



SPECIAL OLYMPICS | الأولمبياد الخاص
WORLD | **الألعاب**
GAMES | **العالمية**
ABU DHABI 2019 | أبوظبي 2019

Delegation Registration Handbook



Memo

To: Accredited Special Olympics Programs attending the Special Olympics World Games Abu Dhabi 2019

From: Lou Lauria
Chief of Games and Competition
Special Olympics International

Date: April 15, 2018

Re: Athlete Selection for the Special Olympics World Games Abu Dhabi 2019

Welcome to the registration process for the Special Olympics World Games Abu Dhabi 2019. We are excited to have your delegation participate in these World Games. Attached in this handbook you will find all you need to gather the information from all your members of the Delegation. We strongly encourage you to start the process to collect all the needed information as soon as possible. Please also note that the registration deadline is September 15 and that no delays will be accepted.

All accredited Programs registering Delegations to participate in the Special Olympics World Games Abu Dhabi 2019 (AD2019) must abide by the requirements as set forth by Special Olympics, outlined in the Article I of the Sports Rules: Section 13, page 18: Criteria for Advancement for Higher Level Competition. <https://media.specialolympics.org/resources/sports-essentials/general/Sports-Rules-Article-1.pdf>

Please contact your Regional Sports Director should you need clarification of any of the above policy issues or rules. It is expected that you should have reviewed the rules prior to the World Games. The Special Olympics Sports Rules can be found on our web site at:

<http://resources.specialolympics.org>

Thank you very much.

A handwritten signature in black ink, appearing to read 'Lou Lauria', with a checkmark at the end.

Lou Lauria
Chief of Games and Competition
Special Olympics, Inc.

cc: Regional Presidents
Regional Sports Directors
Special Olympics World Games Abu Dhabi LOC
SOI Sports Department
SOI Games Department
SOI IT Department

Special Olympics

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Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities

Abu Dhabi 2019 World Games Registration Preparation

1.1 Registration Timeline

Date	Deadline
15 April 2018	Registration handbook distributed and the registration process starts
Mid-June 2018	Registration Opens: SO Connect will be available for entering all the collected registration information into the system
15 September 2018	Registration Deadline
30 January 2019	Travel Information Deadline
1 February 2019	Withdrawal/Alternates Activation Deadline

1.2 Registration Method

All Delegations must register online using SO Connect. Please note that no other methods of registration will be accepted.

Need Help? The Global Registration Team (GRT), with representation from your SO Region, is available to support you in the registration process and to share reports for your review before final approval. The regional staff members that sent you this handbook are the correct contacts for any questions. Training on how to use SO Connect will be sent.

1.3 General Registration Instructions

Before you begin:

- A *Registration Guide* will be shared during training with your Global Registration Team (GRT) member.
- Please fully review the Registration Handbook before you start collecting the needed

- registration information and entering the information into SO Connect.
- Mandatory fields (marked with an asterisk *) must be filled out.
- All information must be completed in English
- Keep a copy of every form you submit, and bring them with you to the Games (hard copy or soft copy).
- Please ensure that ALL registration forms are 100% complete.
 - For forms to be submitted and scanned hard copy (e.g. medical forms) please ensure that it will be completed with clear and legible handwriting.

1.4 Alternates and Withdrawals

Alternates: Registration in SO Connect *is required* of Alternates for Athletes, Unified Partners, Coaches, and Delegates. You must submit all needed information by the established registration deadline, 15 September 2018. If an alternate is activated, please communicate that to your Global Registration Team (GRT) member by 1 February 2019.

The alternate activated **MUST** be the 1) same gender, 2) same sport, and 3) same event as the original delegation member. SOI and the LOC reserve the right not to accept the requested change. If a visa is required, the change may not be accepted if there isn't sufficient time to process the request.

Withdrawals: If, for any reason, someone needs to withdraw from a Delegation, do not attempt to remove them from SO Connect yourself (you do not have the proper permission settings to do so). Please contact the member of the Global Registration Team from your Region to assist.

Until 1 February 2019, 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 GRT, SOI, and the LOC.

1.5 Additional Staff

1. Each Delegation may include, at the Delegation's own expense, a limited number of Additional Staff according to their quota. The fee for the Additional staff (AS) per person is \$2,380 for accommodation in a single room and \$1,810 for a shared room. This fee will include official credentials, housing, meals, and access to Delegation transportation network. Every effort will be made to provide housing for Additional Staff with their respective Delegations.

1.6.3 Headshot Photo

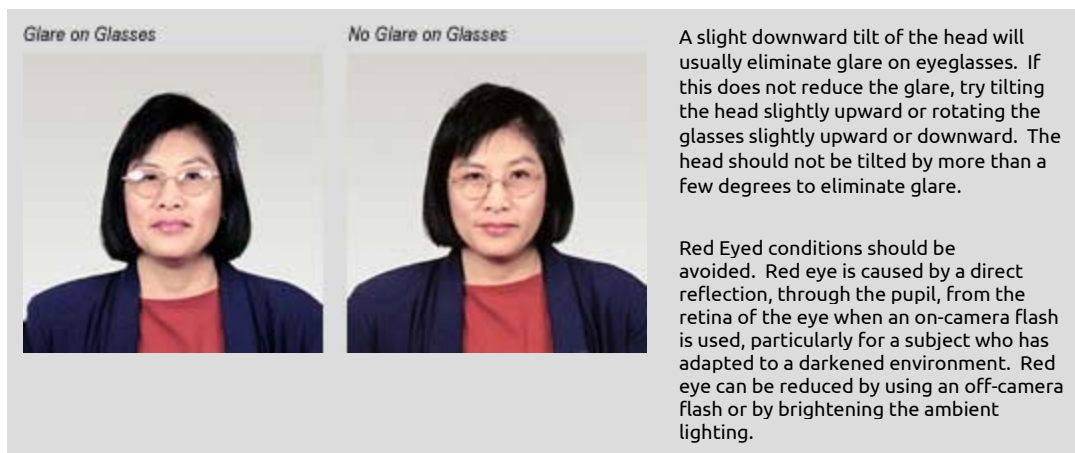
The headshot photo is used for credentialing. Please read the guidelines and follow the instructions.

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 must be **plain white**
- Must be a **colored photo**
- 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 1.6 inches (4cm) X 2 inches (5cm)

Photo Examples





1.7 Visa Information

Visa required information and process will be provided at a later date. The delegations from the countries listed below do not need visas.

Regardless of whether you need a visa or not, passport copies and information for ALL attendees will be collected. Passports must be valid until 22 September 2019 (6 months after the end of the 2019 World Games). If any passports do not have validity past this date, PLEASE START THE PASSPORT RENEWAL PROCESS NOW.

Countries that Don't Require a Visa to Enter the UAE

Delegations should also check the [UAE Visa website](#) for changes as of April 15, 2018.

SONA

Bahamas	Canada	United States
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SOAF

Mauritius	Seychelles	
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SOAP

Australia	Brunei	India
Malaysia	New Zealand	Japan
Singapore		

SOEA

China	Hong Kong	South Korea
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SOEE

Andorra	Austria	Bulgaria
Croatia	Cyprus	Czech Republic
Denmark	Finland	Greece
Hungary	Iceland	Ireland
Italy	Latvia	Liechtenstein
Lithuania	Luxembourg	Malta
Monaco	Netherlands	Norway
Poland	Portugal	Romania
Russia	San Marino	Slovakia
Slovenia	Spain	Sweden
Switzerland	United Kingdom	

SOLA

Argentina		
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MENA

Bahrain	Kuwait	Oman
Qatar	Saudi Arabia	

1.8 Registration in SO Connect

1.8.1 Information Checklist

Please check that all information is prepared and ready for when you start entering it into SO Connect.

Registration Information

Due 15 September 2018

- ☐ Name (correct spelling, same as passport)*
- ☐ Gender*
- ☐ Date of Birth*
- ☐ Home address*
- ☐ Email addresses
 - Individual delegates email*
 - Head of Delegation (HOD) email*
- ☐ Phone numbers*
- ☐ Emergency contacts (name, relationship, phone number)*
- ☐ Role at the Games (Head of Delegation, Assistant Head of Delegation, Athlete, Unified Partner, Head Coach, Coach, Medical Staff, or Additional Staff)*
- ☐ Sport Selection *(Please see section 2.2)**
- ☐ Event Selection for athletes that have various events within their sport *(example: Shotput, 400m Relay, etc.)*
- ☐ Headshot photo *(Please see section 1.6.3)**
- ☐ Passport photos 1) copy of your passport photo page, and 2) copy of the front cover. *(Details in section 1.6.2)**
- ☐ **General** health information for **all** delegates *(Please see section 1.9.1 for athletes and Form 5 for all other delegates)*
- ☐ Medical Form for all athletes *(Please see section 1.7) – signed by doctor**
- ☐ Release Form – signed*
 - Please indicate form type (G2 or G3) that is located on the *lower left corner* of Form 2 and Form 6.
- ☐ Athlete Likeness Release Form
- ☐ Athlete/Unified Partner Profile *(Please see Form 10)**
- ☐ Country Code *(Please see Appendix 1)**
- ☐ Name of Father*
- ☐ Name of Mother*
- ☐ Native Language
- ☐ Preferred Language (English, Russian, Chinese, French, Arabic, or Spanish)*
- ☐ Team Codes – Format can be any identifier/words that helps your delegates *search and join* the team. *This is only for your purposes and SOI will not be utilizing your codes.**

- ❑ Team Name – Format must be “SO-Program-Gender” (example: *SO USA Male, SO Austria Mixed*)*

Travel Information

Due 1 December 2018

Please **book** your flights **before** answering the questions below. This ensures accurate pickup times and accommodations. BOTH departure and arrival information will be required. You will be asked to add a link to confirmation of the purchase of tickets. Flights should be booked with arrival on 8 March 2019 and departure 22 March 2019. Check-in times for hotels are 2:00 PM and check-out is 12:00 PM. Flights should be selected considering these times as the LOC covers the cost only for these dates.

Please note that Etihad is a sponsor of the 2019 SOWSG and that all Delegations are encouraged to work with their local agent for Etihad. You received the following [letter](#) in June 2017. The official airports are Abu Dhabi International Airport and Dubai International Airport. The LOC will provide transportation to and from those airports.

- ❑ Group Name*
- ❑ HOD Name* *If there are multiple flights, please include the name of the person flying with the group and in charge of that flight.*
- ❑ HOD Cell Phone* *If there are multiple flights, please include the phone number of the person flying with the group and in charge of that flight.*
- ❑ Number of luggage *(please be sure to count your equipment as this will help ensure the proper space can be accommodated at pick up)**
- ❑ Large luggage *(example: bikes, kayaks, etc.)*
- ❑ Total Number of Individuals in the flight group*
- ❑ **Flight confirmation number***
- ❑ **Flight confirmation of final booking, not only reservation***
- ❑ Arrival and Departure Date*
- ❑ Arrival and Departure Airline*
- ❑ Arriving and Departing Flight #*
- ❑ Arrival and Departing Time*
- ❑ Airport Departing From*
- ❑ Airport Connecting Through
- ❑ Airport Arriving at*
- ❑ Do you have individuals with mobility issues?
 - How many individuals with mobility issues?
 - How many individuals in this group will need accommodations?

1.9 MEDICAL FORM

At this time, only athletes are required to complete the Medical Form.

Medical screenings will NOT be provided on site in Abu Dhabi. So if a form is incomplete, unsigned, or if the form is deemed to be faked, then the athlete will be unable to compete at the Games. This is for the athlete safety and per SOI policy.

1.9.1 Medical Information for input into SO Connect

From the Medical Form you will be asked to enter the following into SO CONNECT:

From Health History (Pages 1-2)	From Physical Exam (Page 3)
<ul style="list-style-type: none">• Associated Conditions (e.g. Down Syndrome, Autism, etc)• Allergies and Dietary Restrictions*• Assistive Devices**• Epilepsy or Seizure Disorder (Y/N) and Seizure Type• Abnormal EKG or Abnormal Echo• Acute Infection (Y/N)• High Blood Pressure (Y/N)• Sick Cell Trait (Y/N)• Sick Cell Disease (Y/N)• Easy Bleeding (Y/N)• Asthma (Y/N)• Diabetes (Y/N)• Medications and ability to take meds by self (Y/N)	<ul style="list-style-type: none">• Pulse• Blood Pressure for at least one arm• Heart Murmur (Y/N)• Hepatomegaly (Y/N)• Splenomegaly (Y/N)• AAI Clearance• Participation Clearance level*** (Cleared; Cleared with restrictions; or Not Cleared)• Date of physical exam• Physician Signature listed (Y/N)
<p>NOTE: If any of these fields are missing on the athlete form or the form is incomplete in any way, you should get this information from the athlete or physician before you upload their form or they may not be approved to participate.</p> <p>***If some is not medically cleared, they should not be registered.</p>	

Diet Restrictions*

A general health diet will be provided. Please indicate in SO Connect if any individuals in your delegation would prefer a vegetarian diet, or have any other special requirements. The LOC will try to accommodate as many requests as possible, provided the information is received at time of registration.

Assistive Devices and Accommodations**

Please be sure to indicate in SO Connect if any delegation member utilizes assistive devices (including Wheelchair). Without this information appropriate housing accommodations, as well as transportation, cannot be guaranteed.

1.9.2 Medical Form Upload

Please upload the completed multi-page medical form for each athlete into SO Connect in English. Select medical information will also need to be entered into Athlete's Profile as part of SO Connect registration.

The Special Olympics Medical Form has two parts. Both parts must be completed and uploaded in order for the individual to compete in the Abu Dhabi 2019 Special Olympics World Summer Games:

1. The **Athlete Health History** (pages 1-2). These pages should be completed by the athlete or parent/guardian/caregiver.
2. The **Physical Exam** (page 3) should be completed and **signed by** a medical physician or other licensed healthcare personnel such as nurse practitioner or physician assistant who is legally allowed to perform physical exams and able to prescribe medications.
 - ❑ On this page, the physician must fill out all fields and the athlete must be marked as "ABLE" to participate or "Able to participate with restrictions" and shown to have no AAI symptoms.
 - ❑ Page 4 of the medical form is only required if a second examination is needed before cleared to participate. Most athletes will only need to complete the three pages.

[Click here](#) for a detailed instruction guide on the form and definitions of what each field means.

If either section is missing or if the form is not signed by the physician or the athlete is not marked as cleared to participate, the form will not be accepted and the athlete will be unable to compete.

As a part of the medical exam, the athlete will be examined for symptoms of spinal cord compression or Atlanto Axial Instability (AAI). If AAI symptoms are observed, an athlete MAY NOT take part in the Special Olympics sport of their choice until:

- A second Medical professional certifies that the athlete is cleared to take part. This means that the symptoms the original doctor has noted have been further reviewed and do not relate to a spinal cord compression or AAI.
- The Athlete or Parent/Guardian (for minor athlete), signs the Atlanto Axial Instability release form*. This form confirms that they have been informed of and understand the findings of the medical professional's exam.

If the Delegation has a team physician or Medical Staff member accompanying the team to the Special Olympics World Games Abu Dhabi 2019, that individual should review all medical forms submitted for athletes prior to submission and confirm the form is complete. This will also help the medical staff prepare for the Games.

2.0 Form Information

Please bring copies of all applicable forms with you to Abu Dhabi.

Form 1: Athlete Registration Form

Use this form to gather Athlete information for input into SO Connect.

Form 2: Athlete Release

Please upload one form for each athlete.

For Abu Dhabi 2019 World Games, athletes will be using one of two form types (G2 or G3). To find the type please check on the *lower, left corner* of the release form.

Form 3: Athlete Likeness Release For Sponsors (Optional)

This form is separate from the general Athlete Release Form and is intended to be an optional form that can be signed during general or event registration. Please observe the following guidelines with regard to athlete likenesses:

- **The general ATHLETE RELEASE FORM does not permit likeness use in connection with sponsors.** The general Athlete Release Form gives Special Olympics permission to use an athlete's likeness only "to promote Special Olympics and raise funds for Special Olympics." It deliberately does not allow likenesses to be used by sponsors or to acknowledge sponsors. This is designed to allow athletes to choose whether they want to have their likenesses used in connection with sponsors. See General Rules Section 2.03.

- **Athletes have two ways to allow use of their likenesses in connection with sponsors:**
 1. **Sign the optional ATHLETE LIKENESS RELEASE FOR SPONSORS.** This gives Special Olympics permission to use the athlete's likeness in connection with any sponsor. This is for athletes who are comfortable being published and do not want to be asked for each specific use.
 2. **Sign a release for each specific use.** An athlete may give permission for a specific sponsor-related use by signing a specific release. The Special Olympics International Legal Department can provide a template for such releases.
- **Even if an athlete has given permission, please remember:**
 - **Special Olympics does not promote commercial products or services.** Product placements and any suggestions of endorsement should be avoided.
 - **Sponsors should be required to get approval from Special Olympics for each proposed use of an athlete's likeness.** Such uses should be reviewed by staff with sufficient knowledge of Special Olympics policies to ensure appropriate use by the sponsor. (SOI sponsor uses should be reviewed by the SOI Legal Department.)
 - **A specific likeness release should be signed for:** (1) any use that is part of cause related marketing (*e.g.*, "10% of each sale will be donated to Special Olympics") or (2) any use where there is any doubt about whether the athlete would be happy with the proposed use. This applies even if the ATHLETE LIKENESS RELEASE FOR SPONSORS has already been signed.
- **Tracking and Coordinating.** Connect will track which athletes have signed the option Athlete Likeness Release for Sponsors in order to make it easier to determine which athletes have given this permission.

Form 4: Athlete Medical Form

Details in section 1.7.

Form 5: Delegate, Coach and Unified Partner Registration

Use one form for each non-athlete in your delegation and ensure that all the information you need to enter the information to SO Connect is complete.

Form 6: Delegates, Coaches, and Unified Partner Release

1. For Special Olympics World Games Abu Dhabi 2019, athletes will be using one of two form types (G2 or G3). To find the type please check on the *lower, left corner* of the release form.
2. Forms must be signed and dated by the Delegate, Coach and Unified Partner in order for this individual to be registered.

3. If the Delegate, Coach or Unified Partner cannot sign the “Release” based on a religious objection, the Head of Delegation should inform the Delegation Services Department of the Games Organizing Committee in writing prior to the deadline for registration materials.

Form 7: Equestrian Supplemental Form

This form is required for all Equestrian riders and must be uploaded with your registration forms.

Form 8: Football Supplemental Form

The Football Supplemental Form will be provided at a later date.

This form is required for all Football teams and must be uploaded with your registration forms.

Form 9A: Tennis Supplemental Form: ITA On Court Assessment

This form is required for all Tennis players and must be uploaded with your registration forms.

Form 9B: Tennis Supplemental Form: ITN SCORE

This form is required for all Tennis players and must be uploaded with your registration forms.

Form 10: Athlete/Unified Partner 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 11: Visa Form

This form will be sent at a later date and applies only for Delegations that need a visa to enter the UAE.

2.1 OVERVIEW BY SPORT

1. All delegations must abide by the requirements as set forth by Special Olympics outlined in the Article I of the Sports Rules: Section 13, page 18: Criteria for Advancement for Higher Level Competition. <https://media.specialolympics.org/resources/sports-essentials/general/Sports-Rules-Article-1.pdf>
2. Special Olympics strongly recommends that an athlete be a minimum of **15 years old at the time of competition** (born before March 2004) to be eligible to participate in any World Games event. Please note that a 14 and under age group may result in insufficient competition opportunities. Special Olympics, Inc. reserves the right to cancel a sport specific event due to insufficient quota request interest and registration.
3. **Direct finals for selected timed sport events:** This means there will be no divisioning race on site for the selected sport events direct finals. Athletes will be placed in divisions 3 weeks prior to the Games using the most updated entry score/time. Coaches will have the opportunity to update times until February 11, 2019. This will apply to the following events:

Athletics

100m run, 200m run, 400m run, 800m run, 1500m run, 400m walk, 800m walk, 3,000m run, 5,000m run, 10,000m run, half marathon, 4x100m relay, 4x400m relay

Roller skating

100m race, 300m race, 500m race, 1000m race

Swimming

100m freestyle, 100m backstroke, 100m butterfly, 100m breaststroke, 100m individual medley, 200m individual medley, 200m breaststroke, 200m freestyle, 200 backstroke, 400m freestyle, 800m freestyle, 1500m freestyle

Open Water Swimming

1500m open water swimming, 1500m unified open water swimming

Triathlon

750m swim, 20K bike, 5K run

4. The competition rules adopted by the International Sports Federation and Special Olympics, Inc. as of 2016 will govern competition at the 2019 Special Olympics World Summer 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.resources.specialolympics.org

5. It is expected that all Head Coaches attending World Games hold valid and current coach certification from Special Olympics and/or the relevant National or International Sport Federation. Head Coaches and Coaches should be knowledgeable about and familiar with Special Olympics General Rules, Sports Rules Article 1 as well as the Official Special Olympics Sports Rules and International Sport Federation Rules of their sport. All Coaches MUST complete the Special Olympics online coaches training *World Games: Coach Preparation* prior to September 30, 2018. This course can be found at the Special Olympics Learning Portal at learn.specialolympics.org.
6. It is expected that all Unified Sports Coaches have received Unified Sports training and are knowledgeable of the principle of meaningful involvement and the goal of achieving social inclusion through Unified Sports. The Unified Sports Competition Protocol will be utilized for the Games (please see Appendix 2).
7. 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.
8. Mixed gender teams will be divisioned with male teams unless there are sufficient mixed gender teams of similar ability to make a separate division.
9. The Unified Sports team competition at the 2019 World Games will feature team composed according to the Unified Sports Competitive model. Further information can be found in the Special Olympics Rulebook, Sports Rules, Article 1.

Similar Ability Requirement

Athletes and partners must be of similar ability. Similar ability should be based on sport performance assessments. Please note that the Unified Sports Competitive model is not exclusive to high ability partners and athletes. While the Unified Sports Competitive model emphasizes the importance of having team members of similar ability it does not prescribe that they must be of high ability only. Teams can be composed of lower ability participants as long as the team members are all of similar ability.

Athletes and partners must be of similar age and ability. The following guideline shall be used for similar age team composition for the 2019 World Games:

Similar Age Requirement

Members of Unified Sports teams in the sports of Basketball, Football, Handball, Beach Volleyball and Volleyball MUST be within the following similar age ranges for the 2019 Special Olympics World Games: If any member of the team is under the age of 22 the variance between the youngest and oldest member of the team must be no

more than 5 years (e.g. if the youngest team member is 21 the oldest could be 26). When all members of the team are 22 and over there cannot be more than a 20 year difference between the youngest and oldest member of the team (e.g. If the youngest team member is 22 the oldest can be 42).

Roster Size

All Unified Teams are required to have a proportionate number of athlete and partner substitutes to the number of athletes and partners on the field of play. For example, 11-a-side football (6 Athletes and 5 Unified partners on the Field of Play; 3 Athletes and 2 Unified partners to make up the remainder of the roster). This is detailed in the respective Sport overview below.

10. SOI reserves the right to cancel a sport specific event due to insufficient quota request interest and registration.
11. Each team is required to play all eligible team members in every game unless a player is injured or has been removed due to disciplinary reasons. Coaches must notify the competition management prior to each game if players on the approved tournament roster will not be playing due to injury or disciplinary reasons. Failure to play all eligible team members in each game will result in potential penalties, up to and including forfeit and disqualification.
12. Athletes/teams not submitting the appropriate scores or sport assessment information will be placed in the highest division.
13. Delegations must be in compliance with the confirmed sport quota allocation. There will be no substitution of a female athlete/unified partner for a male athlete/unified partner. There will be no substitution for unified sports team for a traditional team.

2.2 Sports and Competition

2.2.1 Athletics

1. Events Offered

Category	Track Event(s) Selection	Field Event(s) Selection
Category 1 2 Events	25m run, 50m run, 100m walk	Softball throw, Standing long jump

Category 2 2 Events + 1 Relay	100m run, 200m run, 400m run, 4x100m relay, 4x400m relay	Shot put, Mini javelin, Long jump, High jump
Category 3 2 Events + 1 Relay	400m run, 800m run, 1500m run, 4x100m relay, 4x400m relay	Shot put, Mini javelin, Long jump, High jump
Category 4 2 Events	100m wheelchair race, 200m wheelchair race, 400m walk, 800m walk	Shot put, Mini Javelin
Category 5 2 Events + 1 Relay	1500m run, 3,000m run, 5,000m run, 10,000m run, 4x100m relay, 4x400m relay, half marathon	
Category 6 1 Event + 1 Relay	Pentathlon, 4x100m relay, 4x400m relay	

2. Registration Instructions

- Athletes are restricted to participation within one category as outlined above.
- All athletes registered may enter a maximum of two (2) individual events and one (1) relay.
Athletes registered in category 2,3,5,6 may enter one (1) relay. The relay may be a composite of Athletes from Categories 2,3,5,6.
- Delegations must distribute their entire quota across the categories. This will ensure equitable representation among the various events.
- Performance Standards. Please note the following requirements for Category 1:
 - ⇒ Entries to the 50m run must be greater than 12 seconds for females and 10 seconds for males.
 - ⇒ Athletes are not allowed to enter walking events and running events. They must select one method of movement.
 - ⇒ Entries to the softball throw must be less than 20m for females and 24m for males
 - ⇒ Entries to the standing long jump must be less than 1.20m for females and 1.40m for males
- Half Marathon – 2 Hours for Males and 2 hours and 15 minutes for Females. Must compete in a sanctioned race event between 1 January 2017 and 18 November 2018 and submit the official race time.
- Please be prepared to indicate during the registration if the athlete requires an outside or inside lane due to documented special medical reasons.

2.2.2 Badminton

1. Events Offered

Singles

Doubles

Unified Sports® Doubles

2. Registration Instructions

- An athlete may enter all three (3) events.

3. Unified Instructions

- Unified Instructions: Unified teams must be composed of 1 athlete and 1 Unified partner

2.2.3 Basketball

1. Events Offered

Team Competition – Male

Team Competition – Female

Unified Sports® Team Competition – Male

Unified Sports® Team Competition – Female

2. Registration Instructions

- Maximum team roster size = 10 players.
- Minimum team roster size = 8 players.
- Teams will have the opportunity to include position name and jersey numbers during the registration process. Basketball uniform numbers are 00 as well as 0 -99

3. Unified Instructions

- Unified teams must be composed of an equitable balance of athletes and Unified partners.
- Teams must register Unified teammates in the following ratios:
⇒ 5 athletes-5 partners; 6 athletes-4 partners; 5 athletes-4 partners; or 4 athletes-4 partners.
- Unified teams must be composed according to the Unified Sports Competitive model, and follow the age restrictions listed above in the Similar Age requirement

section.

2.2.4 Bocce

1. Events Offered

Singles

Doubles

Team (4 person)

Unified Sports® Doubles

Unified Sports® Team

2. Registration Instructions

- Athletes may participate in a maximum of three (3) events.
- Athletes can select from (1) doubles (traditional or unified) event, not (2) doubles events
- Athletes can select from (1) team (traditional or unified) event, not (2) team events
- Team size:
 - 4 persons for Team
 - 2 persons for Doubles
- During the registration process, please inform if the athlete needs to use any of the following due to medical exceptions.
 - ⇒ Bell
 - ⇒ Cone
 - ⇒ Wheelchair Access
 - ⇒ Ramp requirement

3. Unified Instructions

- Unified teams must be composed of an equal number of athletes and Unified partners.
- Unified teams must be composed according to the Unified Sports Competitive model.

2.2.5 Bowling

1. Events Offered

Singles

Doubles
Team
Unified Sports® Doubles
Unified Sports® Team

2. Registration Instructions

- Athletes may participate in a maximum of three (3) events.
- Athletes can select from (1) doubles (traditional or unified) event, not (2) doubles events
- Athletes can select from (1) team (traditional or unified) event, not (2) team events
- Team size: 4 persons for Team
2 persons for Doubles

3. Unified Instructions

- Unified teams must be composed of 2 athletes and 2 Unified partners.
- Unified Doubles must be composed of 1 athlete and 1 Unified partner.
- Unified teams must be composed according to the Unified Sports Competitive model.

2.2.6 Cycling

1. Events Offered

Category	Event(s) Selection
Category 1	500 meter; 1 km Time Trial (modified bikes only)
Category 2	500m Time Trial, 1K Time Trial, 2K Time Trial
Category 3	2K Time Trial, 5K Time Trial, 10 km Time Trial; 5 km Road Race
Category 4	5K Time Trial, 5K Road Race, 10K Time Trial, 10K Road Race, 15K Road Race, 25K Road Race, 40K Road Race

2. Registration Instructions

- Athletes are restricted to participation within one category as outlined above.
- Athletes may participate in a maximum of three (3) events.
- Delegations should distribute their entire quota across the categories. This will ensure equitable representation among the various events.

- Athletes using adult modified bikes (three-wheelers) are only permitted to enter the 500M Time Trial and/or the 1K Time Trial.
- Category 2, 3, 4 events do not need to be in sequential distance order.

3. Time standards

- Category 1: 500M Time Trial: Maximum time (NO FASTER THAN): 1:05 men and 1:10 women
- Category 1: 1K Time Trial: Maximum time (NO FASTER THAN): 2:00 men and 2:05 women
- 40K Road Race: NO SLOWER than: 1:25 for men and 1:35 for women

4. Points of Emphasis

- There is a 5K Road Race qualifying event on site to qualify athletes for divisioning for ALL ROAD RACE DISTANCES: 10K, 15K, 25K and 40K.
- The time posted in the 5K Time Trial event will be used for the divisioning for the 10K Time Trial.

2.2.7 Equestrian

1. Events Offered

Event	Levels Offered
Equitation Jumping	A, BI
Dressage	A, BI, CI,
English Equitation	A, BI, BS, CI, CS
English Working Trails	A, BI, BS, CI, CS
Gymkhana – Concepts of Riding	BS, CS
Gymkhana – Figure of 8	A, BI

2. Registration Instructions

- Athletes must participate in one level only.
- Athletes may enter up to three (3) events within their respective division level.
- Athletes will be required to complete Equestrian Rider Profile as indicated in Special Olympics Rules.

3. Dressage Tests to be used for World Games:

- Level CI – Test 2

- Level BI – Test 1
- Level A – Test 2

2.2.8 Football

1. Events Offered

Event Selection	Division
Team Competition – Futsal	Female
Unified Sports® Team Competition – Futsal	Female
Unified Sports® Team Competition – Futsal	Male
Team Competition – 7 a side	Male
Team Competition – 7 a side	Female
Unified Sports® Team Competition – 7 a side	Male
Unified Sports® Team Competition – 7 a side	Female
Unified Sports® Team Competition – 11 a side	Male

2. Registration Instructions

- Team size for Futsal competition: Minimum 8 players. Maximum 10 players
- Team size for 7-a-side team competition: Minimum 10 players. Maximum 12 players
- Team size for 11-a-side team competition: Minimum 13 players. Maximum 16 players
- An athlete must not be entered in more than one event.

3. The game for Futsal will be conducted outdoors on a grass surface.

4. Team Competition Futsal will follow the FIFA rules.

5. Unified Sport® Futsal will follow FIFA rules and rules for **Unified 5** a side football.

6. Teams must provide football team assessment information. (see supplemental information)

7. Teams will have the opportunity to include position name and jersey numbers during the registration process.

8. Unified Instructions

- Unified teams must be composed of an equitable balance of athletes and Unified partners.
- Teams must register Unified teammates in the following ratios:
 - ⇒ 11-aside team: 8 athletes-8 partners; 8 athletes-7 partners; 7 athletes-7 partners; or 7 athletes-6 partners
 - ⇒ 7-aside team: 6 athletes-6 partners; 6 athletes-5 partners; or 5 athletes-5 partners
 - ⇒ Futsal/5-aside team: 5 athletes-5 partners; 5 athletes-4 partners; or 4 athletes-4 partners
- Unified teams must be composed according to the Unified Sports Competitive model, and follow the age restrictions listed above in the Similar Age requirement section.

2.2.9 Golf

1. Events Offered

Level 1 – Individual Skills Competition

Level 2 – Unified Sports® Alternate Shot Team Play - (9-hole Stipulated Round - 36-hole Tournament)

Level 3 – Unified Sports® Team Play - (18-hole Stipulated Round - 72-hole Tournament)

Level 4 - Individual Stroke Play - (9-hole Stipulated Round - 36-hole Tournament)

Level 5 - Individual Stroke Play - (18-hole Stipulated Round - 72-hole Tournament)

2. Registration Instructions

- An athlete can register for only one of the five levels of play.
- Athletes will be required to provide the total score for all six skills when registering in Level I for the Individual Skills Competition.
- Athletes will be required to provide a verifiable handicap when registering for Level 5
- The following are maximum entry averages for each level of competition:
 - Level 2 – average of 70 or lower
 - Level 3 – average of 120 or lower (18 holes)
 - Level 4 – average of 70 or lower
 - Level 5 – average of 120 or lower
- Athletes and teams that score above the maximum entry average (by level as indicated above) during the World Games are subject to penalty as determined by the

Competition Management Team. Penalties may include but not be limited to disqualification and competition for participation ribbon.

3. Unified Instructions

- Unified teams must be composed of 1 athlete and 1 Unified partner.

2.2.10 Gymnastics (artistic)

1. Events offered

Women's Events (Levels I, II, III and IV)

Vaulting

Uneven Bars

Balance Beam

Floor Exercise

All Around (total of all four event scores)

Men's Events (Levels I, II, III and IV)

Floor Exercise

Pommel Horse

Rings

Vaulting

Parallel Bars

Horizontal Bar

All Around (total of all six event scores)

2. Registration Instructions

- A gymnast must be in the same level in ALL of his or her events.
- A gymnast may be a specialist (one or more events) or All-Around (all events in that level).

2.2.11 Gymnastics (rhythmic)

1. Events offered

Level 1 - Rope, Hoop, Ball, Ribbon, All Around

Level 2 - Rope, Hoop, Clubs, Ribbon, All Around

Level 3 - Hoop, Ball, Clubs, Ribbon, All Around

Level 4 - Rope, Ball, Clubs, Ribbon, All Around

Rhythmic Group Floor Exercise

Rhythmic Group Ball

2. Registration Instructions

- A gymnast must be in the same level in ALL of her events.
- A gymnast may be a specialist (one or more events) or All-Around (all events in that level).
- Level 1, 2, 3 are compulsory routines.
- Level 4 routines are optional routines. Athletes perform original choreography to music of choice (following FIG guidelines for music).
- Group Hoop can be performed by four (4) athletes only. Group Floor Exercise may be performed by four (4), six (6), eight (8), ten (10) or twelve (12) athletes.
- A gymnast may perform in one group routine in addition to individual routines

2.2.12 Handball

1. Events Offered

Team Competition – Female

Unified Sports® Team Competition – Male

2. Registration Instructions

- Maximum team size = 12 players
- Minimum teams size = 10 players
- Unified teams must be composed of an equitable balance of athletes and Unified partners.
- Teams will have the opportunity to include position name and jersey numbers during the registration process. Handball uniform numbers are 1 -99

3. Unified Instructions

- Unified teams must be composed of an equitable balance of athletes and Unified partners.
- Teams must register Unified teammates in the following ratios:
⇒ 6 athletes-6 partners; 6 athletes-5 partners; or 5 athletes-5 partners
- Unified teams must be composed according to the Unified Sports Competitive model, and follow the age restrictions listed above in the Similar Age requirement section.

2.2.13 Judo

1. Events Offered

Male

Level 1

Weight categories <60 -66 kg -73 kg -81 kg -90 kg -100 kg +100kg

Level 2

Weight categories <60 -66 kg -73 kg -81 kg -90 kg -100 kg +100kg

Level 3

Weight categories <60 -66 kg -73 kg -81 kg -90 kg -100 kg +100kg

Female

Level 1

Weight categories <48 kg -52 kg -57 kg -63 kg -70 kg -78 kg +78 kg

Level 2

Weight categories <48 kg -52 kg -57 kg -63 kg -70 kg -78 kg +78 kg

Level 3

Weight categories <48 kg -52 kg -57 kg -63 kg -70 kg -78 kg +78 kg

2. Registration Instructions

- Athletes must be at least 16 years old

2.2.14 Kayaking

1. Events Offered

Singles Tourist kayak (KT)	KT-1	200m race, 500m race
Doubles Tourist kayak (KT)	KT-2	200m race, 500m race
Unified Sports® Doubles Tourist kayak (KT)	KT-2	200m race, 500m race
Unified Sports® Doubles Professional Kayak (K)	K-2	200m race, 500m race

2. Registration Instructions

- Athletes may participate in a maximum of three (3) events.
- Athletes must be able to swim 25m freestyle.

3. Unified Instructions

- Unified teams must be composed of 1 athlete and 1 Unified partner.
- Unified teams must be composed according to the Unified Sports Competitive model.

2.2.15 Powerlifting

- Events Offered
 - Bench Press
 - Combined Bench Press and Deadlift
 - Combined Squat, Bench Press and Deadlift
 - Unified Sports® Powerlifting
- Registration Instructions
 - At minimum, athletes must be able to at least lift the competition bar for any of the events.
 - If weights are on bar then collars must be used.
- Unified Instructions
 - Unified teams must be composed of 1 athlete and 1 Unified partner.
 - Unified teams must be composed according to the Unified Sports Competitive model.

2.2.16 Roller Skating

1. Events Offered

Category	Event(s) Selection
Category 1	30m straight line, 30m slalom
Category 2	100m race, 300m race, 500m race, 1000m race, 2x100m relay, 2x200m relay, 4x100m relay

2. Registration Instructions

- In Category 1, an athlete may participate in up to two (2) events.
- In Category 2, an athlete may enter a maximum of three (3) events including relays.
- Athletes are restricted to participation within one category as outlined above.
- Entries to the 30m straight line races must be greater than 10 seconds.
- Entries to the 30m slalom race must be greater than 12 seconds.

3. Point of Emphasis

- The competition floor for roller skating is a portable WOODEN SPORTS FLOORING SYSTEM that includes 22MM thick solid maple wood top board.

2.2.17 Sailing

1. Events Offered

Level	Event Definition
1	Unified Sports Team: The Special Olympics athlete members of the crew will have complete responsibility of head sail trim.
2	Unified Sports Team: A Special Olympics athlete shall control the helm for 100 percent of the race commencing at the warning signal throughout the complete race until clearing the finish line.
3	Unified Sports Team: The Special Olympics athletes have complete control of the boat. The Unified partner may only shift their weight, do tactics and offer verbal assistance.
4	The entire team consists of Special Olympics athletes (no Unified partner will be on board).
5	Special Olympics athlete competes single-handed.

2. Registration Instructions

- Teams or individual athletes may only register for one level outlined above.
- For team events:
 - ⇒ In Level 1, 2, and 4, the teams will be comprised of 2 persons.
 - ⇒ In Level 3, the team will consist of 3 persons.
- All crew members must be able to swim a minimum of 10 meters while wearing a Personal Flotation Device (PFD).

3. Unified Instructions

- Unified teams must be composed of an equitable balance of athletes and Unified partners.
- Teams must register Unified teammates in the following ratios:
 - ⇒ Level 1: 1 athlete – 1 partner
 - ⇒ Level 2: 1 athlete – 1 partner
 - ⇒ Level 3: 2 athletes – 1 partner

2.2.18 Swimming & Open Water Swimming

1. Events Offered

Category	Event(s) Selection
Category 1 2 Events + 1 Relay	25m freestyle, 25m backstroke, 4x25m freestyle relay
Category 2 2 Events + 1 Relay	25m butterfly, 25m backstroke, 25m breaststroke, 50m butterfly, 50m breaststroke, 50m freestyle, 50m backstroke, 100m freestyle, 4x 25m freestyle relay, 4x50m freestyle relay, 4x50m medley relay, 4x100m freestyle relay, 4x100m medley relay
Category 3 2 Events + 1 Relay (1 additional event is available if it is 200 meters or longer)	100m freestyle, 100m backstroke, 100m butterfly, 100m breaststroke, 100m individual medley, 200m individual medley, 200m breaststroke, 200m freestyle, 200 backstroke, 400m freestyle, 4x 25m freestyle relay, 4x50m freestyle relay, 4x50m medley relay, 4x100m freestyle relay, 4x100m medley relay
Category 4 2 Events + 1 Relay (1 additional event is available if it is 200 meters or longer)	400m freestyle, 800m freestyle, 1500m freestyle, 4x50m freestyle relay, 4x50m medley relay, 4x 100m freestyle, 4x100m medley relay
Category 5 2 Events + 1 Relay	800m freestyle, 1500m Open Water Swimming, 1500m Unified Open Water Swimming Team, 4x50m freestyle relay, 4x50m medley relay, 4x 100m freestyle, 4x100m medley relay

2. Registration Instructions

- Athletes are restricted to participation within one category as outlined above.
- All athletes registered for swimming may enter a maximum of two (2) individual events and one (1) relay. If athletes are entered in Category 3 or Category 4, they may select a third individual event if it is 200 meters or longer.
- The relay may be a composite of athletes from Categories 1 to 5.
- Athletes participating in the 1500m Open Water Swimming can not participate in the 1500m Unified Open Water Swimming Team.

3. Registration Instructions: Medical Support Codes.

If any one of these apply to the athlete(s), please indicate during registration process.

A = Assistant required, which could be for hearing impaired, support, guidance, visual impairment.

B = Sitting on starting block for start

C = Sitting on concourse for start

E = Unable to grip handle/s with hand/s in Backstroke.

H = Hearing impaired swimmer who will require a Strobe Light

L = Swimmer needs to be in a side lane

S = Standing start on concourse

T = Assistant required for a visual impaired swimmer who uses a Tapper

U = Exemption given to swimmer regarding swim suit rules (i.e. for religious, medical or reasons of modesty).

W = Water start

Z = Medical alert

4. Points of Emphasis:

- The 25m short course format will be used.
- Competition Format: Unified Open Water Swimming Team – The place of finish is determined by the last place finisher of a two person team.
- Unified teams must be composed according to the Unified Sports Competitive model.

2.2.19 Table Tennis

1. Events Offered

Singles

Doubles

Unified Sports® Doubles

2. Registration Instructions

- Athletes may participate in all three (3) events.

3. Unified Instructions

- Unified teams must be composed of 1 athlete and 1 Unified partner.
- Unified teams must be composed according to the Unified Sports Competitive model

2.2.20 Tennis

1. Events Offered

Singles

Doubles

Mixed Doubles

Unified Sports® Doubles

2. Registration Instructions

- Athletes may participate in two (2) events.
- Athletes can compete in singles and (1) doubles (traditional or Unified) event, not (2) doubles events
- If teammates in traditional doubles are individually rated at different levels, the team must compete at the level of the highest rated teammate.
- Athletes must compete in only 1 level.
- Athletes must submit Tennis Rating Assessment Final Score and ITN (International Tennis Number) rating (see supplemental information for levels 3, 4, and 5). ITN 10.1 for level 2
- Competition levels are as followed:

Level 2 – 42' Court – Red ball	Tennis Rating of 2.0 – 2.9
Level 3 – 60' Court – Orange ball	Tennis Rating of 3.0 – 3.9
Level 4 – 78' Court – Green ball	Tennis Rating of 4.0 – 4.9
Level 5 – 78' Court – Yellow ball	Tennis Rating of 5.0 – 8.0

3. Unified Instructions

- Unified teams must be composed of 1 athlete and Unified partner.
- Unified teams must be composed according to the Unified Sports Competitive model

2.2.21 Volleyball

1. Events Offered

Team Competition – Male

Team Competition – Female

Unified Sports® Team Competition

2. Registration Instructions

- Athletes may participate in only one event.
- Maximum roster size = 12 players
- Minimum roster size = 10 players

- Teams will have the opportunity to include position name and jersey numbers during the registration process. Volleyball uniform numbers are 1-20

3. Unified Instructions

- Unified teams must be composed of an equitable balance of athletes and Unified partners.
- Teams must register Unified teammates in the following ratios:
⇒ 6 athletes-6 partners; 6 athletes-5 partners; or 5 athletes-5 partners
- Unified teams must be composed according to the Unified Sports Competitive model, and follow the age restrictions listed above in the Similar Age requirement section.

2.2.22 Beach Volleyball

1. Events Offered

Unified Sports® Team Competition (4 vs. 4) only

2. Registration Instructions

- Maximum roster size = 6 players
- Minimum roster size = 4 players

3. Unified Instructions

- Unified teams must be composed of an equitable balance of athletes and Unified partners.
- Teams must register Unified teammates in the following ratios:
⇒ 3 athletes-3 partners; 3 athletes-2 partners; or 2 athletes-2 partners
- Unified teams must be composed according to the Unified Sports Competitive model, and follow the age restrictions listed above in the Similar Age requirement section.

2.2.23 Triathlon

1. The triathlon event will consist of the following.

Swim 750 meters
Bike 20K
Run 5K

2. Registration Instructions

- Athletes may also enter 1 additional event from 1 of the following sport categories, if schedule permits:
 - ⇒ Swimming - 800m freestyle, 1500m Open Water Swimming, 1500m Unified Open Water Swimming Team, 4x50m freestyle relay, 4x50m medley relay, 4x100m freestyle, 4x100m medley relay
 - ⇒ Athletics – 1500m run, 3,000m run, 5,000m run, 10,000m run, 4x100m relay, 4x400m relay, half marathon
 - ⇒ Cycling – any event 10K or longer

FORM 1
ATHLETE REGISTRATION FORM

Special Olympics



Special Olympics Program: _____

ATHLETE INFORMATION			
First Name:		Middle Name:	
Last Name:		Preferred Name:	
Date of Birth (dd/mm/yyyy):		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Preferred Language (Optional):		Race/Ethnicity (Optional):	
Address:			City:
State/Province:		Country:	Postal Code:
Phone:		E-mail:	
Shirt Size:			
Does the athlete have the capacity to consent to medical treatment on his or her own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Passport Number:		Passport Country:	
Passport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Diplomat <input type="checkbox"/> Other:			
Date of Issue (dd/mm/yyyy):		Date of Expiration (dd/mm/yyyy):	
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)			
Name:			
Relationship:			
<input type="checkbox"/> Same Contact Info as Athlete			
Address:			City:
State/Province:		Country:	Postal Code:
Phone:		E-mail:	
EMERGENCY CONTACT INFORMATION			
<input type="checkbox"/> Same as Guardian/Parent			
Name:			
Phone:		Relationship:	
PHYSICIAN INFORMATION			
Physician Name:			
Physician Phone:			

ATHLETE RELEASE FORM



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, and words to promote Special Olympics and raise funds for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care and make medical decisions on my behalf. I also consent to my medical care provider sharing information about my condition and care with authorized Special Olympics representatives if I am unable, or my guardian is not available, to consent to the release of my information.
5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information"). The organization responsible for protecting my personal information under data protection laws is my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs).
 - I understand Special Olympics is using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - I understand Special Olympics may disclose my personal information with (i) medical professionals in an emergency, and (ii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence.
 - My personal information will only be stored as long as it is needed for purposes described in this form.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct, delete and restrict the processing of my personal information. I also have a right to have my personal information sent to another organization on my request. I have the right to file a complaint with a local data protection authority.
 - *Sharing of Personal Information.* Personal information may be shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy_Policy.aspx.

Athlete Name:	
I consent to Special Olympics (please mark): <input type="checkbox"/> Creating a personal profile of me for communications and marketing purposes, including sending me direct digital marketing communications through email, SMS, social media, and other channels. <input type="checkbox"/> Sharing my personal information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.	
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

ATHLETE LIKENESS RELEASE FOR SPONSORS (OPTIONAL)

Special Olympics



Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and their sponsors and partners to use my likeness, photo, video, name, voice, and words ("my likeness") to acknowledge the sponsors' and partners' support for Special Olympics.
- Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

Athlete Name:	
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)



Athlete First & Last Name: _____ Preferred Name: _____

Athlete Date of Birth (dd/mm/yyyy): _____ Female Male

COUNTRY: _____ Email: _____

ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):

Autism	Down Syndrome	Fragile X Syndrome
Cerebral Palsy	Fetal Alcohol Syndrome	
Other Syndrome, please specify: _____		

ALLERGIES & DIETARY RESTRICTIONS

No Known Allergies
 Latex
 Medications: _____
 Insect Bites or Stings: _____
 Food: _____

ASSISTIVE DEVICES - Does the athlete use (check any that apply):

Brace	Colostomy	Communication Device
C-PAP Machine	Crutches or Walker	Dentures
Glasses or Contacts	G-Tube or J-Tube	Hearing Aid
Implanted Device	Inhaler	Pacemaker
Removable Prosthetics	Splint	Wheel Chair

List any special dietary needs: _____

SPORTS PARTICIPATION

List all Special Olympics sports the athlete wishes to play: _____

Has a doctor ever limited the athlete's participation in sports?

No Yes If yes, please describe: _____

SURGERIES, INFECTIONS, VACCINES

List all past surgeries: _____

Does the athlete currently have any chronic or acute infection?

No Yes If yes, please describe: _____

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)? If yes, describe date and results

Yes, had abnormal EKG

Yes, had abnormal Echo

Has the athlete had a Tetanus vaccine in the past 7 years? No Yes

EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any type of seizure disorder No Yes

If yes, list seizure type: _____

If yes, had seizure during the past year? No Yes

MENTAL HEALTH

Self-injurious behavior during the past year	No	Yes	Depression (diagnosed)	No	Yes
--	----	-----	------------------------	----	-----

Aggressive behavior during the past year	No	Yes	Anxiety (diagnosed)	No	Yes
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Describe any additional mental health concerns: _____

FAMILY HISTORY

Has any relative died of a heart problem before age 50? No Yes

Has any family member or relative died while exercising? No Yes

List all medical conditions that run in the athlete's family: _____

Athlete Medical Form – HEALTH HISTORY

(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)



Athlete's First and Last Name: _____

HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS

Loss of Consciousness	No	Yes	High Blood Pressure	No	Yes	Stroke/TIA	No	Yes
Dizziness during or after exercise	No	Yes	High Cholesterol	No	Yes	Concussions	No	Yes
Headache during or after exercise	No	Yes	Vision Impairment	No	Yes	Asthma	No	Yes
Chest pain during or after exercise	No	Yes	Hearing Impairment	No	Yes	Diabetes	No	Yes
Shortness of breath during or after exercise	No	Yes	Enlarged Spleen	No	Yes	Hepatitis	No	Yes
Irregular, racing or skipped heart beats	No	Yes	Single Kidney	No	Yes	Urinary Discomfort	No	Yes
Congenital Heart Defect	No	Yes	Osteoporosis	No	Yes	Spina Bifida	No	Yes
Heart Attack	No	Yes	Osteopenia	No	Yes	Arthritis	No	Yes
Cardiomyopathy	No	Yes	Sickle Cell Disease	No	Yes	Heat Illness	No	Yes
Heart Valve Disease	No	Yes	Sickle Cell Trait	No	Yes	Broken Bones	No	Yes
Heart Murmur	No	Yes	Easy Bleeding	No	Yes	Dislocated Joints	No	Yes
Endocarditis	No	Yes	If female athlete, list date of last menstrual period: _____					

Describe any past broken bones or dislocated joints

(if yes is checked for either of those fields above):

List any other ongoing or past medical conditions:

Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability

Difficulty controlling bowels or bladder	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Numbness or tingling in legs, arms, hands or feet	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Weakness in legs, arms, hands or feet	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Head Tilt	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Spasticity	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes
Paralysis	No	Yes	If yes, is this new or worse in the past 3 years?	No	Yes

PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW

(includes inhalers, birth control or hormone therapy)

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

Is the athlete able to administer his or her own medications? No Yes

Name of Person Completing this Form	Relationship to Athlete	Phone	Email
-------------------------------------	-------------------------	-------	-------

Athlete Medical Form – PHYSICAL EXAM

(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)



Athlete's First and Last Name: _____

MEDICAL PHYSICAL INFORMATION

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

Height	Weight	BMI (optional)	Temperature	Pulse	O ₂ Sat	Blood Pressure (in mmHg)		Vision			
cm	kg	BMI	C			BP Right:	BP Left:	Right Vision 20/40 or better	No	Yes	N/A
in	lbs	Body Fat %	F					Left Vision 20/40 or better	No	Yes	N/A
Right Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Bowel Sounds	Yes	No			
Left Hearing (Finger Rub)	Responds	No Response	Can't Evaluate			Hepatomegaly	No	Yes			
Right Ear Canal	Clear	Cerumen	Foreign Body			Splenomegaly	No	Yes			
Left Ear Canal	Clear	Cerumen	Foreign Body			Abdominal Tenderness	No	RUQ	RLQ	LUQ	LLQ
Right Tympanic Membrane	Clear	Perforation	Infection	NA		Kidney Tenderness	No	Right	Left		
Left Tympanic Membrane	Clear	Perforation	Infection	NA		Right upper extremity reflex	Normal	Diminished		Hyperreflexia	
Oral Hygiene	Good	Fair	Poor			Left upper extremity reflex	Normal	Diminished		Hyperreflexia	
Thyroid Enlargement	No	Yes				Right lower extremity reflex	Normal	Diminished		Hyperreflexia	
Lymph Node Enlargement	No	Yes				Left lower extremity reflex	Normal	Diminished		Hyperreflexia	
Heart Murmur (supine)	No	1/6 or 2/6	3/6 or greater			Abnormal Gait	No	Yes, describe below			
Heart Murmur (upright)	No	1/6 or 2/6	3/6 or greater			Spasticity	No	Yes, describe below			
Heart Rhythm	Regular	Irregular				Tremor	No	Yes, describe below			
Lungs	Clear	Not clear				Neck & Back Mobility	Full	Not full, describe below			
Right Leg Edema	No	1+ 2+ 3+ 4+				Upper Extremity Mobility	Full	Not full, describe below			
Left Leg Edema	No	1+ 2+ 3+ 4+				Lower Extremity Mobility	Full	Not full, describe below			
Radial Pulse Symmetry	Yes	R>L L>R				Upper Extremity Strength	Full	Not full, describe below			
Cyanosis	No	Yes, describe				Lower Extremity Strength	Full	Not full, describe below			
Clubbing	No	Yes, describe				Loss of Sensitivity	No	Yes, describe below			

SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

Athlete shows **NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability.

OR

Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and **must receive an additional neurological evaluation** to rule out additional risk of spinal cord injury prior to clearance for sports participation.

ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

This athlete is **ABLE** to participate in Special Olympics sports without restrictions.

This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions. Describe → _____

This athlete **MAY NOT participate** in Special Olympics sports at this time & **MUST** be further evaluated by a physician for the following concerns:

Concerning Cardiac Exam

Acute Infection

O₂ Saturation Less than 90% on Room Air

Concerning Neurological Exam

Stage II Hypertension or Greater

Hepatomegaly or Splenomegaly

Other, please describe:

Additional Licensed Examiner's Notes and Recommended (but not required) Follow-up:

Follow up with a cardiologist

Follow up with a neurologist

Follow up with a primary care physician

Follow up with a vision specialist

Follow up with a hearing specialist

Follow up with a dentist or dental hygienist

Follow up with a podiatrist

Follow up with a physical therapist

Follow up with a nutritionist

Other/Exam Notes:

		Name:	
		E-mail:	
Signature of Licensed Medical Examiner	Exam Date	Phone:	License #:

Athlete Medical Form – MEDICAL REFERRAL FORM

(To be completed by a Licensed Medical Professional only if referral is needed)



Athlete's First and Last Name: _____

This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.

Athlete should bring the previously completed pages to the appointment with the specialist.

Examiner's Name: _____

Specialty: _____

I have been asked to perform an additional athlete exam for the following medical concern(s) - *Please describe:*

Concerning Cardiac Exam

Acute Infection

O₂ Saturation Less than 90% on Room Air

Concerning Neurological Exam

Stage II Hypertension or Greater

Hepatomegaly or Splenomegaly

Other, please describe:

In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):

Yes

Yes, but with restrictions (*list below*)

No

Additional Examiner Notes/Restrictions:

Examiner E-mail: _____

Examiner Phone: _____

License: _____

Examiner's Signature

Date

This section to be completed by Special Olympics staff only, if applicable.

This medical exam was completed at a MedFest event?

Yes

No

The athlete is a Unified Partner or a Young Athlete Participant?

Unified Partner

Young Athlete

DELEGATE, COACH AND UNIFIED PARTNER REGISTRATION FORM

Special Olympics



Special Olympics Program: _____

This Registration is for (check only one box):

- | | | |
|---|--|--|
| <input type="checkbox"/> Head of Delegation | <input type="checkbox"/> Unified Partner | <input type="checkbox"/> Medical Staff |
| <input type="checkbox"/> Assistant Head of Delegation | <input type="checkbox"/> Additional Staff (AS) | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Other: _____ | | |

PERSONAL INFORMATION

First Name:		Middle Name:	
Last Name:		Preferred Name:	
Date of Birth (dd/mm/yyyy):		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Preferred Language (Optional):		Race/Ethnicity (Optional):	
Address:		City:	
State/Province:	Country:	Postal Code:	
Phone:		E-mail:	
Shirt Size:			
Passport Number:		Passport Country:	
Passport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Diplomat <input type="checkbox"/> Other:			
Date of Issue (dd/mm/yyyy):		Date of Expiration (dd/mm/yyyy):	

EMERGENCY CONTACT INFORMATION

Name:	
Phone:	Relationship:

HEALTH INFORMATION* This information is collected in case of medical emergency.

Please indicate if you have any of the following and provide details:

- | | |
|--|--|
| <input type="checkbox"/> Special Dietary Needs: _____ | <input type="checkbox"/> Epilepsy or Seizure Disorder: _____ |
| <input type="checkbox"/> Allergies: _____ | <input type="checkbox"/> Neurological Condition: _____ |
| <input type="checkbox"/> Assistive Devices: _____ | <input type="checkbox"/> Diabetes: _____ |
| <input type="checkbox"/> High Blood Pressure: _____ | <input type="checkbox"/> Sickle Cell Anemia/Trait: _____ |
| <input type="checkbox"/> Heart Conditions: _____ | <input type="checkbox"/> Chronic Infection: _____ |
| <input type="checkbox"/> Asthma/Respiratory Condition: _____ | <input type="checkbox"/> Missing Organ: _____ |
| <input type="checkbox"/> Mental Health Condition: _____ | <input type="checkbox"/> Other Health Conditions: _____ |

Please use this space for any additional health information you want Special Olympics to know:

PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW

Medication, Vitamin or Supplement Name	Dosage	Times per Day	Medication, Vitamin or Supplement Name	Dosage	Times per Day

*This health information is collected in case of medical emergency. Each participant is responsible to determine if he/she is physically able to participate.

FORM 6

DELEGATE, COACH AND UNIFIED PARTNER RELEASE FORM

Special Olympics



I agree to the following:

- Ability to Participate.** I am physically able to take part in Special Olympics activities.
- Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, and words to promote Special Olympics, raise funds for Special Olympics, and acknowledge sponsors' support for Special Olympics.
- Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
- Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care and make medical decisions on my behalf. I also consent to my medical care provider sharing information about my condition and care with authorized Special Olympics representatives if I am unable, or my guardian is not available, to consent to the release of my information.
- Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
- Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information"). The organization responsible for protecting my personal information under data protection laws is my Special Olympics accredited Program (contact info at www.SpecialOlympics.org/Programs).
 - I understand Special Olympics is using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - I understand Special Olympics may disclose my personal information with (i) medical professionals in an emergency, and (ii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence.
 - My personal information will only be stored as long as it is needed for purposes described in this form.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct, delete and restrict the processing of my personal information. I also have a right to have my personal information sent to another organization on my request. I have the right to file a complaint with a local data protection authority.
 - Sharing of Personal Information.** Personal information may be shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy_Policy.aspx.
- Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. 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. I hereby release and covenant not to sue any Special Olympics organization, its administrators, directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I have read this waiver and release and understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

Name:	
I consent to Special Olympics (please mark): <input type="checkbox"/> Creating a personal profile of me for communications and marketing purposes, including sending me direct digital marketing communications through email, SMS, social media, and other channels. <input type="checkbox"/> Sharing my personal information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.	
PARTICIPANT SIGNATURE (required for adult participant with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form.	
Participant Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

EQUESTRIAN SPORTS RIDER PROFILE

It is obligatory to fill in all the sections of the form!
To be completed by the Instructor/Coach.

Delegation Name _____ **SO Region** _____

Family Name

First Name _____ Middle _____

Age Gender Height Weight

Tack style: ENGLISH

Indicate the events (*maximum of 3*) by placing an “X” in the box(es) under the appropriate Level. Athletes participate in one level only.

EVENTS	CS	CI	BS	BI	A
Equitation Jumping	NO		NO		
Dressage	NO		NO		
English Equitation					
English Working Trail					
Gymkhana – concepts of riding		NO		NO	NO

Instructor/Coach Information

Name _____

Mailing address

Special Olympics certified: Y N

Telephone number _____

Daytime _____ Evening _____

Please include your area/country code and the best time to call.

Athlete Information

Please list any additional disabilities the Athlete may have other than intellectual disability.

Ambulatory Status (underline appropriate)

Wheelchair: Dependent Electric Propels Self

Ambulatory: Needs assistance or supervision

Independent with: Walker Canes Crutches

Tack/ Equipment Status (underline appropriate)

Saddle: English Stock Seat Other _____

Other equipment:

Seat Cover Handhold Neckstrap Adapted Reins Crop

Dressage Whip Peacock Stirrups S-Shaped Stirrups

Devonshire Boots Waistbelt

Other (please describe) _____

Instructors must bring SEI-ASTM or BHS approved safety stirrups and leathers, and any specially adapted tackle equipment which is required by the rider. Adaptive Equipment must be approved by the Venue Management. All athletes will use the ramp to minimize stress on the horses' backs.

Astride Assistance Status – for S (supported) levels

Place an "X" in the appropriate box.

Assistance Needed	WALK	TROT
HORSE HANDLER		
1 SIDEWALKER		
2 SIDEWALKERS		

HORSE REQUIREMENTS (underline appropriate)

This is very important part so please complete it very carefully with all the details. This information is basic for organizing committee and will help to provide proper horse for the athlete.

Does the athlete adapt easily to other horses? Y N

Size required _____cm(hands)

Size of barrel: Narrow Normal Broad

Gaits which can be handled by the athletes:

Walk: Steady Free Moving

Trot: Very Smooth Free Moving

Canter: Steady Free Moving

Rein Contact: Light Heavy

FORM 7

Other: Neck Rein Direct Rein

Other information important to match the horse.

Athletes should be practicing on different mounts to prepare them for the World Games. During the Games mounting stairs will be used.

Career and Accomplishments History (for announcer's purpose)

Began riding _____

Has instruction: Daily _____ Weekly _____ Monthly _____

Describe the athlete's Special Olympics equestrian sports competition history.

Describe any open equestrian sports competition history.

Medical Status

Current Special Olympics medical form on file: Y N
Negative diagnosis for Atlanto-Axial Instability (for Down syndrome): Y N
Physician's Referral Form on file at training sponsor's office: Y N
List and describe any special health considerations/precautions.

Does the athlete have any:

 Fused joints? (specify)

 Severe joint limitations or contractures?

 Problems with seizures?

List the currently prescribed medications that the athlete is taking?

Please remember to submit this form with the Athlete Registration Form (one for each athlete).

I certify that I have read, understand and shall abide by the Official Special Olympics Summer Sports Rules (Equestrian Sports) and have entered myself/my athlete in the appropriate level according to this rider Profile and submitted with the Athlete Registration Form.

Signature (required) _____ Date _____

International Tennis Number - On Court Assessment for 10.1

Name:	Date of birth:
Assessor:	Date:

Court size for this assessment - Full court

Groundstroke Consistency		
Stroke	#	Score
Forehand	1	
Backhand	2	
Forehand	3	
Backhand	4	
Forehand	5	
Backhand	6	
Forehand	7	
Backhand	8	
GS Depth Total		

Volley Consistency		
Stroke	#	Score
Forehand	1	
Backhand	2	
Forehand	3	
Backhand	4	
Volley Depth Total		

Serve Consistency		
Stroke	#	Score
Right	1	
Left	2	
Right	3	
Left	4	
Serve Total		

SCORING

Scoring is by number of balls landing in court (or zones of court) at each level.
To progress to the next level, players must achieve the minimum score required.

- 4 points for every ball in back zone
- 2 points for every ball in mid zone
- 1 point for every ball in short zone
- 1 point for every serve in correct service box
- maximum score = 52 points

If starting at Green (10.1) score of 0-19 – move to Orange (10.2)

Score of 20-45 - stay at Green (10.3)

Score of 46-52 – move to ITN 10

what's your number?



International Tennis Number

This ITN Assessment was conducted in accordance with the guidelines set forth in the Official ITN Assessment Guide. I hereby agree to its authenticity.

Signed by/behalf of the player

Signed by the assessor

Strokes Total	Mobility Score	Total Score
		0
Number of Assessments		New ITN Rating

International Tennis Number — On Court Assessment

Name: _____ Date of Birth: _____ Sex: M F
 Assessor: _____ Date: _____ Venue: _____

what's your number?



International Tennis Number

GS Depth			Volley Depth			GS Accuracy			Serve		
Stroke	#	Score	Stroke	#	Score	Stroke	#	Score	Stroke	#	Score
Forehand	1		Forehand	1		Forehand DL	1		1st Box Wide	1	
Backhand	2		Backhand	2		Backhand DL	2		1st Box Wide	2	
Forehand	3		Forehand	3		Forehand DL	3		1st Box Wide	3	
Backhand	4		Backhand	4		Backhand DL	4		1st Box Middle	4	
Forehand	5		Forehand	5		Forehand DL	5		1st Box Middle	5	
Backhand	6		Backhand	6		Backhand DL	6		1st Box Middle	6	
Forehand	7		Forehand	7		Forehand CC	7		2nd Box Middle	7	
Backhand	8		Backhand	8		Backhand CC	8		2nd Box Middle	8	
Forehand	9		Sub Total			Forehand CC	9		2nd Box Middle	9	
Backhand	10		Consistency			Backhand CC	10		2nd Box Wide	10	
Sub Total			Volley Depth Total			Forehand CC	11		2nd Box Wide	11	
Consistency						Backhand CC	12		2nd Box Wide	12	
GS Depth Total						Sub Total			Sub Total		
						Consistency			Consistency		
						GS Accuracy Total			Serve Total		

This ITN Assessment was conducted in accordance with the guidelines set forth in the Official ITN Assessment Guide. I hereby agree to its authenticity.

Signed by/behalf of the player:

Signed by the Assessor:

Strokes Total	Mobility Score	Total Score

Mobility Table

Time	Score

T	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15
S	1	2	3	4	5	6	7	8	9	10	11	12	12	14	15	16	18	19	21	26	32	39	45	52	61	76
Score (F)		57-79			80-108		109-140		141-171		172-205		206-230		231-258		259-303		304-344		345-430					
Score (M)		75-104			105-139		140-175		176-209		210-244		245-268		269-293		294-337		338-362		363-430					
ITN		ITN 10			ITN 9		ITN 8		ITN 7		ITN 6		ITN 5		ITN 4		ITN 3		ITN 2		ITN 1					

Number of Assessments	New ITN Rating

Circle players ITN level after completing the Assessment.

International Tennis Number — On Court Assessment

Name: _____ Date of Birth: _____ Sex: M F
 Assessor: _____ Date: _____ Venue: _____

what's your number?



International Tennis Number

GS Depth			Volley Depth			GS Accuracy			Serve		
Stroke	#	Score	Stroke	#	Score	Stroke	#	Score	Stroke	#	Score
Forehand	1		Forehand	1		Forehand DL	1		1st Box Wide	1	
Backhand	2		Backhand	2		Backhand DL	2		1st Box Wide	2	
Forehand	3		Forehand	3		Forehand DL	3		1st Box Wide	3	
Backhand	4		Backhand	4		Backhand DL	4		1st Box Middle	4	
Forehand	5		Forehand	5		Forehand DL	5		1st Box Middle	5	
Backhand	6		Backhand	6		Backhand DL	6		1st Box Middle	6	
Forehand	7		Forehand	7		Forehand CC	7		2nd Box Middle	7	
Backhand	8		Backhand	8		Backhand CC	8		2nd Box Middle	8	
Forehand	9		Sub Total			Forehand CC	9		2nd Box Middle	9	
Backhand	10		Consistency			Backhand CC	10		2nd Box Wide	10	
Sub Total			Volley Depth Total			Forehand CC	11		2nd Box Wide	11	
Consistency						Backhand CC	12		2nd Box Wide	12	
GS Depth Total						Sub Total			Sub Total		
						Consistency			Consistency		
						GS Accuracy Total			Serve Total		

This ITN Assessment was conducted in accordance with the guidelines set forth in the Official ITN Assessment Guide. I hereby agree to its authenticity.

Signed by/behalf of the player:

Signed by the Assessor:

Strokes Total	Mobility Score	Total Score

Mobility Table

Time	Score

T	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15
S	1	2	3	4	5	6	7	8	9	10	11	12	12	14	15	16	18	19	21	26	32	39	45	52	61	76
Score (F)		57-79			80-108		109-140		141-171			172-205			206-230		231-258		259-303		304-344		345-430			
Score (M)		75-104			105-139		140-175		176-209			210-244			245-268		269-293		294-337		338-362		363-430			
ITN		ITN 10			ITN 9		ITN 8		ITN 7			ITN 6			ITN 5		ITN 4		ITN 3		ITN 2		ITN 1			

Number of Assessments	New ITN Rating

Circle players ITN level after completing the Assessment.

ATHLETE AND UNIFIED PARTNER PROFILE FORM

Special Olympics



Name: _____

This Profile is for (check only one box):

☐ Athlete

☐ Unified Partner

SPORTS

List the sports you participate in with Special Olympics:

Which other Regional/World Games have you participated in?

- | | |
|---|--|
| <input type="checkbox"/> 2017 World Winter Games (Austria) | <input type="checkbox"/> 1997 World Winter Games (Collingwood and Toronto, Canada) |
| <input type="checkbox"/> 2015 World Summer Games (Los Angeles, CA, USA) | <input type="checkbox"/> 1995 World Summer Games (New Haven, CT, USA) |
| <input type="checkbox"/> 2013 World Winter Games (Pyeongchang, South Korea) | <input type="checkbox"/> 1993 World Winter Games (Austria) |
| <input type="checkbox"/> 2011 World Winter Games (Athens, Greece) | <input type="checkbox"/> 1991 World Summer Games (Minneapolis, MN, USA) |
| <input type="checkbox"/> 2009 World Winter Games (Boise, ID, USA) | <input type="checkbox"/> 1989 World Winter Games (Lake Tahoe and Reno, USA) |
| <input type="checkbox"/> 2007 World Summer Games (Shanghai, China) | <input type="checkbox"/> Other Games |
| <input type="checkbox"/> 2005 World Winter Games (Nagano, Japan) | _____ |
| <input type="checkbox"/> 2003 World Summer Games (Dublin, Ireland) | _____ |
| <input type="checkbox"/> 2001 World Winter Games (Anchorage, AK, USA) | _____ |
| <input type="checkbox"/> 1999 World Summer Games (Raleigh, NC, USA) | |

What are you looking forward to most about the Games?

What do you love about Unified Sports?

What is your personal best?

How often do you train and what is your goal?

PERSONAL

Who is/are your role models?

How are you like your role model?

How would you change your world for the better?

How is your life different since joining the Special Olympics?

What are you most proud of?

What are your other interests or hobbies?

FORM 10

What is your level of education?
Do you have a job? Where? How long have you worked there?
Do you use social media? If so, what is your user name or social media handle?
HEALTH
Has Special Olympics Healthy Athletes helped you? How?

APPENDIX 1

COUNTRY CODE LIST

AFGHANISTAN	AFG	DEMONRATIC REPUBLIC OF CONGO	CGO
ALBANIA	ALB	DENMARK	DEN
ALGERIA	ALG	DOMINICA	DMA
AMERICAN SAMOA	ASA	DOMINICAN REPUBLIC	DOM
ANDORRA	AND	ECUADOR	ECU
ARGENTINA	ARG	EGYPT	EGY
ARMENIA	ARM	EL SALVADOR	ESA
ARUBA	ARU	ESTONIA	EST
AUSTRALIA	AUS	FAROE ISLANDS	FRO
AUSTRIA	AUT	FIJI	FIJ
AZERBAIJAN	AZE	FINLAND	FIN
BAHAMAS	BAH	FRANCE	FRA
BAHRAIN	BRN	FYR MACEDONIA	MKD
BANGLADESH	BAN	GEORGIA	GEO
BELARUS	BLR	GERMANY	GER
BELGIUM	BEL	GHANA	GHA
BELIZE	BIZ	GIBRALTAR	GIB
BENIN	BEN	GREAT BRITAIN	GBR
BERMUDA	BER	GUATEMALA	GUA
BHARAT (INDIA)	IND	GUYANA	GUY
BHUTAN	BHU	HAITI	HAI
BOLIVIA	BOL	HELLAS (GREECE)	GRE
BONAIRE	BES	HONDURAS	HON
BOSNIA AND HERZEGOVINA	BIH	HONG KONG	HKG
BOTSWANA	BOT	HUNGARY	HUN
BRAZIL	BRA	ICELAND	ISL
BRUNEI DARUSSALAM	BRU	INDONESIA	IDA
BULGARIA	BUL	IRAN	IRI
BURKINA FASO	BUR	IRAQ	IRQ
CAMBODIA	CAM	IRELAND	IRL
CANADA	CAN	ISLE OF MAN	IMN
CAYMAN ISLANDS	CAY	ITALY	ITA
CHILE	CHI	IVORY COAST	CIV
CHINA	CHN	JORDAN	JOR
CHINESE TAIPEI	TPE	KAZAKHSTAN	KAZ
COLOMBIA	COL	KENYA	KEN
COSTA RICA	CRC	KIRIBATI	KIR
CROATIA	CRO	KOSOVO	KOS
CUBA	CUB	KSA (SAUDI ARABIA)	KSA
CYPRUS	CYP	KYRGYZ REPUBLIC	KGZ
CZECH REPUBLIC	CZE	LAOS	LAO
		LATVIA	LAT
		LEBANON	LBN
		LIBYA	LBA
		LIECHTENSTEIN	LIE

APPENDIX 1

LITHUANIA	LTU	SEYCHELLES	SEY
LUXEMBOURG	LUX	SINGAPORE	SGP
MACAU	MAC	SLOVAKIA	SVK
MALAWI	MAW	SLOVENIA	SLO
MALAYSIA	MAS	SOUTH AFRICA	RSA
MALI	MLI	SOUTH KOREA	KOR
MALTA	MLT	SPAIN	ESP
MAURITANIA	MTN	SUDAN	SUD
MAURITIUS	MRI	SURINAME	SUR
MEXICO	MEX	SWAZILAND	SWZ
MOLDOVA	MDA	SWEDEN	SWE
MONACO	MON	SWITZERLAND	SUI
MONGOLIA	MGL	SYRIA	SYR
MONTENEGRO	MNE	TAJIKISTAN	TJK
MOROCCO	MAR	TANZANIA	TAN
MYANMAR	MYA	THAILAND	THA
NEPAL	NEP	TIMOR LESTE	TLS
NETHERLANDS	NED	TOGO	TOG
NEW ZEALAND	NZL	TONGA	TGA
NIGERIA	NGR	TRINIDAD AND TOBAGO	TTO
NIPPON (JAPAN)	JPN	TUNISIA	TUN
NORWAY	NOR	TURKEY	TUR
OMAN	OMA	TURKMENISTAN	TKM
PAKISTAN	PAK	UGANDA	UGA
PALESTINE	PLE	UKRAINE	UKR
PANAMA	PAN	UNITED ARAB EMIRATES	UAE
PAPUA NEW GUINEA	PNG	UNITED STATES OF AMERICA	USA
PARAGUAY	PAR	URUGUAY	URU
PERU	PER	UZBEKISTAN	UZB
PHILLIPINES	PHI	VANUATU	VAN
POLAND	POL	VENEZUELA	VEN
PORTUGAL	POR	VIETNAM	VIE
PUERTO RICO	PUR	ZAMBIA	ZAM
QATAR	QAT	ZIMBABWE	ZIM
ROMANIA	ROU		
RUSSIA	RUS		
RWANDA	RWA		
SAINT KITTS AND NEVIS	SKN		
SAINT LUCIA	LCA		
SAINT VINCENT AND THE GRENADINES	VIN		
SAMOA	SAM		
SAN MARINO	SMR		
SENEGAL	SEN		
SERBIA	SRB		
SERENDIB (SRI LANKA)	SRI		



World Games Unified Sports® Competition Protocol Overview

Unified Sports® teams need to incorporate the principle of meaningful involvement. This means that during competition, all members (athletes and partners) are presented with numerous opportunities throughout the course of a game/match to contribute to their team's performance. This decreases the potential for domination by higher ability teammates.

The principle of meaningful involvement is the foundation of Unified Sports and helps to ensure a high quality experience. Therefore, it is the expectation for all Unified Sports teams participating at World and Regional Games to demonstrate their understanding of this fundamental principle.

The following protocol has been established to assess all Unified Sports teams and ensure the principle of meaningful involvement is being followed. The process focuses on educating and communicating to coaches, as well as sanctioning when Unified Sports rules and policies are not followed.

On-Site Unified Sports Competition Protocol Points of Emphasis:

- Player dominance and meaningful involvement violations may include both partners and athletes.
- Sport officials on the field of play do not monitor or determine meaningful involvement; however, they may be asked for input. Unified Sports Delegates are responsible for the observations and sanctions.

Unified Sports Evaluation Committee (USEC): World Games have a USEC composed of Unified Sports Delegates and observers. The members of this committee are qualified individuals knowledgeable in Unified Sports who help observe, guide, monitor and enforce compliance.

- Each sport is assigned a Unified Sports Delegate. This USEC member works with the sport Technical Delegate (TD) and Sport/Competition Manager to oversee a process of observing all Unified Sports teams to ensure they are incorporating the principle of meaningful involvement.
- Sport-specific observation criteria are used to determine if a team is not following the principle of meaningful involvement or if player dominance is occurring.
- Teams will be observed regarding meaningful involvement in all rounds of competition, including divisioning and medal rounds.

Sanctions:

Teams that do not abide by Unified Sports rules and protocol are subject to sanctions. These sanctions are not protestable.



World Games Unified Sports® Competition Protocol Overview

(continued)

When the USEC member determines that a Unified Sports team is not incorporating the principle of meaningful involvement, he/she consults with the Technical Delegate (TD). The following steps may be taken in the sanctioning process.

1. **Education:** During Divisioning, the Unified Sports Delegate or TD informs the respective coach with the specifics about why his/her team is not following the principle of meaningful involvement, and what needs to be done to correct it. They are informed that if their play does not improve, sanctions will be forthcoming.
2. **Verbal Warning:** After the Divisioning round, if the USEC member determines a first violation has occurred, there will be a verbal warning in line with the sport-specific competition warning protocol. Sport-specific protocol will determine how and when to stop competition to give warnings, for example an official's timeout. The warning will be documented on an official scoresheet or similar format. The head coach is held accountable.
3. **Written Warning & Coach Removed:** If the USEC member determines a second violation has occurred, there will be a written warning & the head coach will be suspended for the remainder of that match/game. A time out will be called and the USEC member will meet with the coach, and notify the opposing team. The HOD will be informed of the suspension.
4. **Match is Forfeit:** If the USEC member determines a third violation has occurred, the team will forfeit the game or match. Following the game or match, a meeting with the TD, USEC member, HOD (if present) and coach is held. If the HOD is not present, he/she will be informed with a written notification.
5. **Move to Participation Division:** If a fourth violation occurs in a subsequent game/match, the team will be removed from official competition and receive a Participation ribbon.



Volunteer Position: Special Olympics Lead Delegation Medical Staff

Responsible Organization: Special Olympics Delegation/Program Competition

Supervisor: Head of Delegation

Volunteer Job Description:

The Lead Delegation Medical Staff (DMS) must be knowledgeable about the medical issues of delegation members. This individual must be available to assist in delegation member's medical care before and during the Games. The Lead DMS will be expected to work in a collaborative fashion with other medical staff designated by Special Olympics, as well as athletes, coaches, parents/guardians, and administrators. The Lead DMS is ultimately responsible to ensure all required medical documentation is complete and accurate, in coordination with the Head of Delegation (HOD). The Lead DMS is also expected to assist the HOD in managing and reporting concerns about allegations of poor practice, abuse, physical, neglect etc. for delegation members in participation in Games-related activities to safeguard participants. All DMS are required to abide by Special Olympics policies and procedures as outlined in Games materials. Temporary Licensing in Abu Dhabi is being pursued and more information will be provided.

Qualifications for Lead DMS*: * SOI may request DMS submit a CV or resume.

- Medical license as a Physician (MD equivalent) or Registered Nurse Practitioner (ARNP equivalent) from their country of origin and the ability to independently practice medicine in that country without supervision.
- Fundamental knowledge of on-field medical emergency care (e.g., concussion, seizure management, cardiac emergencies, spinal injuries and heat-related illnesses).
- Training in basic cardiopulmonary resuscitation and automated external defibrillator use.
- Knowledge of special healthcare needs of athletes with intellectual disabilities.
- Be a registered volunteer with Special Olympics and have an understanding of the Special Olympics Program.

Responsibilities:

Pre-Games:

- Assist in the collection, review, and maintenance, and sharing of team member medical records in accordance with relevant stakeholders (e.g., athlete, family, HOD/coaches) in a confidential manner.
- Ensure that delegation members are medically safe to travel and athletes are safe to participate in sports, in accordance with SOI standards.
- Advise the HOD on any necessary medical or behavioral issues and coordinate with relevant stakeholders on necessary medical or behavioral interventions to facilitate athlete participation on the team.
- Work with the Head of Delegation to ensure that all team members are familiar with relevant reporting structures for any health related issues or injuries.
- Review the pertinent preparatory information provided by Special Olympics.
- **Review the registration medical forms for athletes from their delegation**, according to the standards set forth by SOI. Possibly assist in review of other medical forms, as needed.
- Assist, as needed, in developing a medical staffing plan for delegation coverage at the games.
- Prepare team medical kits.

At Games:

- Attend meetings established by Special Olympics during games events.
- Adhere to local ethical, medical and legal customs and limitations of practice.
- Become oriented with key local medical resources and personnel.
- Develop a plan to manage the health and well-being of delegation members during Games, including medication administration, in accordance with local laws and limitations of practice. This may include education and support to coaches and chaperones.
- If delegation member is injured and pulled from play, DMS may make a decision on when member can return to play, in coordination with SOI and Local Organizing Committee (LOC) medical staff, as necessary.
- Liaise with the SOI and LOC Medical Services as appropriate.
- Provide support, where necessary, for team members using Games Medical Services, ensuring they are utilized appropriately.
- Maintain any relevant team medical incident records and coordinate with the SOI/LOC medical reporting system.

Post Games:

- Prepare and submit an after-games report on all DMS activities (*template to be provided by SOI*).
- In the event of any outstanding or incomplete issues participate fully in any investigations or reviews.

Note: Delegations may also choose to bring other medical personnel. This job description is outlining the roles and responsibilities of the Lead Medical Staff position.



We are so pleased that you may be joining us in Abu Dhabi for the 2019 Summer Special Olympics Games in Abu Dhabi! This year, through the Health Authority of Abu Dhabi, we have the option to have Delegation Medical Staff receive temporary (30 day) medical licenses so they can legally provide care and treatment to their Delegates in Abu Dhabi (in addition to the robust Medical Services that will be available at the venues and accommodations and offered by the Abu Dhabi health system).

The license will be limited to providing treatment to Delegation members only.

If the DMS would like to apply for a temporary medical license while in Abu Dhabi, we will need the Medical Staff member to submit the following materials as part of SO-Connect registration.

If the DMS do not submit by the registration deadline, they may not receive a temporary medical license. If the DMS do not submit their materials or get granted a license, they are still welcome to attend the World Games, but would not be licensed to practice medicine in the country so the treatment they can provide to your team's athletes would be limited. Mostly, they are able to serve only as a medical liaison with the Abu Dhabi health system and the athlete/delegate – not treat athletes. This is the role Delegation Team Physicians have been able to play in previous games since this is the first year we will have the temporary license option available.

Materials and Information you will need to have on hand to submit for Temporary Medical License:

1. Name (first and last name):
2. Email:
3. Delegation you are Representing:
4. Medical Degree Type (e.g., MD, MBBS, RN, Physician Assistant):
5. Year you received your Degree:
6. Healthcare Profession/Clinical Area of Focus:
7. Medical License Number:
8. Date you got your Medical License (dd/mm/yyyy):
9. Expiration Date of your Medical License (dd/mm/yyyy):
10. Regulating Authority that Issued your Medical License:
11. Name of Employer/Organization Name:
12. Upload a copy of your medical license from your home country Regulatory Authority
13. Upload a copy of your Curriculum Vitae (CV)/Resume