



Games Dates  
January 29<sup>th</sup> thru February 5<sup>th</sup>, 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@specialolympics.org](mailto:gamesregistration@specialolympics.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.vousendit.com/ReubenSilva-GMS>

2. There will be three ways to register for the 2013 Special Olympics World Winter Games:
  - A. 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
  - B. 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
  - C. 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 19<sup>th</sup> Street NW  
Washington, DC 20036 USA
3. **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.
4. Please provide all requested information in English, *print* clearly in block letters, or *type* the information.
5. Please keep a photocopy of *every* form you submit.

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

6. **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 **COMPLETED** 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.**

7. 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. 5<sup>th</sup> 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

INCORRECT	CORRECT	SUGGESTIONS
<p>Head Not Facing Camera</p> 	<p>Head Facing Camera</p> 	<p>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.</p> <p>By placing the subject on an adjustable height seat, the height of the camera tripod can be fixed.</p> <p>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.</p> <p>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.</p>

<p>Glare on Glasses</p> 	<p>No Glare on Glasses</p> 	<p>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.</p> <p>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.</p>
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Background Not Plain



Plain Background



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 Form **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.

- I. **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.

- II. **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	Country Name	CODE
<b>Africa</b>		<b>Asia Pacific Cont.</b>	
Benin	BEN	Vietnam	VIE
Botswana	BOT	<b>East Asia</b>	
Burkina Faso	BUR	China	CHN
Cameroon	CMR	Chinese Taipei	TPE
Central Africa Republic	CAF	Hong Kong	HKG
Chad	CHA	Macau	MAC
Congo	CGO	Korea	KOR
Côte d'Ivoire	CIV	<b>Europe/Eurasia</b>	
Democratic Republic of the Congo	COD	Albania	ALB
Gabon	GAB	Andorra	AND
Ghana	GHA	Armenia	ARM
Guinea	GUI	Austria	AUT
Kenya	KEN	Azerbaijan	AZE
Lesotho	LES	Belarus	BLR
Malawi	MAW	Belgium	BEL
Mali	MLI	Bosnia And Herzegovina	BIH
Mauritius	MRI	Bulgaria	BUL
Namibia	NAM	Croatia	CRO
Niger	NIG	Cyprus	CYP
Nigeria	NGR	Czech Republic	CZE
Reunion	REU	Denmark	DEN
Rwanda	RWA	Estonia	EST
Senegal	SEN	Faeroe Islands	FRO
Seychelles	SEY	Finland	FIN
Sierra Leone	SLE	France	FRA
South Africa	RSA	Georgia	GEO
Swaziland	SWZ	Germany	GER
Tanzania	TAN	Gibraltar	GIB
The Gambia	GAM	Great Britain	GBR
Togo	TOG	Greece	GRE
Uganda	UGA	Hungary	HUN
Zambia	ZAM	Iceland	ISL
Zimbabwe	ZIM	Ireland	IRL
<b>Asia Pacific</b>		Isle of Man	IOM
Afghanistan	AFG	Israel	ISR
Australia	AUS	Italy	ITA
Bangladesh	BAN	Kazakhstan	KAZ
Brunei Darussalam	BRU	Kosovo under UNSCR 1244/99	UN-KOS
Cambodia	CAM	Kyrgyz Republic	KGZ
India	IND	Latvia	LAT
Indonesia	INA	Liechtenstein	LIE
Japan	JPN	Lithuania	LTU
Laos	LAO	Luxembourg	LUX
Malaysia	MAS	FYR Macedonia	FYROM
Myanmar	MYA	Malta	MLT
Nepal	NEP	Moldova	MDA
New Zealand	NZL	Monaco	MON
Pakistan	PAK	Montenegro	MNE
Philippines	PHI	Netherlands	NED
Singapore	SIN	Norway	NOR
Sri Lanka	SRI	Poland	POL
Thailand	THA	Portugal	POR
Timor-Leste	TLS		

Country Name	CODE
<b>Europe/Eurasia Cont.</b>	
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
<b>Latin America</b>	
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
Venezuela	VEN
<b>Middle East/North Africa</b>	
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

Country Name	CODE
<b>Middle East/North Africa cont.</b>	
Saudi Arabia	KSA
Sudan	SUD
Syria	SYR
Tunisia	TUN
United Arab Emirates	UAE
Yemen	YEM
<b>North America</b>	
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

## 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 (NOTE 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

## 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 1 and 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’.**
3. 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
4. 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 3 Advanced	Super G, Giant Slalom, Slalom

#### 2. 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.

#### 3. 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.

#### 4. 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

#### 2. 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

#### 3. 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.

### 2. 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.

### 3. 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.

### 4. 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

### 2. 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.

### 3. 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

### 2. 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.

### 3. 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

<b>Category</b>	<b>Event Selection</b>
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

### 2. 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.

### 3. 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.

### 4. 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

### 2. 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 an average lap time of 15 to 18 seconds.

### 3. 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

### 4. 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 A1 – Delegation Roster

(Please PRINT in ink using block letters or TYPE)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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
		M	F	
		M	F	
		M	F	
		M	F	
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		M	F	
		M	F	





**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)*

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

**Function** *Check one*

Head of Delegation	Head Coach	Sport	
Assistant Head of Delegation	Coach	Sport	
	Unified Partner	Sport	
	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 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 extent 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 extent 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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian**

# 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)*

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

Wheelchair:  Yes  No

Allergies: (list)


Dietary Restrictions: (list)


# FORM C1 – Athlete Medical Form – Page 1

## SECTION 1 DEMOGRAPHICS

<input type="checkbox"/> Athlete	<input type="checkbox"/> Unified Sports Partner																		
Delegation:										SO Region									
Family Name					First Name					Middle Initial									
Date of Birth dd-mm-yyyy					Sport														
<b>Emergency contact Information</b>																			
Relationship to Athlete																			
Family Name					First Name														
Mailing Address																			
City										State/Province					Country				
Telephone Number Day										Telephone Number Night									
Health Insurance Provider										Policy Number									
Religious objections to medical treatment: Please specify and refer to instructions																			

## SECTION 2 HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER

<table border="0"> <tr><td>Yes</td><td>No</td><td></td><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Heart disease / heart defect / high blood pressure</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Chest pain</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Seizures / epilepsy/fainting spells</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Diabetes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Concussion or serious head injury</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Major surgery or serious illness</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Heat stroke / exhaustion</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>*Blindness / visual problem</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contact lenses / glasses</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hearing loss / hearing aid</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bone or joint problem</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	*Heart disease / heart defect / high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Seizures / epilepsy/fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat stroke / exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Blindness / visual problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact lenses / glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss / hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint problem	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr><td>Allergy:</td><td>_____</td></tr> <tr><td>Medicines:</td><td>_____</td></tr> <tr><td>Food:</td><td>_____</td></tr> <tr><td>Insect stings/bites:</td><td>_____</td></tr> <tr><td>Special diet</td><td>_____</td></tr> <tr><td>*Asthma</td><td>_____</td></tr> <tr><td>Tobacco use</td><td>_____</td></tr> <tr><td>Easy bleeding</td><td>_____</td></tr> <tr><td>Emotional / psychiatric / behavioral</td><td>_____</td></tr> <tr><td>Sickle cell trait or disease</td><td>_____</td></tr> <tr><td>Immunizations up to date, including tetanus</td><td>_____</td></tr> <tr><td>Other</td><td>_____</td></tr> </table>	Allergy:	_____	Medicines:	_____	Food:	_____	Insect stings/bites:	_____	Special diet	_____	*Asthma	_____	Tobacco use	_____	Easy bleeding	_____	Emotional / psychiatric / behavioral	_____	Sickle cell trait or disease	_____	Immunizations up to date, including tetanus	_____	Other	_____
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Immunizations up to date, including tetanus	_____																																																																																				
Other	_____																																																																																				

Date of most recent tetanus immunization \_\_\_\_/\_\_\_\_/\_\_\_\_

(\* ) 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

Signature of parent/caregiver/adult Athlete: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_





# 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 athlete's 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 athlete's 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth					
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DD

MM

Year

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

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

<b>CATEGORY 1 - Novice</b>											
Event Code						Check		Event Name			Qualification Time
A	S	N	O	S	G	<input type="checkbox"/>	<input type="checkbox"/>	Super G			<b>Not Required</b>
A	S	N	O	G	S			Giant Slalom			<b>Not Required</b>
A	S	N	O	S	L			Slalom			<b>Not Required</b>
<b>CATEGORY 2 - Intermediate</b>											
Event Code						Check		Event Name			Qualification Time
A	S	I	N	S	G	<input type="checkbox"/>	<input type="checkbox"/>	Super G			<b>Not Required</b>
A	S	I	N	G	S			Giant Slalom			<b>Not Required</b>
A	S	I	N	S	L			Slalom			<b>Not Required</b>
<b>CATEGORY 3 - Advanced</b>											
Event Code						Check		Event Name			Qualification Time
A	S	A	D	S	G	<input type="checkbox"/>	<input type="checkbox"/>	Super G			<b>Not Required</b>
A	S	A	D	G	S			Giant Slalom			<b>Not Required</b>
A	S	A	D	S	L			Slalom			<b>Not Required</b>

## 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

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SO Region

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Family Name

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First Name

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MI

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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**

CATEGORY 1 Classical Technique													
Event Code						Check		Event Name				Qualification Time	
C	C	0	5	0	M	<input type="checkbox"/>	<input type="checkbox"/>	50 Meter Race Classical Technique				<b>Not Required</b>	
C	C	1	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	100 Meter Race Classical Technique				<b>Not Required</b>	
CATEGORY 2 Free Technique													
Event Code						Check		Event Name				Qualification Time	
C	C	5	0	0	M	F	<input type="checkbox"/>	<input type="checkbox"/>	500 Meter Race Free Technique				<b>Not Required</b>
C	C	1	K	L	M	F	<input type="checkbox"/>	<input type="checkbox"/>	1 Kilometer Race Free Technique				<b>Not Required</b>
C	C	2	5	K	M	F	<input type="checkbox"/>	<input type="checkbox"/>	2.5 Kilometer Race Free Technique				<b>Not Required</b>
C	C	4	X	1	K	F	<input type="checkbox"/>	<input type="checkbox"/>	4 X 1 Kilometer Freestyle Relay Free				<b>Not Required</b>
CATEGORY 3 Classical/Free Technique													
Event Code						Check		Event Name				Qualification Time	
C	C	2	5	K	M		<input type="checkbox"/>	<input type="checkbox"/>	2.5 Kilometer Classical Technique				<b>Not Required</b>
C	C	2	5	K	M	F	<input type="checkbox"/>	<input type="checkbox"/>	2.5 Kilometer Race Free Technique				<b>Not Required</b>
C	C	5	K	L	M		<input type="checkbox"/>	<input type="checkbox"/>	5 Kilometer Classical Technique				<b>Not Required</b>
C	C	5	K	L	M	F	<input type="checkbox"/>	<input type="checkbox"/>	5 Kilometer Race Free Technique				<b>Not Required</b>
C	C	7	5	K	M		<input type="checkbox"/>	<input type="checkbox"/>	7.5 Kilometer Race Free Technique				<b>Not Required</b>
C	C	1	0	K	M		<input type="checkbox"/>	<input type="checkbox"/>	10 Kilometer Race Free Technique				<b>Not Required</b>
C	C	4	X	1	K		<input type="checkbox"/>	<input type="checkbox"/>	4 X 1 Kilometer Freestyle Relay				<b>Not Required</b>

## 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

Delegation Name

SO Region

Family Name

First Name

MI

Gender	Male	Female
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Date of Birth	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
	DD	MM	Year			

Event Code	Check	Event Name	Event Level 1,2,3,4, 5 or 6
F S S I N G	<input type="checkbox"/>	Singles Skating	
F S P A I R	<input type="checkbox"/>	Pair Skating	
F S D A N C	<input type="checkbox"/>	Ice Dancing	
F S D A N C T	<input type="checkbox"/>	Ice Dancing Team	
F S P A I R U	<input type="checkbox"/>	Unified Sports Pairs	

Partner's Name (If applicable)

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

--	--	--	--	--	--	--	--	--	--	--	--	--

Family Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

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MI

Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DD	MM	Year	

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

Event Code							Check	Event Name
F	H	T	E	A	M		<input type="checkbox"/>	Team Competition
F	H	T	E	A	M	U	<input type="checkbox"/>	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

Delegation Name	SO Region

Family Name	First Name	MI

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) Athletes wishes to enter***

<b>CATEGORY 1 - Novice</b>								
Event Code						Check	Event Name	Qualification Time
S	B	N	O	G	S	<input type="checkbox"/>	Giant Slalom	<b>Not Required</b>
S	B	N	O	S	L	<input type="checkbox"/>	Slalom	<b>Not Required</b>
S	B	N	O	S	G	<input type="checkbox"/>	Super Giant Slalom	<b>Not Required</b>
<b>CATEGORY 2 - Intermediate</b>								
Event Code						Check	Event Name	Qualification Time
S	B	I	N	G	S	<input type="checkbox"/>	Giant Slalom	<b>Not Required</b>
S	B	I	N	S	L	<input type="checkbox"/>	Slalom	<b>Not Required</b>
S	B	I	N	S	G	<input type="checkbox"/>	Super Giant Slalom	<b>Not Required</b>
<b>CATEGORY 3 - Advanced</b>								
Event Code						Check	Event Name	Qualification Time
S	B	A	D	G	S	<input type="checkbox"/>	Giant Slalom	<b>Not Required</b>
S	B	A	D	S	L	<input type="checkbox"/>	Slalom	<b>Not Required</b>
S	B	A	D	S	G	<input type="checkbox"/>	Super Giant Slalom	<b>Not Required</b>

## 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

Delegation Name

SO Region

Family Name

First Name

MI

Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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**

<b>CATEGORY 1</b>													
Event Code						Check	Event Name					Qualification Time min/sec/hrd	
S	N	0	2	5	M	<input type="checkbox"/>		25 Meter Race					___:___:___
S	N	0	5	0	M	<input type="checkbox"/>		50 Meter Race					___:___:___
<b>CATEGORY 2</b>													
Event Code						Check	Event Name					Qualification Time	
S	N	1	0	0	M	<input type="checkbox"/>		100 Meter Race					___:___:___
S	N	2	0	0	M	<input type="checkbox"/>		200 Meter Race					___:___:___
S	N	4	0	0	M	<input type="checkbox"/>		400 Meter Race					___:___:___
S	N	4	X	1	R	<input type="checkbox"/>		4 X 100 Meter Relay					___:___:___
S	N	4	X	4	R	<input type="checkbox"/>		4 X 400 Meter Relay					___:___:___
<b>CATEGORY 3</b>													
Event Code						Check	Event Name					Qualification Time	
S	N	2	0	0	M	<input type="checkbox"/>		200 Meter Race					___:___:___
S	N	4	0	0	M	<input type="checkbox"/>		400 Meter Race					___:___:___
S	N	8	0	0	M	<input type="checkbox"/>		800 Meter Race					___:___:___
S	N	4	X	1	R	<input type="checkbox"/>		4 X 100 Meter Relay					___:___:___
S	N	4	X	4	R	<input type="checkbox"/>		4 X 400 Meter Relay					___:___:___
<b>CATEGORY 4</b>													
Event Code						Check	Event Name					Qualification Time	
S	N	8	0	0	M	<input type="checkbox"/>		800 Meter Race					___:___:___
S	N	1	6	0	0	<input type="checkbox"/>		1600 Meter Race					___:___:___
S	N	5	K	L	M	<input type="checkbox"/>		5 Kilometer Race					___:___:___
S	N	4	X	1	R	<input type="checkbox"/>		4 X 100 Meter Relay					___:___:___
S	N	4	X	4	R	<input type="checkbox"/>		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

Delegation Name	SO Region

Family Name	First Name	MI

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) Athletes wishes to enter***

CATEGORY 1						
Event Code	Check	Event Name	Qualification Time min/sec/hrd			
S S 0 2 5 M	<input type="checkbox"/>	25 Meter Straight Away Race	___:___:___			
S S 0 5 5 M	<input type="checkbox"/>	55 Meter Half Lap Race	___:___:___			
S S 1 1 1 M	<input type="checkbox"/>	111 Meter Race	___:___:___			
CATEGORY 2						
Event Code	Check	Event Name	Qualification Time			
S S 1 1 1 M	<input type="checkbox"/>	111 Meter Race	___:___:___			
S S 2 2 2 M	<input type="checkbox"/>	222 Meter Race	___:___:___			
S S 3 3 3 M	<input type="checkbox"/>	333 Meter Race	___:___:___			
CATEGORY 3						
Event Code	Check	Event Name	Qualification Time			
	<input type="checkbox"/>		___:___:___			
S S 2 2 2 M	<input type="checkbox"/>	222 Meter Race	___:___:___			
S S 3 3 3 M	<input type="checkbox"/>	333 Meter Race	___:___:___			
S S 5 0 0 M	<input type="checkbox"/>	500 Meter Race	___:___:___			
CATEGORY 4						
Event Code	Check	Event Name	Qualification Time			
S S 3 3 3 M	<input type="checkbox"/>	333 Meter Race	___:___:___			
S S 5 0 0 M	<input type="checkbox"/>	500 Meter Race	___:___:___			
S S 7 7 7 M	<input type="checkbox"/>	777 Meter Race	___:___:___			

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Family Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

<input type="text"/>
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MI

<b>CATEGORY 5</b>												
Event Code						Check		Event Name				Qualification Time
S	S	5	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	500 Meter Race				____:____.____
S	S	7	7	7	M			777 Meter Race				____:____.____
S	S	1	0	0	0			1000 Meter Race				____:____.____
<b>CATEGORY 6</b>												
Event Code						Check		Event Name				Qualification Time
S	S	7	7	7	M	<input type="checkbox"/>	<input type="checkbox"/>	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

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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									
							<b>Team Total</b>		
								<b>Team Average*</b>	

\* 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.

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Delegation Name

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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:			
<i>Check the appropriate relay</i>		<i>List the names of the 4 Relay Team members</i>	
<input type="checkbox"/> Cross-Country Skiing 4 X 1 KM Freestyle Relay		1.	
<input type="checkbox"/> Snowshoeing 4 X 100 M Relay		2.	
<input type="checkbox"/> Snowshoeing 4 X 400 M Relay		3.	
		4.	
Qualification Time	___:___:___	Alt.	
	min/sec/hrd	Alt.	

Team Name:			
Head Coach's Name:			
<i>Check the appropriate relay</i>		<i>List the names of the 4 Relay Team members</i>	
<input type="checkbox"/> Cross-Country Skiing 4 X 1 KM Freestyle Relay		1.	
<input type="checkbox"/> Snowshoeing 4 X 100 M Relay		2.	
<input type="checkbox"/> Snowshoeing 4 X 400 M Relay		3.	
		4.	
Qualification Time	___:___:___	Alt.	
	min/sec/hrd	Alt.	

Team Name:			
Head Coach's Name:			
<i>Check the appropriate relay</i>		<i>List the names of the 4 Relay Team members</i>	
<input type="checkbox"/> Cross-Country Skiing 4 X 1 KM Relay		1.	
<input type="checkbox"/> Snowshoeing 4 X 100 M Relay		2.	
<input type="checkbox"/> 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)

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:

- |                                     |  |   |   |
|-------------------------------------|--|---|---|
| <input type="checkbox"/> Aquatics   | <input type="checkbox"/> Equestrian        | <input type="checkbox"/> Softball             | <input type="checkbox"/> Figure Skating |
| <input type="checkbox"/> Athletics  | <input type="checkbox"/> Football (soccer) | <input type="checkbox"/> Table Tennis         | <input type="checkbox"/> Floor Hockey   |
| <input type="checkbox"/> Badminton  | <input type="checkbox"/> Golf              | <input type="checkbox"/> Handball             | <input type="checkbox"/> Speedskating   |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics        | <input type="checkbox"/> Tennis               | <input type="checkbox"/> Snowboarding   |
| <input type="checkbox"/> Bocce      | <input type="checkbox"/> Powerlifting      | <input type="checkbox"/> Volleyball           | <input type="checkbox"/> Snowshoeing    |
| <input type="checkbox"/> Bowling    | <input type="checkbox"/> Roller Skating    | <input type="checkbox"/> Alpine Skiing        | <input type="checkbox"/> Other : _____  |
| <input type="checkbox"/> Cycling    | <input type="checkbox"/> Sailing           | <input type="checkbox"/> 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.

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Head of Delegation

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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

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Delegation Name

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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)
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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)
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