



## **SOMT ENTRY FORMS INSTRUCTIONS:**

Please read all instructions carefully and ***Print in ink*** all necessary information on the attached **SOMT Entry Form(s)**. Duplicate the Form as necessary. If you have any questions please contact Special Olympics Montana at 406-216-5327 or 1-800-242-6876. Thank you for your cooperation.

### **Individual Events Entry Form:**

**TEAM NAME:** Please include the name of the agency, school, or organization, which the athletes and coaches listed on the Form are representing. Include hotel/motel/dorm where lodging is reserved for the team. Write "Home" if the program will be commuting to the games.

**LOCAL PROGRAM COORDINATOR (LPC) or HEAD COACH:** This section must be fully completed, including a first and last name, address and **phone numbers**. The person listed as the LPC/Head Coach must attend the Games. Pre-event information will be sent directly to the **LPC/Head Coach** for distribution to other coaches, athletes, and families. **Local Program Coordinator/Head Coach must register with Special Olympics Montana on a volunteer registration form.**

**COACH:** Since SOMT encourages a minimum of one (1) coach to four (4) athlete ratio at State events, there should be a different coach's/chaperone's name listed on the Form page for every four (4) athletes. This coach will be the contact person for purposes of communication and/or emergencies. **Assistant coaches/chaperones must register with SOMT on a volunteer registration form by the start of training.**

**ATHLETE INFORMATION:** All information in this section must be completed; however, social security numbers (SS#) are not required. The date of birth (DOB) must include the month, day and year. Check the appropriate sex for the athlete. Complete the W/C section for wheelchair needs; either yes (Y) or no (N) must be checked. Please fill out completely; no line should be left blank. Put NA if not applicable.

**EVENT CODES:** Please refer to the attached ***Event Codes sheet*** for the respective sport. These 6 digit/letter codes are to be utilized when completing the SOMT *Entry Form*. Transfer the appropriate event code(s) from the *Event Codes sheet* to the Form for each sport and event in which the athlete will participate.

**EVENT INFORMATION/SPECIAL NEEDS:** If athletes are participating in events, which offer **levels of competition** (i.e. alpine skiing), include their level of participation in that sport. Refer to the **Special Olympics Sports Rules** to determine their level, and identify this in the event information/special needs box.

This box is also used for a **variety of other purposes:** member of a relay team, or special needs or concerns (athlete is nonverbal, cannot be left alone, etc.). It is also used for adapted or modified equipment. (Uses a prosthesis, uses a hearing aid, uses a harness).

**QUALIFICATION SCORES:** **Since preliminary races are done at State Winter Games, qualification scores are not necessary.** Athletes will compete with their own delegation on the first day of competition. Divisioning, based on that day's scores, will be done for day two of competition.

**RELAY EVENTS:** When registering athletes for relay events, please use the **Event Information Box** to identify participants on a same team with either a number (i.e. 1, 2, 3, etc.) or team name (i.e. Belgrade Panthers, Laurel Co-op, Browning Dusty Bull Training Center).

**ATHLETE PARTICIPATIONS FORMS (MEDICALS):** Send the original of each registered athlete's medical form (Application for Participation) to the Chapter office. **Athlete medical forms need to be in the SOMT State Office 8 weeks before competition or January 1<sup>st</sup>.** Remember: You need a medical form for each athlete training. Keep a copy for your own files and at practice training. **Medicals forms are valid for three years after the date of the physician's signature. Remember, all paperwork requirements must be completed and on file at the SOMT State Office by January 31<sup>st</sup> to avoid disqualification.** Updated medical information is required when the athlete has an injury, new medical concern, or a change in medication.

## **Team Sport Roster: to be used for team competition (relays)**

**HEAD COACH:** This section must be fully completed, including a first and last name, address and **phone numbers**. This coach will be the contact person for all communications and/or emergencies. **Head Coaches must register with Special Olympics Montana on a volunteer registration form.**

**TEAM HOUSED:** Please state which hotel/motel/dorm where lodging is reserved for the team. If commuting to the games, state Home.

**TEAM NAME:** Please state the name by which the team should be called.

**EVENT CODE:** Please refer to the attached ***Event Codes sheet*** for the respective sport. These 6 digit/letter codes are to be utilized when completing the SOMT *Entry Form*. Transfer the appropriate event code(s) from the *Event Codes sheet* to the Form for the sport in which the athletes will participate.

**PLAYER NAME(S):** Please list the athletes name in alphabetical order. Please make sure the **spelling is correct and legible.**

**DATE OF BIRTH, AGE, SEX:** Please state all **correct** information for each athlete. Social Security numbers need not be provided.

**ATHLETE/PARTNER:** List an **A** for athletes who are Special Olympic athletes. List a **P** for athletes who are Unified Sports<sup>®</sup> partners.

**SPECIAL NEEDS:** This space is for special needs or concerns (athlete is nonverbal, cannot be left alone, etc.). It is also used for adapted or modified equipment. (Uses a prosthesis, hearing aid, or wheelchair, etc.)

**ASSISTANT COACHES/CHAPERONES:** Please list **all other coaches** responsible for this team. SOMT encourages a minimum of one (1) coach to four (4) athlete ratio at Chapter events.

## **Coach Roster:**

**LOCAL PROGRAM COORDINATOR (LPC):** This section must be fully completed, including a first and last name, address and **phone numbers**. The person listed as the LPC need not attend the Games, however, pre-event information will be sent directly to the LPC for distribution to other coaches, athletes, and families. **Local Program Coordinators must register with Special Olympics Montana on a volunteer registration form.**

**TEAM NAME:** Please state the name by which the team should be called. This may be different for different sports. If so, please state a team name for each sport that applies.

**HEAD COACH:** This space is for the head coach responsible for each sport that is in attendance from the local program at the state competition. **Head Coaches must register with Special Olympics Montana on a volunteer registration form.**

**SPORT:** List for which sport this head coach is responsible.

**ASSISTANT COACHES:** List all assistant coaches or chaperones, which are responsible for the athletes with this head coach and sport. **Assistant coaches/chaperones must register with SOMT on a volunteer registration form by competition dates.**

**COACH TO ATTEND MEETING:** Please state which coach will attend the mandatory coaches meeting for this competition.

## **RETURN ENTRY FORMS TO:**

Special Olympics Montana  
C/O State Winter Games Registration  
PO Box 3507  
Great Falls, MT 59403-3507



**Special Olympics**  
*Montana*

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