MI

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| Gender |  | Male |  | Female |

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| Date of Birth |  |  |  |  |  |  |  |  |  |  |  |

DD MM Year

***You must check the event Athletes wishes to enter***

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| Event Code | | | | | | | Check | | | Event Name |
| F | H | T | E | A | M |  |  |  |  | Team Competition |
| F | H | T | E | A | M | U |  |  |  | Unified Sports Team Competition |

***Floor Hockey registration also requires completion of Form D***

**FORM C4 – Athlete Sport Registration / Snowboarding**

(Please PRINT in ink using block letters or TYPE)

This Registration is for (CHECK ONLY ONE BOX BELOW):

Athlete

Alternate (Substitute/Reserve) Athlete

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Delegation Name SO Region

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Family Name First Name MI

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender |  | Male |  | Female |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth |  |  |  |  |  |  |  |  |  |  |  |

DD MM Year

***NOTE: You can only select events in ONE Category***

***You must check each event(s) Athletes wishes to enter***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CATEGORY 1 - Novice** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | B | N | O | G | S |  |  |  | Giant Slalom |  | **Not Required** |
| S | B | N | O | S | L |  |  |  | Slalom |  | **Not Required** |
| S | B | N | O | S | G |  |  |  | Super Giant Slalom |  | **Not Required** |
| **CATEGORY 2 - Intermediate** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | B | I | N | G | S |  |  |  | Giant Slalom |  | **Not Required** |
| S | B | I | N | S | L |  |  |  | Slalom |  | **Not Required** |
| S | B | I | N | S | G |  |  |  | Super Giant Slalom |  | **Not Required** |
| **CATEGORY 3 - Advanced** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | B | A | D | G | S |  |  |  | Giant Slalom |  | **Not Required** |
| S | B | A | D | S | L |  |  |  | Slalom |  | **Not Required** |
| S | B | A | D | S | G |  |  |  | Super Giant Slalom |  | **Not Required** |

**FORM C4 – Athlete Sport Registration / Snowshoeing**

(Please PRINT in ink using block letters or TYPE)

This Registration is for (CHECK ONLY ONE BOX BELOW):

Athlete

Alternate (Substitute/Reserve) Athlete

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Delegation Name SO Region

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Family Name First Name MI

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender |  | Male |  | Female |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth |  |  |  |  |  |  |  |  |  |  |  |

DD MM Year

***NOTE: You can only select events in ONE Category***

***You must check each event(s) Athletes wishes to enter***

**All Relay Events REQUIRE that Form E be completed for each Relay Team**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CATEGORY 1** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time min/sec/hrd |
| S | N | 0 | 2 | 5 | M |  |  |  | 25 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 0 | 5 | 0 | M |  |  |  | 50 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| **CATEGORY 2** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | N | 1 | 0 | 0 | M |  |  |  | 100 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 2 | 0 | 0 | M |  |  |  | 200 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 4 | 0 | 0 | M |  |  |  | 400 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 4 | X | 1 | R |  |  |  | 4 X 100 Meter Relay |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 4 | X | 4 | R |  |  |  | 4 X 400 Meter Relay |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| **CATEGORY 3** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | N | 2 | 0 | 0 | M |  |  |  | 200 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 4 | 0 | 0 | M |  |  |  | 400 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 8 | 0 | 0 | M |  |  |  | 800 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 4 | X | 1 | R |  |  |  | 4 X 100 Meter Relay |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 4 | X | 4 | R |  |  |  | 4 X 400 Meter Relay |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| **CATEGORY 4** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | N | 8 | 0 | 0 | M |  |  |  | 800 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 1 | 6 | 0 | 0 |  |  |  | 1600 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 5 | K | L | M |  |  |  | 5 Kilometer Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 4 | X | 1 | R |  |  |  | 4 X 100 Meter Relay |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | N | 4 | X | 4 | R |  |  |  | 4 X 400 Meter Relay |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |

**FORM C4 – Athlete Sport Registration / Short Track Speedskating, Page 1 of 2**

(Please PRINT in ink using block letters or TYPE)

This Registration is for (CHECK ONLY ONE BOX BELOW):

Athlete

Alternate (Substitute/Reserve) Athlete

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Delegation Name SO Region

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Family Name First Name MI

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender |  | Male |  | Female |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth |  |  |  |  |  |  |  |  |  |  |  |

DD MM Year

***NOTE: You can only select events in ONE Category***

***You must check each event(s) Athletes wishes to enter***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CATEGORY 1** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time min/sec/hrd |
| S | S | 0 | 2 | 5 | M |  |  |  | 25 Meter Straight Away Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 0 | 5 | 5 | M |  |  |  | 55 Meter Half Lap Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 1 | 1 | 1 | M |  |  |  | 111 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| **CATEGORY 2** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | S | 1 | 1 | 1 | M |  |  |  | 111 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 2 | 2 | 2 | M |  |  |  | 222 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 3 | 3 | 3 | M |  |  |  | 333 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| **CATEGORY 3** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
|  |  |  |  |  |  |  |  |  |  |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 2 | 2 | 2 | M |  |  |  | 222 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 3 | 3 | 3 | M |  |  |  | 333 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 5 | 0 | 0 | M |  |  |  | 500 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| **CATEGORY 4** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | S | 3 | 3 | 3 | M |  |  |  | 333 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 5 | 0 | 0 | M |  |  |  | 500 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 7 | 7 | 7 | M |  |  |  | 777 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |

**FORM C4 – Athlete Sport Registration / Speedskating, Page 2 of 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Family Name First Name MI

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CATEGORY 5** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | S | 5 | 0 | 0 | M |  |  |  | 500 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 7 | 7 | 7 | M |  |  |  | 777 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 1 | 0 | 0 | 0 |  |  |  | 1000 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| **CATEGORY 6** | | | | | | | | | | | |
| Event Code | | | | | | Check | | | Event Name |  | Qualification Time |
| S | S | 7 | 7 | 7 | M |  |  |  | 777 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 1 | 0 | 0 | 0 |  |  |  | 1000 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |
| S | S | 1 | 5 | 0 | 0 |  |  |  | 1500 Meter Race |  | **\_\_\_\_:\_\_\_\_.\_\_\_\_** |

**FORM D – Floor Hockey Team Assessment Scores**

**This form is required for all Floor Hockey Teams** (Please PRINT in ink using block letters or TYPE)

This Registration is for (CHECK ONLY ONE BOX BELOW):

Team Competition

Unified Team Competition

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Delegation Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Team Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Head Coach

**Indicate the ability level of this team as a group.**

**High Ability  Medium Ability  Low Ability**

Please indicate qualifying/previous competition (including previous World Games or Regional Competition): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit scores per Winter Rules, Section E .2 Individual Skill Contest**

Under Role: use Alt for Alternate (Substitute/Reserve) and P for Unified Partner

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Family Name | First Name | Role | Shot Around Goal | Pass | Stick Handling | Shoot for Accuracy | Defense | Final Score |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Team Total** | |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Team Average\*** | |  |

\* The team average is the team total divided by the number of Athletes

**FORM E – Relay Teams Information**

(Please PRINT in ink using block letters or TYPE)

This form is needed for all Relay Teams. You may list more than one relay on this form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Delegation Name SO Region

**Instructions:** You must check the appropriate event box for each Relay Team. You may list only two Alternates per Team. List the team Members in the order you would like them to compete.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team Name: | | | | | | | | | | | | | | | | |
| Head Coach’s name: | | | | | | | | | | | | | | | | |
| *Check the appropriate relay* | | | | | | | | | | | | | | | *List the names of the 4 Relay Team members* | |
| Cross-Country Skiing 4 X 1 KM Freestyle Relay | | | | | | | | | | | | | |  | 1. |  |
| Snowshoeing 4 X 100 M Relay | | | | | | | | | | | | | |  | 2. |  |
| Snowshoeing 4 X 400 M Relay | | | | | | | | | | | | | |  | 3. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4. |  |
| Qualification Time | | | | | | **\_\_\_\_:\_\_\_\_.\_\_\_\_** | | | | | | | |  | Alt. |  |
|  |  |  |  |  |  | min/sec/hrd | | | | | | | |  | Alt. |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team Name: | | | | | | | | | | | | | | | | |
| Head Coach’s Name: | | | | | | | | | | | | | | | | |
| *Check the appropriate relay* | | | | | | | | | | | | | | | *List the names of the 4 Relay Team members* | |
| Cross-Country Skiing 4 X 1 KM Freestyle Relay | | | | | | | | | | | | | |  | 1. |  |
| Snowshoeing 4 X 100 M Relay | | | | | | | | | | | | | |  | 2. |  |
| Snowshoeing 4 X 400 M Relay | | | | | | | | | | | | | |  | 3. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4. |  |
| Qualification Time | | | | | | **\_\_\_\_:\_\_\_\_.\_\_\_\_** | | | | | | | |  | Alt. |  |
|  |  |  |  |  |  | min/sec/hrd | | | | | | | |  | Alt. |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team Name: | | | | | | | | | | | | | | | | |
| Head Coach’s Name: | | | | | | | | | | | | | | | | |
| *Check the appropriate relay* | | | | | | | | | | | | | | | *List the names of the 4 Relay Team members* | |
| Cross-Country Skiing 4 X 1 KM Relay | | | | | | | | | | | | | |  | 1. |  |
| Snowshoeing 4 X 100 M Relay | | | | | | | | | | | | | |  | 2. |  |
| Snowshoeing 4 X 400 M Relay | | | | | | | | | | | | | |  | 3. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4. |  |
| Qualification Time | | | | | | **\_\_\_\_:\_\_\_\_.\_\_\_\_** | | | | | | | |  | Alt. |  |
|  |  |  |  |  |  | min/sec/hrd | | | | | | | |  | Alt. |  |

**FORM F – Athlete Profile**

(Please PRINT in ink using block letters or TYPE)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Delegation Name SO Region

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Family Name First Name MI

Gender:  Male  Female

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Home Town/City

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Sport Years involved in Special Olympics

Previous World Games:  2011  2009  2007  2005  2003  2001  1999  1997

1995  1993  1991  1989  other years\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Please check all other Sports that you Participate in: | | | |
| □ Aquatics | □ Equestrian | □ Softball | □ Figure Skating |
| □ Athletics | □ Football (soccer) | □ Table Tennis | □ Floor Hockey |
| □ Badminton | □ Golf | □ Handball | □ Speedskating |
| □ Basketball | □ Gymnastics | □ Tennis | □ Snowboarding |
| □ Bocce | □ Powerlifting | □ Volleyball | □ Snowshoeing |
| □ Bowling | □ Roller Skating | □ Alpine Skiing | □ Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ Cycling | □ Sailing | □ Cross Country Skiing |  |

Are you employed?  Yes  No

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your Position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accomplishments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How has Special Olympics changed your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What does Special Olympics and attending World Games mean to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other interests or hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM G – Refusal to Compete and Commercial Markings**

**Special Olympics International  
Policy against Refusals to Compete**

Special Olympics must transcend all boundaries of race, gender, religion, national origin, geography, and political philosophy, and offer sports training and competition opportunities to all eligible persons with intellectual disabilities in accordance with uniform worldwide standards.

A refusal by an Athlete or a team to compete or participate in any Special Olympics Games event based on race, gender, religion, national origin, geography, political philosophy, or any similar reason violates the principles of Special Olympics and is unacceptable. An Athlete or a team that refuses to compete at any Special Olympics Games for any such reason shall be ineligible to compete further and will be asked to leave the Games.

Every Head of Delegation and the Chief Executive of each Program that sends a delegation to a World or Regional Games and the Chief Executive of each Games Organizing Committee shall acknowledge and agree to this policy in writing prior to the relevant Games.

**Delegation Compliance with General Rules Section 4.08 – Commercial Markings**

The only commercial markings that may be displayed on Athletes’ uniforms during Games competitions or Opening or Closing Ceremonies are the normal commercial markings of the manufacturer. On larger clothing items, such as shirts, jackets, pants, jerseys, and sweatshirts, one continued logo or commercial name per clothing item is permissible, if that name or logo display does not exceed an area of six square inches or 38.7 square centimeters (such as a display measuring 2" x 3" or 5.08 cm x 7.62 cm).

On small clothing items, such as caps, socks, hats, gloves and belts, one logo or commercial name per clothing item is permissible, if that name or display does not exceed an area of three square inches or 19.35 square centimeters.

On athletic shoes, no logos or commercial names are permissible except for names or logos which are included by the manufacturer on athletic shoes which are sold to the general public.

Special Olympics International may take appropriate actions to remedy any violation of General Rules Section 4.08.

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

Head of Delegation Program Chief Executive

**FORM H – Delegation Travel Itinerary**

Once your Delegation has finalized its travel plans, you must submit this form to SOI/GOC.

Please note your flight final destination must be Seoul, South Korea

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Delegation Name SO Region

Total Number Traveling with Delegation \_\_\_\_\_\_

***For us to better assist you during your travel, please provide us with complete travel details***

See the example below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departure Information** | | | | | | |
|  | **Date** | **Airport** | **Airline and Flight Number** | **Departure Time** | **Arrival Time** | **Arrival City/Airport** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| **Return Information** | | | | | | |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

**EXAMPLE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departure Information** | | | | | | |
|  | **Date** | **Airport** | **Airline and Flight Number** | **Departure Time** | **Arrival Time** | **Arrival City/Airport** |
| 1 | *20 Jan 12* | *Moscow (SVO)* | *Lufthansa 3197* | *0550* | *0710* | *Munich (MUC)* |
| 2 | *21 Jan 12* | *Munich (MUC)* | *Lufthansa 8860* | *1100* | *1440* | *Seoul(ICN)* |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| ***Return Information*** | | | | | | |
| 1 | *14 Feb 09* | *Seoul(ICN)* | *Lufthansa 900* | *1340* | *0945* | *Frankfurt (FRA)* |
| 2 | *15 Feb 09* | *Frankfurt (FRA)* | *Lufthansa 3198* | *1040* | *1540* | *Moscow (SVO)* |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |