



Special Olympics
WORLD SUMMER GAMES
ATHENS 2011

Delegation Registration Booklet

For the 2011 Special Olympics
World Summer Games



Special Olympics

Final September 2010



Memo

To: Accredited Special Olympics Programs

From: Lee Todd
Chief of Sports Training and Competition
Special Olympics International

Date: 01 October 2010

Re: Athlete Selection for the 2011 Special Olympics World Summer Games, Athens, Greece

I would like to reinforce the importance of the proper selection of Athletes to participate in Special Olympics World Games. All accredited Programs registering Delegations to participate in the 2011 Special Olympics World Summer Games must abide by the requirements as set forth by Special Olympics.

Before selecting Athletes to participate in the 2011 Special Olympics World Summer Games, please review the policies outlined in the official Special Olympics Summer Sports Rules, Revised January 2010 and General Rules:

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

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.

cc: Regional Sports Directors
Regional Managing Directors
2011 SOWSG
Sports Training & Competition Department



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Registration Instructions

General Registration Instructions

1. **Deadline:** All Registration Forms for the 2011 Special Olympics World Summer Games must be received by your Regional Sports Director by **1 March 2011**. *No official registration documentation will be accepted by fax.*
2. There will be two ways to register for the 2011 Special Olympics World Summer Games:
 - a.) Using GMS Exchange (Preferred method)
 1. If you choose to use GMS Exchange, you must request the Games setup from SOI, Please contact Reuben Silva at: rsilva@specialolympics.org If you do not use SOI's Games setup, your GMS exchange file will not be accepted.
 2. The only paper forms that will be required are B1, C1, C2, C3 (if it applies), Form D, F, G, H, J, K, L and M 1-4 (as required)
 3. You will be allowed to make changes using GMS Exchange until 1 March 2011.
 - b.) Paper Form
 1. All paper forms must be received by your Regional Sports Director by the Deadline of 1 March 2011.
 2. All forms must be complete when sent to your Regional Sports Director.
3. **Photos:** (See Photo Guidelines below for information on photo quality)

With registration option (A) or (B) above, load a digital color image in JPG format and at least 300 DPI or 800 X 600 pixels. Please print the individual's name, date of birth and three letter Program abbreviation for your Delegation on the back of the photo. Abbreviations can be found in this registration packet under SOI Country Abbreviations by Region. **DO NOT** staple the photos to forms. Passport-size photos may also be scanned and sent electronically or via CD provided they are received in JPG format. Each individual image should be saved using the following naming convention: COUNTRYCODE_SURNAME_FIRSTNAME_DOB, e.g., JPN_OTA_04JUN1980.
4. Please provide all requested information in English, *print* clearly in block letters, or *type* the information.
5. Please keep a photocopy of *every* form you submit.
6. **Alternates (Substitutes/Reserves) Athletes/Unified Partners and Alternate (Substitute/Reserves) Delegates/Coaches:** In addition to completing the forms for all the members of your Delegation, you are required to register Alternate / Substitute / Reserve members of your Delegation by completing all forms and check the box "Alternate" by the **1 March 2011** deadline. **The registered Alternates are not expected to come to the Games unless he or she will replace an Athlete/Coach/Unified partner who, for some reason, cannot participate in the 2011 SOWSG.** It is your responsibility to let SOI and the 2011 GOC know if any of the Alternate / Substitute / Reserve will replace other members of your Delegation. The deadline to make such a replacement is **01May 2011**.
7. As the Games approach, if one of your Delegates, Coaches, Athletes or Unified Partners is withdrawn from the Delegation for any reason, the Head of Delegation must notify the Regional Sports Director and SOI.

IMPORTANT DATES:

GMS Exchange/Paper Form Registration Start Date: 15 October 2010



Registration Deadline: 1 March 2011



Last day to Activate Alternates (Substitutes/Reserves) 01 May 2011

Photo Guidelines

- Head should be positioned directly facing the camera
- Photo should capture from slightly above top of hair to middle of chest
- Eyes should be open and looking at the camera
- Eyeglasses should be worn if normally used by the individual
- Glare on eyeglasses can usually be avoided with a slight upward or downward tilt of the head
- Background should be plain white or off-white
- Include headpieces if worn daily for religious purposes; they should not obscure or cast shadows on the eyes or any other part of the face
- Medium – resolution photography and printing are strongly recommended
- Digitally printed photos should be produced without visible pixels or dot patterns
- Fine facial features should be discernible
- The entire face should be in focus
- Photo size must be 1.6 inches (4cm) X 2 inches (5cm)

Photo

Examples	INCORRECT	CORRECT	SUGGESTIONS
<p>Head Not Facing Camera</p> 	<p>Head Facing Camera</p> 	<p>To prevent geometric distortion and ensure an adequate depth of field, the camera should be placed at the subject's eye level and approximately 4 ft (120 cm) from the subject.</p> <p>By placing the subject on an adjustable height seat, the height of the camera tripod can be fixed.</p> <p>A lens of about 105 mm focal length on a 35 mm film camera, or its equivalent on any other camera, should provide a sufficiently flat field-of-view.</p> <p>The subject's eyes should look directly at the camera and the subject may be either smiling or not, but unusual expressions and squinting should be avoided.</p>	

<p>Glare on Glasses</p> 	<p>No Glare on Glasses</p> 	<p>A slight downward tilt of the head will usually eliminate glare on eyeglasses. If this does not reduce the glare, try tilting the head slightly upward or rotating the glasses slightly upward or downward. The head should not be tilted by more than a few degrees to eliminate glare.</p> <p>Red Eyed conditions should be avoided. Red eye is caused by a direct reflection, through the pupil, from the retina of the eye when an on-camera flash is used, particularly for a subject who has adapted to a darkened environment. Red eye can be reduced by using an off-camera flash or by brightening the ambient lighting.</p>
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Background Not Plain



Plain Background



A distracting background should be avoided. Use a plain wall or a photographer's backdrop cloth as the background. The background color may be white or off-white.

Ideally, the background will be out of focus so that minor markings or texture on the background are not apparent in the photo.



Registration Instructions

General Forms Information

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

Delegation

Accredited Program (National Program)

Special Olympics Regions

AF = Africa

AP = Asia Pacific

EA = East Asia

EE = Europe/Eurasia

LA = Latin America

NA = North America

MA = Middle East/North Africa

MI

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

Gender

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

Mailing Address: State/Province

For U.S. Programs: indicate

State

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

All Programs include zip or postal code

Telephone/Fax numbers

Always indicate the country code

Date formats

The format for dates is as follows – Day Month Year. Example: dd/mm/yyyy

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

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

IMPORTANT: Release Forms statements (Forms B1 & C2)

These must be signed for participation in the 2011 Special Olympics World Summer Games.



Glossary of Terms:

GOC	Games Organizing Committee
DWC	Delegation Welcome Center
SOWSG	Special Olympics World Summer Games

Form-Specific Information

Form A: Delegation Information and Form A1: Roster

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

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

1. Please submit *one* form for each non-Athlete in your delegation and *one* for each Alternate (Substitute/Reserve) non-Athlete.
2. The Form B1 entitled “Delegate, Coach and Unified Partner Release” must be signed in **THREE (3)** places as indicated and dated by the Delegate, Coach or Unified Partner in order for this individual to be registered.
3. For all Coaches provide Certification Details.
4. If the Unified Partner is a Minor, then Form **B1: Delegate, Coach and Unified Partner Release Minor** must be signed in **THREE (3)** places by the parent/guardian of the Unified Partner.
5. 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.
6. Each Delegation may include, at the Delegation's own expense, a limited number of Additional Staff according to their quota. Registration fee will be €100.00 per day, from June 24th to July 5th, 2011. Therefore, the total amount of the fees for the whole period of the Games will be € 1.100,00 per AS Staff. 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.
7. The above fees must be paid by May 15th, 2011. Further information on the payment method will be provided at a later stage. No fees apply for the participation of the AS Staff to the ATHENS 2011 Host Town Program.
8. 6. Details regarding payment will be communicated at a later date.

Form C: Athlete Registration

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

Form C1: Athlete Medical Form

1. Please submit one form for each Athlete.
2. A caregiver, etc., must complete Sections 1 and 2 and sign the form in Section 2.
3. A medical doctor or licensed medical professional (as determined by the laws of each Program’s jurisdiction) must examine each Athlete and complete and sign under Physical Examination, in order for the individual to compete in the 2011 Special Olympics World Summer Games.
4. If an Athlete with Down syndrome desires to participate in the activities described in Section 6.02 (g)(1)



of the Special Olympics General Rules (adopted 2004 and amended), the Athlete shall first be examined (including x-ray views of full extension and flexion of neck) by a physician who has been briefed on the nature of the Atlanto-axial instability condition, and who determines, based on the results of that examination that the Athlete does not have an Atlanto-axial instability condition. An Athlete with Down Syndrome who has been diagnosed by a physician as having an Atlanto-axial instability condition may be permitted to participate in the activities described in the aforementioned section of the Special Olympics General Rules, one (1) if the Athlete, or the parent or guardian of a minor Athlete, confirms in writing his or her decision to proceed with these activities notwithstanding the risks created by the Atlanto-axial instability, and two (2) licensed medical professionals certify in writing that they have explained these risks to the Athlete and his/her parent or guardian, and that the Athlete's condition does not, in their judgment, preclude the Athlete from participating in Special Olympics restricted activities. These statements and certifications shall be documented and provided using the standardized form entitled Form C3 - *Special Release for Athletes with Atlanto-axial Instability*, and any revisions of that form, approved by Special Olympics.

Form C2: Athlete Authorization - Adult

Please submit one form for each Athlete.

If an Athlete with intellectual disabilities will be 18 years of age or older by 25 June 2011 he or she must complete and sign the form, *and* a witness must also complete and sign this form.

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

Form C2: Athlete Authorization - Minor

1. Please submit one form for each Athlete (and one for each Alternate (Substitute/Reserve)).
2. If an Athlete will be less than 18 years of age by 25 June 2011 a parent or guardian must complete and sign the form.
3. If an Athlete, parent or guardian cannot authorize Special Olympics to provide emergency medical care based on a religious objection, the Head of Delegation should inform the Delegation Services Department to the Games Organizing Committee, in writing prior to the deadline for registration materials.

Form C3: Special Release for Athletes with Atlanto-Axial Instability

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

Form C4: Athlete/Unified Partner Registration

1. Please submit one form for each Athlete/Unified Partner (and one for each Alternate (Substitute/Reserve)).
Unified Partners complete and sign Form B.
2. Please note that each Athlete/Unified Partner will be registered by sport.
3. Event Registration: Each participant may register for one sport only and for a predetermined number of events within that sport. Please review the *Overview by Sport* document and event listing carefully in order to register the Athletes correctly.

Form D: Team Roster

In addition to completing the Form C4– Athlete Registration, Form D must be completed for all Athletes/Unified Partners registering for Team Events except Relay Teams. The Athlete Skills Assessment Scores must be entered on Form D for each member.



I. **Team Information** List Special Olympics region, Delegation name, and Coaches' names and indicate the type of team.

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

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

Form E 1-4: Relay Team Entry Registration

In addition to completing Form C 4 – Athlete Registration:

Form E 1 must be completed for all Athletes registering for an Aquatics Relay Team.

Form E 2 must be completed for all Athletes registering for an Athletics Relay Team.

Form E 3 must be completed for all Athletes registering for an Equestrian Relay Team.

Form E 4 must be completed for all Athletes registering for a Roller Skating Relay Team.

You may enter up to three relay teams per form. If you are registering more than three relay teams, use additional Form E's.

I. Team Information

Required Information:

Special Olympics Region

Delegation name

Coaches' name

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

II. Team Members

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

Total Team Score

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

Form F: (If Required) Equestrian Rider Profile Form

This form is required for all Equestrian Athletes and must be sent in with your registration forms.

Form G: (If Required) Basketball Team Individual Assessment Rating

This form is required for all Basketball Teams and must be sent in with your registration forms.

Form H: (If Required) Football Team Rating

This form is required for all Football Teams and must be sent in with your registration forms.

Form I: Table Tennis Rating

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

Form J: (If Required) Tennis Rating

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

Form K: Athlete / Coach Profile

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



Form L: Special Olympics International Policy against Refusal to Compete and Commercial Markings

This form is required from each Delegation

Form M 1-4: Delegation Travel Itinerary (by Air, Sea, Rail, and Bus)

Once your Travel Plans are complete, you must submit this form to both SOI and GOC:

SOI: Reuben Silva at: rsilva@specialolympics.org

GOC: Arrivals & Departures: Arr.Dep@Athens2011.org



Delegation Registration Booklet

SOI Country Abbreviations by Region

Country Name	CODE
Africa	
Benin	BEN
Botswana	BOT
Burkina Faso	BUR
Cameroon	CMR
Central Africa Republic	CAF
Chad	CHA
Congo	CGO
Côte d'Ivoire	CIV
Democratic Republic of the Congo	COD
Gabon	GAB
Gambia	GAM
Ghana	GHA
Guinea	GUI
Kenya	KEN
Lesotho	LES
Malawi	MAW
Mali	MLI
Mauritius	MRI
Namibia	NAM
Niger	NIG
Nigeria	NGR
Reunion	REU
Rwanda	RWA
Senegal	SEN
Seychelles	SEY
Sierra Leone	SLE
South Africa	RSA
Swaziland	SWZ
Tanzania	TAN
Togo	TOG
Uganda	UGA
Zambia	ZAM
Zimbabwe	ZIM
Asia Pacific	
Afghanistan	AFG
Australia	AUS
Bangladesh	BAN
Bhutan	BHU
Brunei Darussalam	BRU
Cambodia	CAM
India	IND
Indonesia	INA
Japan	JPN
Laos	LAO
Malaysia	MAS
Maldives	MDV
Myanmar	MYA
Nepal	NEP
New Zealand	NZL
Pakistan	PAK
Philippines	PHI

Country Name	CODE
Asia Pacific Cont.	
Samoa	SAM
Singapore	SIN
Sri Lanka	SRI
Thailand	THA
Timor-Leste	TLS
Vietnam	VEI
East Asia	
China	CHN
Chinese Taipei	TPE
Hong Kong	HKG
Macau	MAC
Korea	KOR
Europe/Eurasia	
Albania	ALB
Andorra	AND
Armenia	ARM
Austria	AUT
Azerbaijan	AZE
Belarus	BLR
Belgium	BEL
Bosnia and Herzegovina	BIH
Bulgaria	BUL
Croatia	CRO
Cyprus	CYP
Czech Republic	CZE
Denmark	DEN
Estonia	EST
Faeroe Islands	FRO
Finland	FIN
France	FRA
FYR Macedonia	MKD
Georgia	GEO
Germany	GER
Gibraltar	GIB
Great Britain	GBR
Greece	GRE
Hungary	HUN
Iceland	ISL
Ireland	IRL
Isle of Man	IOM
Israel	ISR
Italy	ITA
Kazakhstan	KAZ
Kosovo under UNSCR 1244/99	KOS
Kyrgyz Republic	KGZ
Latvia	LAT
Liechtenstein	LIE
Lithuania	LTU
Luxembourg	LUX
Malta	MLT



**Country Name
Europe/Eurasia Cont.**

Country Name	CODE
Moldova	MDA
Monaco	MON
Montenegro	MNE
Netherlands	NED
Norway	NOR
Poland	POL
Portugal	POR
Romania	ROM
Russia	RUS
San Marino	SMR
Serbia	SRB
Slovakia	SVK
Slovenia	SLO
Spain	ESP
Sweden	SWE
Switzerland	SUI
Tajikistan	TJK
Turkey	TUR
Turkmenistan	TKM
Ukraine	UKR
Uzbekistan	UZB

Latin America

Country Name	CODE
Argentina	ARG
Bolivia	BOL
Brazil	BRA
Chile	CHI
Colombia	COL
Costa Rica	CRC
Cuba	CUB
Dominican Republic	DOM
Ecuador	ECU
El Salvador	ESA
Guatemala	GUA
Honduras	HON
Mexico	MEX
Panama	PAN
Paraguay	PAR
Peru	PER
Puerto Rico	PUR
Uruguay	URU
Venezuela	VEN

Middle East/North Africa

Country Name	CODE
Algeria	ALG
Bahrain	BRN
Comoros	CON
Djibouti	DJI
Egypt	EGY
Iran	IRI
Iraq	IRQ
Jordan	JOR
Kuwait	KUW
Lebanon	LIB
Libya	LBA
Mauritania	MTN
Morocco	MAR
Oman	OMA
Palestine	PLE
Qatar	QAT
Saudi Arabia	KSA
Sudan	SUD
Syria	SYR
Tunisia	TUN
United Arab Emirates	UAE
Yemen	YEM

North America

Country Name	CODE
American Samoa	ASA
Antigua & Barbuda	ANT
Aruba	ARU
Bahamas	BAH
Barbados	BAR
Belize	BIZ
Bermuda	BER
Bonaire	BON
British Virgin Islands	IVB
Canada	CAN
Cayman Islands	CAY
Curacao	CUR
Guadeloupe	GLP
Guam	GUM
Guyana	GUY
Haiti	HAI
Jamaica	JAM
Martinique	MTQ
Montserrat	MSR
St. Kitts and Nevis	SKN
St. Lucia	LCA
St. Maarten	MAA
St. Vincent and the Grenadines	VIN
Suriname	SUR
Trinidad and Tobago	TRI
Turks and Caicos	TKS
United States of America	USA
US Virgin Islands	ISV

Greece VISA Requirements

COUNTRY	VISA REQUIRED
AFGHANISTAN	VISA
ALBANIA	VISA
ALGERIA	VISA
ANDORRA	NO
ANGOLA	VISA
ANTIGUA AND BARBUDA	NO
ARGENTINA (ARGENTINE REPUBLIC)	NO
ARMENIA	VISA
AUSTRALIA	NO
AUSTRIA, REPUBLIC OF	NO
AZERBAIJAN (AZERBAIJANI REPUBLIC)	VISA
BAHAMAS, COMMONWEALTH OF THE	NO
BAHRAIN, STATE OF	VISA
BANGLADESH, PEOPLE'S REPUBLIC OF	VISA
BARBADOS	NO
BELARUS, REPUBLIC OF	VISA
BELGIUM, KINGDOM OF	NO
BELIZE	VISA
BENIN, REPUBLIC OF	VISA
BHUTAN, KINGDOM OF	VISA
BOLIVIA, REPUBLIC OF	VISA
BOSNIA AND HERZEGOVINA	VISA
BOTSWANA, REPUBLIC OF	VISA
BRAZIL, FEDERATIVE REPUBLIC OF	NO
BRUNEI (NEGARA BRUNEI DARUSSALAM)	NO
BULGARIA, REPUBLIC OF	NO
BURKINA FASO	VISA
BURUNDI, REPUBLIC OF	VISA
CAMBODIA, KINGDOM OF	VISA
CAMEROON, REPUBLIC OF	VISA
CANADA	NO
CAPE VERDE, REPUBLIC OF	VISA
CENTRAL AFRICAN REPUBLIC	VISA
CHAD, REPUBLIC OF	VISA
CHILE, REPUBLIC OF	NO

COUNTRY	VISA REQUIRED
CHINA, PEOPLE'S REPUBLIC OF	VISA
CHINESE TAIPEI	VISA
COLOMBIA, REPUBLIC OF	VISA
COMOROS, FEDERAL ISLAMIC REPUBLIC	VISA
CONGO, DEMOCRATIC REPUBLIC OF THE	VISA
CONGO, REPUBLIC OF THE	VISA
COSTA RICA, REPUBLIC OF	NO
COTE D'IVOIRE, REPUBLIC OF (IVORY COAST)	VISA
CROATIA, REPUBLIC OF	NO
CUBA, REPUBLIC OF	VISA
CYPRUS, REPUBLIC OF	NO
CZECH REPUBLIC	NO
DENMARK, KINGDOM OF	NO
DJIBOUTI, REPUBLIC OF	VISA
DOMINICA COMMONWEALTH OF	VISA
DOMINICAN REPUBLIC	VISA
ECUADOR, REPUBLIC OF	VISA
EGYPT, ARAB REPUBLIC OF	VISA
EL SALVADOR, REPUBLIC OF	NO
EQUATORIAL GUINEA, REPUBLIC OF	VISA
ERITREA, STATE OF	VISA
ESTONIA, REPUBLIC OF	NO
ETHIOPIA (FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA)	VISA
FIJI ISLANDS, REPUBLIC OF THE	VISA
FINLAND, REPUBLIC OF	NO
FRANCE (FRENCH REPUBLIC)	NO
GABON (GABONESE REPUBLIC)	VISA
GAMBIA, THE	VISA
GEORGIA	VISA
GERMANY (FEDERAL REPUBLIC OF)	NO
GHANA, REPUBLIC OF	VISA
GRENADA	VISA
GUATEMALA, REPUBLIC OF	NO
GUINEA, REPUBLIC OF	VISA
GUINEA-BISSAU, REPUBLIC OF	VISA

COUNTRY	VISA REQUIRED
GUYANA, CO-OPERATIVE REPUBLIC OF	VISA
HAITI, REPUBLIC OF	VISA
HOLY SEE (STATE OF THE VATICAN CITY)	NO
HONDURAS, REPUBLIC OF	NO
HONG KONG SPECIAL ADMINISTRATIVE REGION (NOTE 5)	NO
HUNGARY, REPUBLIC OF	NO
ICELAND, REPUBLIC OF	NO
INDIA, REPUBLIC OF	VISA
INDONESIA, REPUBLIC OF	VISA
IRAN, ISLAMIC REPUBLIC OF	VISA
IRAQ, REPUBLIC OF	VISA
IRELAND	NO
ISRAEL, STATE OF	NO
ITALY (ITALIAN REPUBLIC)	NO
JAMAICA	VISA
JAPAN	NO
JORDAN, HASHEMITE KINGDOM OF	VISA
KAZAKHSTAN, REPUBLIC OF	VISA
KENYA, REPUBLIC OF	VISA
KIRIBATI, REPUBLIC OF	VISA
KOREA, NORTH (DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA)	VISA
KOREA, SOUTH (REPUBLIC OF KOREA)	NO
KOSOVO (UN SECURITY COUNCIL RESOLUTION 1244/10.06.1999)	VISA
KUWAIT, STATE OF	VISA
KYRGYZSTAN (KYRGYZ REPUBLIC)	VISA
LAOS (LAO PEOPLE'S DEMOCRATIC REPUBLIC)	VISA
LATVIA, REPUBLIC OF	NO
LEBANON (LEBANESE REPUBLIC)	VISA
LESOTHO, KINGDOM OF	VISA
LIBERIA, REPUBLIC OF	VISA
LIBYA (SOCIALIST PEOPLE'S LIBYAN ARAB JAMAHIRIYA)	VISA
LIECHTENSTEIN, PRINCIPALITY OF	NO
LITHUANIA, REPUBLIC OF	NO
LUXEMBOURG, GRAND DUCHY OF	NO
MACAO SPECIAL ADMINISTRATIVE REGION (NOTE 6)	NO
MADAGASCAR, REPUBLIC OF	VISA
MALAWI, REPUBLIC OF	VISA

COUNTRY	VISA REQUIRED
MALAYSIA	NO
MALDIVES, REPUBLIC OF	VISA
MALI, REPUBLIC OF	VISA
MALTA, REPUBLIC OF	NO
MARSHALL ISLANDS, REPUBLIC OF THE	VISA
MAURITANIA, ISLAMIC REPUBLIC OF	VISA
MAURITIUS	NO
MEXICO (UNITED MEXICAN STATES)	NO
MICRONESIA, FEDERATED STATES OF	VISA
MOLDOVA, REPUBLIC OF	VISA
MONACO, PRINCIPALITY OF	NO
MONGOLIA	VISA
MONTENEGRO (NOTE 1)	NO
MOROCCO, KINGDOM OF	VISA
MOZAMBIQUE, REPUBLIC OF	VISA
MYANMAR - BURMA, UNION OF	VISA
NAMIBIA, REPUBLIC OF	VISA
NAURU, REPUBLIC OF	VISA
NEPAL, KINGDOM OF	VISA
NETHERLANDS, KINGDOM OF THE	NO
NEW ZEALAND	NO
NICARAGUA, REPUBLIC OF	NO
NIGER, REPUBLIC OF	VISA
NIGERIA, FEDERAL REPUBLIC OF	VISA
NORWAY, KINGDOM OF	NO
OMAN, SULTANATE OF	VISA
PAKISTAN, ISLAMIC REPUBLIC OF	VISA
PALAU, REPUBLIC OF	VISA
PALESTINIAN AUTHORITY	VISA
PANAMA, REPUBLIC OF	NO
PAPUA NEW GUINEA, (INDEPENDENT STATE OF)	VISA
PARAGUAY, REPUBLIC OF	NO
PERU, REPUBLIC OF	VISA
PHILIPPINES, REPUBLIC OF THE	VISA
POLAND, REPUBLIC OF	NO
PORTUGAL (PORTUGUESE REPUBLIC)	NO
QATAR, STATE OF	VISA
ROMANIA	NO
RUSSIA (RUSSIAN FEDERATION)	VISA

COUNTRY	VISA REQUIRED
RWANDA (RWANDESE REPUBLIC)	VISA
SAINT KITTS AND NEVIS, FEDERATION OF	NO
SAINT LUCIA	VISA
SAINT VINCENT AND THE GRENADINES	VISA
SAMOA, INDEPENDENT STATE OF	VISA
SAN MARINO, REPUBLIC OF	NO
SAO TOME AND PRINCIPE, DEMOCRATIC REPUBLIC OF	VISA
SAUDI ARABIA, KINGDOM OF	VISA
SENEGAL, REPUBLIC OF	VISA
SERBIA (NOTES 2&3)	NO
SEYCHELLES, REPUBLIC OF	NO
SIERRA LEONE, REPUBLIC OF	VISA
SINGAPORE, REPUBLIC OF	NO
SLOVAKIA (SLOVAK REPUBLIC)	NO
SLOVENIA, REPUBLIC OF	NO
SOLOMON ISLANDS	VISA
SOMALIA, REPUBLIC OF	VISA
SOUTH AFRICA, REPUBLIC OF	VISA
SPAIN, KINGDOM OF	NO
SRI LANKA, DEMOCRATIC SOCIALIST REPUBLIC OF	VISA
SUDAN, REPUBLIC OF THE	VISA
SURINAME, REPUBLIC OF	VISA
SWAZILAND, KINGDOM OF	VISA
SWEDEN, KINGDOM OF	NO
SWITZERLAND (SWISS CONFEDERATION)	NO
SYRIA (SYRIAN ARAB REPUBLIC)	VISA

COUNTRY	VISA REQUIRED
TAJKISTAN, REPUBLIC OF	VISA
TANZANIA, UNITED REPUBLIC OF	VISA
THAILAND, KINGDOM OF	VISA
THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA (NOTE 4)	NO
TIMOR-LESTE (DEMOCRATIC REPUBLIC OF)	VISA
TOGO (TOGOLESE REPUBLIC)	VISA
TONGA, KINGDOM OF	VISA
TRINIDAD AND TOBAGO, REPUBLIC OF	VISA
TUNISIA, REPUBLIC OF	VISA
TURKEY, REPUBLIC OF	VISA
TURKMENISTAN	VISA
TUVALU	VISA
UGANDA, REPUBLIC OF	VISA
UKRAINE	VISA
UNITED ARAB EMIRATES	VISA
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND	NO
UNITED STATES OF AMERICA	NO
URUGUAY, ORIENTAL REPUBLIC OF	NO
UZBEKISTAN, REPUBLIC OF	VISA
VANUATU, REPUBLIC OF	VISA
VENEZUELA, BOLIVARIAN REPUBLIC OF	NO
VIETNAM, SOCIALIST REPUBLIC OF	VISA
YEMEN, REPUBLIC OF	VISA
ZAMBIA, REPUBLIC OF	VISA
ZIMBABWE, REPUBLIC OF	VISA

NOTES

- (1) The visa requirement exemption should only applies to holders of biometric passports issued by MONTENEGRO.
- (2) The visa requirement exemption should only applies to holders of biometric passports issued by SERBIA
- (3) The visa requirement exemption IS NOT APPLIED TO holders of Serbian passports issued by the Serbian Coordination Directorate (in Serbian: Koordinaciona uprava)
- (4) The visa requirement exemption should only applies to holders of biometric passports issued by Fyrom
- (5) The visa exemption applies only to holders of a "Hong Kong Special Administrative Region" passport.
- (6) The visa exemption applies only to holders of a "Região Administrativa Especial de Macau" passport

Embassies and Consulates FOR VISA

MATRIX OF EMBASSIES AND CONSULATES OF GREECE WHICH ISSUE VISAS ALLONG WITH EMBASSIES AND CONSULATES OF OTHER SCHENGEN COUNTRIES THAT ISSUE VISAS ON BEHALF OF GREECE		
COUNTRY	CITY	HELLENIC EMBASSY/CONSULATE
AFGHISTAN		
	ISLAMABAD, PAKISTAN	HELLENIC EMBASSY/CONSULATE
ALBANIA		
	TIRANA	HELLENIC EMBASSY/CONSULATE
	GJIROKASTER	HELLENIC EMBASSY/CONSULATE
	KORUTSA	HELLENIC EMBASSY/CONSULATE
ALGERIA		
	ALGIERS	HELLENIC EMBASSY/CONSULATE
ANDORRA		
	AANDORRA-LA-VELLA	FRENCH EMBASSY/CONSULATE
ANGOLA		
	LUANDA	PORTUGUESE EMBASSY/CONSULATE
ARGENTINA		
	BUENOS AIRES	HELLENIC EMBASSY/CONSULATE
ARMENIA		
	YEREVAN	HELLENIC EMBASSY/CONSULATE
AUSTRALIA		
	CANBERRA	HELLENIC EMBASSY/CONSULATE
	ADELAIDE	HELLENIC EMBASSY/CONSULATE
	MELBOURNE	HELLENIC EMBASSY/CONSULATE
	PERTH	HELLENIC EMBASSY/CONSULATE
	SYDNEY	HELLENIC EMBASSY/CONSULATE
AZERBAIJAN		
	BAKU	HELLENIC EMBASSY/CONSULATE
BAHRAIN		
	MANAMA	FRENCH EMBASSY/CONSULATE
BANGLADESH		
	DHAKA	ITALIAN EMBASSY/CONSULATE
BELARUS		
	MINSK	LITHUANIAN EMBASSY/CONSULATE
	HRONDA	LITHUANIAN EMBASSY/CONSULATE
BENIN		
	COTONOU	FRENCH EMBASSY/CONSULATE
BOLIVIA		
	LA PAZ	SPANISH EMBASSY/CONSULATE
	SANTA CRUZ DE LA SIERRA	SPANISH EMBASSY/CONSULATE

COUNTRY	CITY	HELLENIC EMBASSY/CONSULATE
BOSNIA AND HERZEGOVINA		
	SARAJEVO	HELLENIC EMBASSY/CONSULATE
BOTSWANA		
	GABORONE	FRENCH EMBASSY/CONSULATE
BRAZIL		
	BRASILIA	HELLENIC EMBASSY/CONSULATE
	SAO PAULO	HELLENIC EMBASSY/CONSULATE
BRUNEI		
	BANDAR SERI BEGAWAN	FRENCH EMBASSY/CONSULATE
BULGARIA		
	SOFIA	HELLENIC EMBASSY/CONSULATE
	PLOVDIV	HELLENIC EMBASSY/CONSULATE
BURINDI		
	BUJUMBURA	BELGIAN EMBASSY/CONSULATE
BURKINA FASO		
	OUAGADOUGOU	FRENCH EMBASSY/CONSULATE
CANADA		
	OTTAWA	HELLENIC EMBASSY/CONSULATE
	MONTREAL	HELLENIC EMBASSY/CONSULATE
	TORONTO	HELLENIC EMBASSY/CONSULATE
	VANCOUVER	HELLENIC EMBASSY/CONSULATE
CAMBODIA		
	PHNOM PEHN	FRENCH EMBASSY/CONSULATE
CAMEROON		
	YAOUNDE	FRENCH EMBASSY/CONSULATE
CENTRAL AFRICAN REPUBLIC		
	BANGUI	FRENCH EMBASSY/CONSULATE
CHAD		
	N'DJAMENA	FRENCH EMBASSY/CONSULATE
CHILE		
	SANTIAGO	HELLENIC EMBASSY/CONSULATE
CHINA(PR)		
	BEIJING	HELLENIC EMBASSY/CONSULATE
	CANTON (GUANGHOU)	HELLENIC EMBASSY/CONSULATE
	SHANGHAI	HELLENIC EMBASSY/CONSULATE
	HONG KONG	HELLENIC EMBASSY/CONSULATE
	MACAU	PORTUGUESE EMBASSY/CONSULATE
COLOMBIA		
	BOGOTA	SPANISH EMBASSY/CONSULATE
COMOROS		
	MORONI	FRENCH EMBASSY/CONSULATE

COUNTRY	CITY	HELLENIC EMBASSY/CONSULATE
CONGO		
	KINSHASA, DRC	HELLENIC EMBASSY/CONSULATE
CONGO (DEMOCRATIC REPUBLIC OF)		
	KINSHASA	HELLENIC EMBASSY/CONSULATE
	BRAZZAILE	FRENCH EMBASSY/CONSULATE
COSTA RICA		
	SAN JOSE	SPANISH EMBASSY/CONSULATE
COTE D'IVOIRE		
	ABIDJAN	FRENCH EMBASSY/CONSULATE
CROATIA		
	ZAGREB	HELLENIC EMBASSY/CONSULATE
CUBA		
	HAVANA	HELLENIC EMBASSY/CONSULATE
CYPRUS		
	NICOSIA	HELLENIC EMBASSY/CONSULATE
CZECH REPUBLIC		
	PRAGUE	HELLENIC EMBASSY/CONSULATE
DJIBUTI		
	DJIBUTI	FRENCH EMBASSY/CONSULATE
DOMINICAN REPUBLIC		
	SANTO DOMINGO	SPANISH EMBASSY/CONSULATE
ECUADOR		
	QUITO	SPANISH EMBASSY/CONSULATE
EGYPT		
	CAIRO	HELLENIC EMBASSY/CONSULATE
	ALEXANDRIA	HELLENIC EMBASSY/CONSULATE
EL SALVADOR		
	SAN SALVADOR	SPANISH EMBASSY/CONSULATE
EQUATORIAL GUINEA		
	MALABO	SPANISH EMBASSY/CONSULATE
ERITREA		
	ASMARA	DUTCH EMBASSY/CONSULATE
ESTONIA		
	TALLINN	HELLENIC EMBASSY/CONSULATE
ETHIOPIA		
	ADDIS ABABA	HELLENIC EMBASSY/CONSULATE
FIJI		
	SUVA	FRENCH EMBASSY/CONSULATE
FYR MACEDONIA		
	SKOPJE	HELLENIC EMBASSY/CONSULATE
	BITOLA	HELLENIC EMBASSY/CONSULATE

COUNTRY	CITY	HELLENIC EMBASSY/CONSULATE
GABON		
	LIBREVILLE	FRENCH EMBASSY/CONSULATE
GEORGIA		
	TBILISI	HELLENIC EMBASSY/CONSULATE
GHANA		
	ACCRA	SPANISH EMBASSY/CONSULATE
GUATEMALA		
	GUATEMALA CITY	SPANISH EMBASSY/CONSULATE
GUINEA		
	CONAKRY	GERMAN EMBASSY/CONSULATE
GUINEA-BISSAU		
	BISSAU	PORTUGUESE EMBASSY/CONSULATE
HAITI		
	PORT-AU-PRINCE	SPANISH EMBASSY/CONSULATE
HOLY SEE		
	VATICAN CITY (ROME)	HELLENIC EMBASSY/CONSULATE
HONDURAS		
	TEGUCIGALPA	SPANISH EMBASSY/CONSULATE
HUNGARY		
	BUDAPEST	HELLENIC EMBASSY/CONSULATE
INDIA		
	NEW DELHI	HELLENIC EMBASSY/CONSULATE
INDONESIA		
	JAKARTA	HELLENIC EMBASSY/CONSULATE
	MUMBAI (BOMBAY)	FRENCH EMBASSY/CONSULATE
	GOA	PORTUGUESE EMBASSY/CONSULATE
	PONDICHERY	FRENCH EMBASSY/CONSULATE
IRAN		
	TEHRAN	HELLENIC EMBASSY/CONSULATE
IRAQ		
	BAGDAD	HELLENIC EMBASSY/CONSULATE
IRELAND		
	DUBLIN	HELLENIC EMBASSY/CONSULATE
ISRAEL		
	TEL AVIV	HELLENIC EMBASSY/CONSULATE
	JERUSALEM	HELLENIC EMBASSY/CONSULATE
JAMAICA		
	KINGSTON	SPANISH EMBASSY/CONSULATE
JAPAN		
	TOKYO	HELLENIC EMBASSY/CONSULATE
	OSAKA-KOBE	ITALIAN EMBASSY/CONSULATE

COUNTRY	CITY	HELLENIC EMBASSY/CONSULATE
JORDAN		
	AMMAN	HELLENIC EMBASSY/CONSULATE
KAZAKHSTAN		
	ASTANA	HELLENIC EMBASSY/CONSULATE
KENYA		
	NAIROBI	HELLENIC EMBASSY/CONSULATE
KOREA (NORTH)		
	PYONGYANG	SWEDISH EMBASSY/CONSULATE
KOREA (SOUTH)		
	SEOUL	HELLENIC EMBASSY/CONSULATE
KYRGYZSTAN		
	BISHKEK	GERMAN EMBASSY/CONSULATE
KUWAIT		
	KUWAIT CITY	HELLENIC EMBASSY/CONSULATE
LAOS		
	VIENTIANE	GERMAN EMBASSY/CONSULATE
LEBANON		
	BEIRUT	HELLENIC EMBASSY/CONSULATE
LIBYA		
	TRIPOLI	HELLENIC EMBASSY/CONSULATE
LITHUANIA		
	VILNIUS	HELLENIC EMBASSY/CONSULATE
MADAGASCAR		
	ANTANANARIVO	FRENCH EMBASSY/CONSULATE
	DIEGO-SUAREZ	FRENCH EMBASSY/CONSULATE
	TAMATAVE	FRENCH EMBASSY/CONSULATE
	MAJUNGA	FRENCH EMBASSY/CONSULATE
MALAWI		
	LILONGWE	GERMAN EMBASSY/CONSULATE
MALAYSIA		
	KUALA LUMPUR	SPANISH EMBASSY/CONSULATE
MALI		
	BAMAKO	FRENCH EMBASSY/CONSULATE
MAURITANIA		
	NOUAKCHOTT	FRENCH EMBASSY/CONSULATE
MAURITIUS		
	PORT LOUIS	FRENCH EMBASSY/CONSULATE
MEXICO		
	MEXICO CITY	HELLENIC EMBASSY/CONSULATE
MOLDOVA		
	CHISINAU	HUNGARIAN EMBASSY/CONSULATE

COUNTRY	CITY	HELLENIC EMBASSY/CONSULATE
MONACO		
	MONACO	FRENCH EMBASSY/CONSULATE
MONGOLIA		
	ULAN BATOR	GERMAN EMBASSY/CONSULATE
MONTENEGRO		
	PODGORICA	HELLENIC EMBASSY/CONSULATE
MOROCCO		
	CASABLANCA	HELLENIC EMBASSY/CONSULATE
MOZAMBIQUE		
	MAPUTO	PORTUGUESE EMBASSY/CONSULATE
MYANMAR (BURMA)		
	RANGOON	GERMAN EMBASSY/CONSULATE
NAMIBIA		
	WINDHOEK	GERMAN EMBASSY/CONSULATE
NEPAL		
	KATHMANDU	FRENCH EMBASSY/CONSULATE
NETHERLANDS		
	THE HAGUE	HELLENIC EMBASSY/CONSULATE
NEW ZEALAND		
	WELLINGTON	HELLENIC EMBASSY/CONSULATE
NICARAGUA		
	MANAGUA	SPANISH EMBASSY/CONSULATE
NIGER		
	NIAMEY	FRENCH EMBASSY/CONSULATE
NIGERIA		
	ABUJA	HELLENIC EMBASSY/CONSULATE
OMAN		
	MUSCAT	FRENCH EMBASSY/CONSULATE
PAKISTAN		
	ISLAMABAD	HELLENIC EMBASSY/CONSULATE
	KARACHI	ITALIAN EMBASSY/CONSULATE
PANAMA		
	PANAMA CITY	SPANISH EMBASSY/CONSULATE
PARAGUAY		
	ASUNCION	SPANISH EMBASSY/CONSULATE
PERU		
	LIMA	HELLENIC EMBASSY/CONSULATE
PHILIPPINES		
	MANILA	HELLENIC EMBASSY/CONSULATE
POLAND		
	WARSAW	HELLENIC EMBASSY/CONSULATE

COUNTRY	CITY	HELLENIC EMBASSY/CONSULATE
QATAR		
	DOHA	HELLENIC EMBASSY/CONSULATE
ROMANIA		
	BUCHAREST	HELLENIC EMBASSY/CONSULATE
RUSSIA		
	MOSCOW	HELLENIC EMBASSY/CONSULATE
	NOVOROSSISK	HELLENIC EMBASSY/CONSULATE
	ST PETERSBURG	HELLENIC EMBASSY/CONSULATE
RWANDA		
	KIGALI	BELGIAN EMBASSY/CONSULATE
ST LUCIA		
	CASTRIES	FRENCH EMBASSY/CONSULATE
SAN MARINO		
	SAN MARINO	ITALIAN EMBASSY/CONSULATE
SAO TOME + PRINCIPE		
	SAO TOME	PORTUGUESE EMBASSY/CONSULATE
SAUDI ARABIA		
	RIYADH	HELLENIC EMBASSY/CONSULATE
	JEDDA	HELLENIC EMBASSY/CONSULATE
SENEGAL		
	DAKAR	AUSTRIAN EMBASSY/CONSULATE
SERBIA		
	BELGRADE	HELLENIC EMBASSY/CONSULATE
	NIS	HELLENIC EMBASSY/CONSULATE
	KOSOVO/PRISTINA	HELLENIC EMBASSY/CONSULATE
SEYCHELLES		
	VICTORIA	FRENCH EMBASSY/CONSULATE
SINGAPORE		
	SINGAPORE	FRENCH EMBASSY/CONSULATE
SLOVAKIA		
	BRATISLAVA	HELLENIC EMBASSY/CONSULATE
SLOVENIA		
	LJULJANA	HELLENIC EMBASSY/CONSULATE
SOUTH AFRICA		
	PRETORIA	HELLENIC EMBASSY/CONSULATE
	CAPETOWN	HELLENIC EMBASSY/CONSULATE
	DURBAN	HELLENIC EMBASSY/CONSULATE
	JOHANNESBURG	HELLENIC EMBASSY/CONSULATE
SPAIN		
	MARDID	HELLENIC EMBASSY/CONSULATE
SRI LANKA		
	COLOMBO	ITALIAN EMBASSY/CONSULATE

COUNTRY	CITY	HELLENIC EMBASSY/CONSULATE
SUDAN		
	KHAROUM	HELLENIC EMBASSY/CONSULATE
SURINAME		
	PARAMORIBO	DUTCH EMBASSY/CONSULATE
SWITZERLAND		
	BERNE	HELLENIC EMBASSY/CONSULATE
	GENEVA	HELLENIC EMBASSY/CONSULATE
SYRIA		
	DAMASCUS	HELLENIC EMBASSY/CONSULATE
TAJIKISTAN		
	DUSHANBE	GERMAN EMBASSY/CONSULATE
TANZANIA		
	DAR-ES-SALAAM	FRENCH EMBASSY/CONSULATE
THAILAND		
	BANGKOK	HELLENIC EMBASSY/CONSULATE
TIMOR-LESTE		
	DILI	PORTUGUESE EMBASSY/CONSULATE
TOGO		
	LOME	FRENCH EMBASSY/CONSULATE
TUNISIA		
	TUNIS	HELLENIC EMBASSY/CONSULATE
TURKEY		
	ANKARA	HELLENIC EMBASSY/CONSULATE
	EDIRNE	HELLENIC EMBASSY/CONSULATE
	ISTANBUL	HELLENIC EMBASSY/CONSULATE
	IZMIR	HELLENIC EMBASSY/CONSULATE
TURKMENISTAN		
	ASHGABAT	GERMAN EMBASSY/CONSULATE
UGANDA		
	KAMPALA	FRENCH EMBASSY/CONSULATE
UKRAINE		
	KIEV	HELLENIC EMBASSY/CONSULATE
	MARIUPOL	HELLENIC EMBASSY/CONSULATE
	ODESSA	HELLENIC EMBASSY/CONSULATE
UNITED ARAB EMIRATES		
	ABU DHABI	HELLENIC EMBASSY/CONSULATE
UNITED KINGDOM		
	LONDON	HELLENIC EMBASSY/CONSULATE

COUNTRY	CITY	HELLENIC EMBASSY/CONSULATE
UNITED STATES OF AMERICA		
	WASHINGTON	HELLENIC EMBASSY/CONSULATE
	ATLANTA	HELLENIC EMBASSY/CONSULATE
	BOSTON	HELLENIC EMBASSY/CONSULATE
	CHICAGO	HELLENIC EMBASSY/CONSULATE
	HOUSTON	HELLENIC EMBASSY/CONSULATE
	LOS ANGELES	HELLENIC EMBASSY/CONSULATE
	NEW YORK	HELLENIC EMBASSY/CONSULATE
	SAN FRANCISCO	HELLENIC EMBASSY/CONSULATE
	TAMPA	HELLENIC EMBASSY/CONSULATE
URUGUAY		
	MONTEVIDEO	HELLENIC EMBASSY/CONSULATE
UZBEKISTAN		
	TASHKENT	ITALIAN EMBASSY/CONSULATE
VANUATU		
	PORT VILLA	FRENCH EMBASSY/CONSULATE
VENEZUELA		
	CARACAS	HELLENIC EMBASSY/CONSULATE
VIETNAM		
	HANOI	HELLENIC EMBASSY/CONSULATE
YEMEN		
	SANA'A	FRENCH EMBASSY/CONSULATE
ZAMBIA		
	LUSAKA	ITALIAN EMBASSY/CONSULATE
ZIMBABWE		
	HARARE	HELLENIC EMBASSY/CONSULATE

Sport Event Codes

AQUATICS		
EVENT	CODE	LEVEL
<i>Category 1</i>		
25M Freestyle	AQ25MF	
25M Backstroke	AQ25BK	
4X25 Freestyle Relay	AQ4X25MF	
<i>Category 2</i>		
25M Butterfly	AQ25BF	
25M Backstroke	AQ25BK	
25M Breaststroke	AQ25BS	
50M Freestyle	AQ50MF	
50M Butterfly	AQ50BF	
50M Backstroke	AQ50BK	
50M Breaststroke	AQ50BS	
100M Freestyle	AQ100MF	
4X25 Freestyle Relay	AQ4X25MF	
4X50M Freestyle Relay	AQ4X50MF	
4X50M Medley Relay	AQ4X50MR	
4X100M Freestyle Relay	AQ4X1CMF	
<i>Category 3</i>		
100M Freestyle	AQ100MF	
100M Backstroke	AQ100BK	
100M Breaststroke	AQ100BS	
100M Butterfly	AQ100BF	
100M Individual Medley	AQ100IM	
200M Freestyle	AQ200MF	
200M Backstroke	AQ200BK	
200M Breaststroke	AQ200BS	
200M Individual Medley	AQ200IM	
400M Freestyle	AQ400MF	
4X25 Freestyle Relay	AQ4X25MF	
4X50M Freestyle Relay	AQ4X50MF	
4X50M Medley Relay	AQ4X50MR	
4X100M Freestyle Relay	AQ4X1CMF	
4X100M Medley Relay	AQ4X1CMR	
<i>Category 4</i>		
400M Freestyle	AQ400MF	
800M Freestyle	AQ800MF	
1500M Freestyle	AQ1500MF	
4X50M Freestyle Relay	AQ4X50MF	
4X50M Medley Relay	AQ4X50MR	
4X100M Freestyle Relay	AQ4X1CMF	
4X100M Medley Relay	AQ4X1CMR	
<i>Category 5 Open Water Swim</i>		
AQUATICS Cont.		

EVENT	CODE	LEVEL
1500 Meters Open Water Swim	AQOPEN	
800M Freestyle	AQ800MF	
ATHLETICS		
EVENT	CODE	LEVEL
<i>Category 1</i>		
25 Meters Run	AT25MR	
50 Meters Run	AT50MR	
100 Meter Walk	AT100W	
Softball Throw	ATSOBT	
Standing Long Jump	ATSTLJ	
<i>Category 2</i>		
100M Run	AT100M	
200M Run	AT200M	
400M Run	AT400M	
4X100M Relay	AT4X100M	
4X400M Relay	AT4X400M	
High Jump	ATHIJP	
Long Jump	ATLNJP	
Mini Javelin Men 400 G	ATMJA4	
Mini Javelin Men 300 G	ATMJA3	
Mini Javelin Women 300 G	ATWJA3	
Shotput Men 4KG	ATSP4M	
Shotput Women 3 KG	ATSP3W	
<i>Category 3</i>		
400M Run	AT400M	
800M Run	AT800M	
1500M Run	AT1500M	
4X100M Relay	AT4X100M	
4X400M Relay	AT4X400M	
High Jump	ATHIJP	
Long Jump	ATLNJP	
Mini Javelin Men 400 G	ATMJA4	
Mini Javelin Men 300 G	ATMJA3	
Mini Javelin Women 300 G	ATWJA3	
Shotput Men 4KG	ATSP4M	
Shotput Women 3 KG	ATSP3W	
<i>Category 4</i>		
100M Wheelchair Race	AT100WH	
200M Wheelchair Race	AT200WH	
400M Walk	AT400W	
800M Walk	AT800W	
Shotput Men 4KG	ATSP4M	
Shotput Women 3 KG	ATSP3W	



Category 5		
1500 M Run	AT1500WR	
3000M Run	AT3000M	
5000M Run	AT5000M	
10000M Run	AT10000M	
Half Marathon	ATHMAR	
Marathon	ATMARA	
4X100M Relay	AT4X100M	
4X400M Relay	AT4X400M	
Category 6		
Pentathlon	ATPENT	
4X100M Relay	AT4X100M	
4X400M Relay	AT4X400M	
BADMINTON		
EVENT	CODE	LEVEL
Singles	BDSING	
Doubles	BDDBLE	
Mixed Doubles	BDMXDB	
BASKETBALL		
EVENT	CODE	LEVEL
Team Competition	BBTEAM	
Unified Sports™ Team Competition	BBTEAMU	
BOCCE		
EVENT	CODE	LEVEL
Singles Competition	BCSING	
Doubles Competition	BCDBLE	
Team Competition	BCTEAM	
Unified Sports™ Doubles Competition	BCDBLEU	
Unified Sports™ Team Competition	BCTEAMU	
BOWLING		
EVENT	CODE	LEVEL
Singles	BOSING	
Doubles	BODBLE	
Team Bowling	BOTEAM	
Unified Sports™ Doubles	BODBLEU	
Unified Sports™ Team Bowling	BOTEAMU	
CYCLING		
EVENT	CODE	LEVEL
500M Time Trial	CY500MTT	
1K Time Trial	CY1KTT	
5K Time Trial	CY5KTT	
10K Time Trial	CY10KTT	
5K Road Race	CY5KRR	
10K Road Race	CY10KRR	
15K Road Race	CY15KRR	

25K Road Race	CY25KRR	
40K Road Race	CY40KRR	
EQUESTRIAN		
EVENT	CODE	LEVEL
Dressage (Level A)	EQDRES	A
Dressage (Level AP)	EQDRES	AP
Dressage (Level B-I)	EQDRES	BI
Dressage (Level B-IP)	EQDRES	BIP
Dressage (Level C-I)	EQDRES	CI
Prix Caprilli (Level A)	EQPRCA	A
Prix Caprilli (Level AP)	EQPRCA	AP
English Equitation (Level A)	EQENEQ	A
English Equitation (Level AP)	EQENEQ	AP
English Equitation (Level B-I)	EQENEQ	BI
English Equitation (Level B-IP)	EQENEQ	BIP
English Equitation (Level B-S)	EQENEQ	BS
English Equitation (Level B-SP)	EQENEQ	BSP
English Equitation (Level C-I)	EQENEQ	CI
English Equitation (Level C-S)	EQENEQ	CS
Working Trails (Level A)	EQWOTR	A
Working Trails (Level AP)	EQWOTR	AP
Working Trails (Level B-I)	EQWOTR	BI
Working Trails (Level B-IP)	EQWOTR	BIP
Working Trails (Level B-S)	EQWOTR	BS
Working Trails (Level B-SP)	EQWOTR	BSP
Working Trails (Level C-I)	EQWOTR	CI
Working Trails (Level C-S)	EQWOTR	CS
Gymkhana - Team Relays (Level A)	EQTMR2	A
Gymkhana - Team Relays (Level AP)	EQTMR2	AP
Gymkhana - Team Relays (Level B-I)	EQTMR2	BI
Gymkhana - Team Relays (Level B-IP)	EQTMR2	BIP
Gymkhana - Team Relays (Level B-S)	EQTMR2	BS
Gymkhana - Team Relays (Level B-SP)	EQTMR2	BSP
Gymkhana - Team Relays (Level C-I)	EQTMR2	CI
Gymkhana - Team Relays (Level C-S)	EQTMR2	CS
FOOTBALL (SOCCER)		
EVENT	CODE	LEVEL
5-a-side Team Competition	FBFIVE	
7-a-side Team Competition	FBSEVEN	
Unified Sports™ 7-A-Side Team Competition	FBSEVENU	
11-a-side Team Competition	FBTEAM	
Unified Sports™ 11-A-Side Team Competition	FBTEAMU	
GOLF		
EVENT	CODE	LEVEL
Individual Skills (Level 1)	GFINSC	
Alternate Shot Team Play (Level 2)	GFASTM	
Individual Stroke Play - 9 Hole (Level 4)	GFSING9	
Individual Stroke Play -18 Hole (Level 5)	GFSING18	

GYMNASTICS (ARTISTIC)		
EVENT	CODE	LEVEL
Men's Floor Exercise Level 1	GYMFLX	1
Men's Floor Exercise Level 2	GYMFLX	2
Men's Floor Exercise Level 3	GYMFLX	3
Men's Floor Exercise Level 4	GYMFLX	4
Men's Pommel Horse Level 1	GYMPOH	1
Men's Pommel Horse Level 2	GYMPOH	2
Men's Pommel Horse Level 3	GYMPOH	3
Men's Pommel Horse Level 4	GYMPOH	4
Men's Rings Level 1	GYMRNG	1
Men's Rings Level 2	GYMRNG	2
Men's Rings Level 3	GYMRNG	3
Men's Rings Level 4	GYMRNG	4
Men's Vaulting Level 1	GYMVAU	1
Men's Vaulting Level 2	GYMVAU	2
Men's Vaulting Level 3	GYMVAU	3
Men's Vaulting Level 4	GYMVAU	4
Men's Parallel Bars Level 1	GYMPAR	1
Men's Parallel Bars Level 2	GYMPAR	2
Men's Parallel Bars Level 3	GYMPAR	3
Men's Parallel Bars Level 4	GYMPAR	4
Men's Horizontal Bars Level 1	GYMHBR	1
Men's Horizontal Bars Level 2	GYMHBR	2
Men's Horizontal Bars Level 3	GYMHBR	3
Men's Horizontal Bars Level 4	GYMHBR	4
Men's All Around Level 1	GYMALL	1
Men's All Around Level 2	GYMALL	2
Men's All Around Level 3	GYMALL	3
Men's All Around Level 4	GYMALL	4
Women's Vaulting Level 1	GYWVAU	1
Women's Vaulting Level 2	GYWVAU	2
Women's Vaulting Level 3	GYWVAU	3
Women's Vaulting Level 4	GYWVAU	4
Women's Uneven Bars Level 1	GYWUNB	1
Women's Uneven Bars Level 2	GYWUNB	2
Women's Uneven Bars Level 3	GYWUNB	3
Women's Uneven Bars Level 4	GYWUNB	4
Women's Balance Beam Level 1	GYWBBM	1
Women's Balance Beam Level 2	GYWBBM	2
Women's Balance Beam Level 3	GYWBBM	3
Women's Balance Beam Level 4	GYWBBM	4
Women's Floor Exercise Level 1	GYWFLX	1
Women's Floor Exercise Level 2	GYWFLX	2
Women's Floor Exercise Level 3	GYWFLX	3
Women's Floor Exercise Level 4	GYWFLX	4
Women's All Around Level 1	GYWALL	1
Women's All Around Level 2	GYWALL	2
Women's All Around Level 3	GYWALL	3
Women's All Around Level 4	GYWALL	4

GYMNASTICS (RHYTHMIC)		
EVENT	CODE	LEVEL
Rhythmic Rope Level 1	GYRROP	1
Rhythmic Rope Level 3	GYRROP	3
Rhythmic Hoop Level 1	GYRHOO	1
Rhythmic Hoop Level 2	GYRHOO	2
Rhythmic Hoop Level 4	GYRHOO	4
Rhythmic Ball Level 1	GYRBAL	1
Rhythmic Ball Level 2	GYRBAL	2
Rhythmic Ball Level 3	GYRBAL	3
Rhythmic Ball Level 4	GYRBAL	4
Rhythmic Clubs Level 2	GYRCLU	2
Rhythmic Clubs Level 3	GYRCLU	3
Rhythmic Clubs Level 4	GYRCLU	4
Rhythmic Ribbon Level 1	GYRRIB	1
Rhythmic Ribbon Level 2	GYRRIB	2
Rhythmic Ribbon Level 3	GYRRIB	3
Rhythmic Ribbon Level 4	GYRRIB	4
Rhythmic All Around Level 1	GYRALL	1
Rhythmic All Around Level 2	GYRALL	2
Rhythmic All Around Level 3	GYRALL	3
Rhythmic All Around Level 4	GYRALL	4
HANDBALL		
EVENT	CODE	LEVEL
Team Competition (7-a-side)	HBTEAM	
JUDO (LEVELS WILL BE WEIGHT CLASS)		
EVENT	CODE	LEVEL
Judo Female Level 1	JULEV1F	
Judo Female Level 2	JULEV2F	
Judo Female Level 3	JULEV3F	
Judo Male Level 1	JULEV1M	
Judo Male Level 2	JULEV2M	
Judo Male Level 3	JULEV3M	
KAYAKING		
EVENT	CODE	LEVEL
200 Meter Race - Singles	KT200M	
500 Meter Race - Single	KT500M	
200 Meter Race - Doubles	KT200MD	
500 Meter Race - Doubles	KT500MD	
Unified Sports™ 200 Meter Race	KT200MU	
Unified Sports™ 500 Meter Race	KT500MU	
POWERLIFTING (LEVELS WILL BE WEIGHT CLASS)		
EVENT	CODE	LEVEL
Female Squat	PLSQATF	
Female Benchpress	PLBHPRF	
Female Deadlift	PLDEADF	



Female Combination (Bench & Deadlift)	PLCOMB2F	
Female Combination (Squat, Bench, & Deadlift)	PLCOMB3F	
Male Squat	PLSQAT	
Male Benchpress	PLBHPR	
Male Deadlift	PLDEAD	
Male Combination (Bench & Deadlift)	PLCOMB2	
Male Combination (Squat, Bench, & Deadlift)	PLCOMB3	
ROLLER SKATING SPEED		
EVENT	CODE	LEVEL
<i>Category 1</i>		
30M Straight Line Race	RS30SR	
30M Slalom Race	RS30SL	
<i>Category 2</i>		
100M Race The Track	RS100M	
300M Race The Track	RS300M	
500M Race The Track	RS500M	
1000M Race The Track	RS1000M	
2X100M Relay Race	RS2X100M	
2X200M Relay Race	RS2X200M	
4X100M Relay Race	RS4X100M	
SAILING		
EVENT	CODE	LEVEL
Level 1 – Monohull (420 Class)	SAMONH1	1
Level 2 – Monohull (420 Class)	SAMONH2	2
Level 3 – Monohull (Laser Bahia)	SAMONH3	3
Level 4 – Monohull (420 Class)	SAMONH4	4
Level 5 – Monohull (Laser) / (Optimist)	SAMONH5	5
SOFTBALL		
EVENT	CODE	LEVEL
Team Competition	SBTEAM	
TABLE TENNIS		
EVENT	CODE	LEVEL
Singles	TTSING	
Doubles	TTDBLE	
Mixed Doubles	TTMXDB	
TENNIS		
EVENT	CODE	LEVEL
Singles	TNSING	
Doubles	TNDBLE	
Mixed Doubles	TNMXDB	

VOLLEYBALL		
EVENT	CODE	LEVEL
Team Competition	VBTEAM	
Unified Sports™ Team Competition	VBTEAMU	
Beach Volleyball Team	VBBEACH	



SPORTS COMPETITION REGULATIONS OVERVIEW

General Regulations and Rules

1. The competition rules adopted by the International Sports Federation and Special Olympics, Inc. as of 31 January 2010, will govern competition at the 2011 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.specialolympics.org
2. There shall be no advertising on the competition uniform. Please refer to General Rules Section 4.08 ‘The only commercial markings which may be displayed on Athletes’ uniforms during Games competitions are the normal commercial markings of the manufacturer. On larger clothing items, such as shirts, jackets, pants, jerseys, and sweatshirts, one continued logo or commercial name per clothing item is permissible, if that name or logo display does not exceed an area of six square inches or 38.7 square centimeters (such as a display measuring 2" x 3" or 5.08 cm x 7.62 cm); (2) On small clothing items, such as caps, socks, hats, gloves and belts, one logo or commercial name per clothing item is permissible, if that name or display does not exceed an area of three square inches or 19.35 square centimeters; and (3)* On athletic shoes, no logos or commercial names are permissible except for names or logos which are included by the manufacturer on athletic shoes which are sold to the general public’.
3. It is the policy of Special Olympics for its accredited programs to participate in all training and competition in the spirit of respect and sportsmanship. Any individual, team or delegation that refuses to compete or participate in Special Olympics Games or activities based on the religion, political affiliation of their fellow Special Olympics athletes in those activities, will be disqualified from participation in the games or event in question and not eligible for awards or recognition at that event
4. If it has been determined by competition management jury that an athlete or team has not competed with maximum effort in preliminary and/or divisioning rounds with the clear intent to gain an unfair advantage in the divisioning process, sanctions will be imposed on the athlete/team/coach. Sanctions may include adjusted division placement, final placement or disqualification. Sport specific details related to implementation of the Honest Effort Rule will be published in the coaches’ handbook.

Sport/Event Selection

1. Athletes must participate in only one sport.
2. Athletes must be entered in events that are appropriate for their level of training.
3. All Special Olympics Programs must adhere to the sport specific category distribution process in order to ensure each athlete’s full participation in the 2011 Special Olympics World Summer Games. The process will be conducted under the guidance and direction of the Regional Sports Director.
4. Athletes (not partners) participating in Unified Sports® (bocce, bowling) may also participate in traditional singles events if the schedule permits. Registered coaches at the 2011 Special Olympics World Summer Games may not participate as a Unified Sports® Partner at the Games.
5. Delegations are reminded to abide by their quota confirmation numbers.
6. Special Olympics, Inc. and the Games Organizing Committee reserve the right to cancel a sport specific event due to insufficient registration.

Athlete and Coach Preparation

1. It is expected that all Head Coaches attending World Games be knowledgeable about Special Olympics and International Sport Federation rules.
2. It is expected that all athletes arrive in Athens properly equipped for competition.
3. It is expected that all athletes be well trained in order to achieve consistent results between their divisioning round and final competition. Poor training or preparation will not be considered an acceptable excuse for variations in performance. The integrity of the divisioning process can be adversely affected by both poor



athlete training and lack of honest effort and if we do not do our best to uphold the integrity of the divisioning process those athletes that abide by the rules and train properly are unfairly penalized.

4. Head Coaches are responsible for assuring that the reported assessments and divisioning times/scores/measurements for their athletes accurately reflect the ability of the athlete/s. If for any reason the Head Coach does not consider this assessment or time/measurement correct, it is their responsibility to notify the Competition Management within the designated time period.

OVERVIEW BY SPORT

Aquatics

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
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 <i>Open Water Swimming</i> 2 Events	800m freestyle , 1500m <i>Open Water Swimming</i>

2. Registration Instructions

- Athletes are restricted to participation within one category as outlined above.
 - 4x25m relay: This relay may be a composite of athletes from Categories 1, 2 & 3.
 - 4x50m relays, 4x100m relays: The relays may be a composite of athletes from Categories 2, 3 and 4.
- All athletes registered for aquatics 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.
- Delegations are encouraged to distribute their entire quota across the categories. This will ensure equitable representation among the various events.
- *1500m Open Water Swimming* - To be eligible athletes must meet the following standards:



- Swim 1500m in 60 minutes or less in a sanctioned race event by a national/international sport federation or accredited Special Olympics Program between 1 January, 2009 and 31 January, 2011.
- *Open water swimmers* will be required to participate in the 800 meter indoor event for divisioning purposes.

3. Sport Uniform/Equipment:

- Athletes are required to wear swimsuits which are within the guidelines prescribed by the Federation Internationale de Natation Amateur (FINA). Referees have the authority to exclude any competitor whose swimsuit does not comply with FINA guidelines.
 - Suits should not be transparent, even when wet.
 - Female athletes should wear a one-piece tank suit.
 - *Open water swimmers*: Each participant shall be permitted to wear a wetsuit or technical swimsuit from any manufacturer without penalty in the 1.5-kilometer open water swimming event as long as the wetsuit does not exceed five millimeters in thickness and abides by all other Special Olympics regulations, including General Rules Section 4.08 governing the use of commercial markings on Athletes’ uniforms.
- All athletes and coaches must wear pool shoes on the pool deck area.
- Athletes are required to bring their own team uniform swimsuit, goggles, swimming hat, pool shoes, robe and towel for competition. Following all finals events athletes will be taken directly to Awards Staging following their competition. All athletes reporting to Competition Staging for these events must wear their team track suit or robe and pool shoes.
- Towels and locks for lockers will not be provided.

4. Competition Rules

- All events will be governed FINA and Official Special Olympics Summer Sports Rules.
- An athlete may be disqualified for illegal strokes, starts and turns, and any unsportsmanlike behavior.

5. Points of Emphasis – Rules Condition

- The aquatics event will take place in an indoor, 50X21X2m depth competition pool with 8 lanes. The short course format (25m) will be used for the Games.
- The 800m freestyle and 1500m freestyle will be timed finals.
- The *Open Water Swimming* Event will take place in the Schinias Sailing Academy.

Athletics

1. Events Offered

Category	Track Event(s) Selection	Field Event(s) Selection
Category 1	25m run, 50m run, 100m walk	Softball throw, Standing long jump
Category 2	100m run, 200m run, 400m run, 4x100m relay, 4x400m relay	Shot put, Mini javelin, Long jump, High jump
Category 3	400m run, 800m run, 1500m run, 4x100m relay, 4x400m relay	Shot put, Mini javelin, Long jump, High jump
Category 4	100m wheelchair race, 200m wheelchair race, 400m walk, 800m walk	Shot put, Mini javelin
Category 5	1500m run, 3,000m run, 5,000m run, 10,000m run, half marathon, marathon, 4x100m relay, 4x400m relay	
Category 6	Pentathlon, 4x100m relay, 4x400m relay	

2. Registration Instructions

- Athletes are restricted to participation within one category as outlined above.
- An athlete may enter a maximum:
two (2) individual events and one (1) relay **or** one (1) individual event and two (2) relays.
Delegations are encouraged to distribute their entire quota across the categories. This will ensure equitable representation among the various events.
- Athletes must be at least 12 years old to be selected to participate in the shot put and pentathlon.
- Please note the following requirements for Category 1:
 - ⇒ Entries to the 50m run must be greater than 12 seconds for females and 11 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
- Pentathlon
 - ⇒ The divisioning and final events of the Pentathlon will take up four competition days.
 - ⇒ Athletes may also compete in a relay if the schedule permits.
- Marathon - To be eligible athletes must meet the following standards:
 - ⇒ Men - Run a marathon in 4 hours or less in a sanctioned race event by the international sport federation or national sport federation between 1 January 2009 and 31 January 2011.
 - ⇒ Women - Run a marathon in 4 hours 30 minutes or less in a sanctioned race event by the international sport federation or national governing body between 1 January 2009 and 31 January 2011.
 - ⇒ Official results from a sanctioned race event must be submitted to the respective regional sports office no later than 31 January 2011.
- Half Marathon - To be eligible athletes must meet the following standards:
 - ⇒ Men - Run a half-marathon in 2 hours 5 minutes or less, or a 10,000m race in 1 hour or less between 1 January 2009 and 31 January 2011 in a sanctioned race event by the international sport federation or national sport federation.
 - ⇒ Women - Run a half-marathon in 2 hours 15 minutes or less, or a 10,000m race in 1 hour 8 minutes or less between 1 January 2009 and 31 January 2011 in a sanctioned race event by the international sport federation or national sport federation.
 - ⇒ Official results from a sanctioned race event must be submitted to the respective regional office no later than 31 January 2011.
- Marathon and half marathon athletes may also enter one other distance event within Category 5 should the schedule allows. The marathon and half-marathon will be conducted at the same time.

3. Sport Uniform/Equipment:

- In all events, competitors must wear clothing which is clean, designed and worn so as not to be objectionable. The clothing must be made of a material which is non transparent even when wet. The competitors must not wear clothing which could impede the view of the judges.
- Competitors may compete in bare feet or with sport shoes on one or both feet. The purpose of the shoes for competition is to give protection and stability to the feet and a firm grip on the ground. Such shoes, however, must not be constructed so as to give the competitor any additional assistance and no spring or device of any kind may be incorporated in the shoes. A strap over the instep is permitted.
- Running spikes should be no longer than 9mm.
- Starting blocks may be used for races up to and including the 400 meters. The Organizing



Committee will be responsible for providing such equipment.

4. Points of Emphasis = Rules Conditions

- Athletes participating in the long jump must be able to jump at least 1 meter, which is the minimum distance between the take-off board to the sand pit.
- The minimum opening height for all high jump competitions will be 1 meter.

Badminton

1. Events Offered

- Singles
- Doubles
- Mixed Doubles

2. Registration Instructions

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

3. Sport Uniform/Equipment:

- All athletes are required to bring their own badminton racket
- Clothing worn by players during completion shall be acceptable badminton clothing.
- The color of clothing is optional. In the Doubles and the Mixed Doubles players should wear the same uniform
- The back of the jersey/shirt may carry the name of the Special Olympics Program. The lettering on the jersey/shirt must be 10cm or less in height.
- Only white or non-marking rubber soles will be allowed on court.

4. Shuttles will be natural feathered

Points of Emphasis – Rules Conditions

- The Badminton World Federation (BWF) 21 point rally scoring system will be used.

Basketball

1. Events Offered

- Team Competition – Male
- Team Competition – Female
- Unified Sports® Team Competition

2. Registration Instructions

- Maximum team size = 10 players.
- Teams with fewer than five (5) players to start the game will cause the game to result in forfeiture.
- Delegations with more than one team must designate a different Head Coach for each team.
- Teams will be required to complete a skills assessment test. The assessment form will be included in the registration packet.

3. Sport Uniform/Equipment:

- The uniforms must consist of a jersey/shirt, shorts and appropriate sport shoes.
- The uniforms (jerseys/shirt and shorts) must be the same colors and designs for all team members.
- Striped jerseys/shirts are not permitted.
- It is required that each team has two sets of solid colored jerseys/shirts: a light-colored set when designated “home team,” and a dark-colored set when designated “visiting team.”
- The numbers must appear on front and back of jersey/shirt.
- The numbers on front and back should be clearly visible at least 20cm high on back and 10cm on the



front with the numbers made of material at least 2cm wide.

- Teams must use numbers 4-15.
- The name of the Program or athlete may also be placed on the backs of the athlete's jersey/shirt. The name of the Program may be placed on the front of the jersey/shirt.

4. Points of Emphasis – Rules Conditions

- Games will consist of 13 minute halves running time. Four (4) timeouts can be taken at any time.
- Overtime play will be 4 minutes.
- Timing-clock stops to address injury and other medical situations as determined by game officials and administrators.
- The timing -clock shall stop during the last 2 minutes of 2nd half and each extra period on the referee's whistle and successful field goals. There is no shot clock.

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.

3. Sport Uniform/Equipment:

- White is the traditional color, with a collared shirt in the sport of Bocce. Other colors are acceptable.
- Team members should wear the same uniform. This should be a team shirt and shorts/light cotton pants/skirts.
- Court shoes are required. Tennis shoes or smooth-soled athletic shoes are recommended. Running shoes or spiked-sole shoes are not permitted.
- The Bocce balls' color will be red and green. The pallina will be white. The Bocce sets will be regulation sets and will be provided by the competition management.
- Visual aid equipment (small bells and orange cones) will be available at the Bocce to those athletes requiring the use of these and who have been identified by their Head Coach at the initial Head Coaches meeting.

4. Points of Emphasis – Rules of Conditions

- The Bocce field of play will consist of 16 courts made of carpeted surface.
- Competition format: Double Elimination
- Games duration: For all games in Singles and Doubles, these will be first to 12, or 40 minutes, whichever comes first. And for Teams, these games will be first to 16, or 40 minutes, whichever comes first.
- The Official Special Olympics Sports Rules of Bocce shall govern the World Games Special Olympics Athens 2011 for the sport of Bocce. Please refer to the Special Olympics website for further information: Sports Info, Rules and Coaching Guides (<http://www.specialolympics.org/sports.aspx>).

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.
- Team size: 4 persons for Team
2 persons for Doubles
- Average requirements- the following conditions will apply to averages in the tournament:
 - The scratch entry score, based on average of 15 games, will be used to determine ability divisions.

3. Sport Uniform/Equipment:

- Attire should consist of neat and clean outfits.
- Bowling shirts or tee-shirts with collars are required.
- The bottoms should consist of long pants or dress/walking shorts (knee length). Skirts may be worn by females.
- All competitors must wear bowling shoes. Athletes are required to bring their own.
- Athletes are required to wear socks.
- Athletes are required to bring their own bowling balls.
- Ramp bowlers are required to provide their own ramps.

4. Points of Emphasis – Rules Conditions

- This will be a Scratch Tournament
- All athletes will play 3 games in divisioning rounds and an additional 3 games in each of their final events.
- Alternate lanes will be used so that each athlete will play their games on a pair of lanes alternating each frame between the two lanes.

Cycling

1. Events Offered

500m Time Trial	5K Road Race
1K Time Trial	10K Road Race
5K Time Trial	15K Road Race
10K Time Trial	25K Road Race
	40K Road Race

2. Registration Instructions

- Athletes may participate in a maximum of three (3) events.
- Athletes using adult modified bikes (three-wheelers) are only permitted to enter the 500M Time Trial and/or the 1K Time Trial.

3. Sport Uniform/Equipment:

- Athletes shall wear the team jerseys/shirts of the Program they represent.
- All athletes shall be required to bring their own safety helmet. Athletes will not be permitted to compete without a helmet. Helmets must meet the safety standards of the International Cycling Union (UCI).
- Athletes are required to bring their own bicycle.



Equestrian

1. Events Offered

Dressage
Prix Caprilli
English Equitation
Working Trails
2 Person Team Relay

Level A Level AP
Level B-I Level B-IP Level B-S Level B-SP
Level C-I Level C-S

2. Registration Instructions

- Athletes must participate in one level only.
- Athletes may enter as many as three (3) events within their respective division level.
- Athletes must complete riders' profile.
- Western style events will not be offered at the 2011 Special Olympics World Summer Games.

3. Sport Uniform/Equipment:

- Clothing should be workmanlike and neat.
- Attire.
 - Short, dark-colored riding coat.
 - A conservative color, preferably white, riding shirt.
 - . Tie, stock, or choker.
 - Gloves are optional.
 - Breeches or jodhpurs.
- All riders must wear a heeled boots..
- Riders who must wear other footwear as the result of a physical disability must have a physician's statement submitted with their Rider's Profile.
- All riders must wear approved helmets with full chin harness which must be fastened at all times riders are working around horses.
- During practice athletes must adhere to the helmet, boot and long pants attire, but may wear short-sleeved shirts without riding coats.
- An English saddle of any type is required.
- Athletes may bring their own saddle but it will only be used if it fits the horse. . If a rider plans to use his/her own saddle, it must be declared in the Rider Profile. There will not be any storage available so teams will be responsible for carrying saddles to and from the venue.
- In Prix Caprilli and Dressage riders can use a whip no longer than 1m including the lash.
- Riders may use adaptive equipment without penalty. (Note: Riders may in no way be attached to the horse or saddle.) Adaptive equipment must be declared on the Rider Profile.
- Prohibited Tack and Equipment (applies to warm-up as well as competition):
 - Bearing, side or running reins.
 - Seat covers— If an athlete needs a seat cover, it must be declared on the Rider Profile.
 - Blinders
 - Nose covers
- Riders must bring their own safety stirrups if unable to use standard stirrups irons. Riders may bring their own toe stoppers.



4. Points of Emphasis – Rules Conditions

- The competition arena for prix caprilli will measure 20 x 40 meters.
- Team Relays - in team with 2 riders
 - ⇒ The course will be:
 - 30 meters long for walk level,
 - 50 meters long for trot level,
 - 50 meters long for canter level but riders do trot only.
- Dressage tests to be used at the 2011 Special Olympics World Summer Games:
 - Level A - Test 1
 - Level B - Test 1
 - Level C - Test 1

Football

1. Events Offered

Division	Event Selection
Male	Team Competition – 5 a side
Female	Team Competition – 5 a side
Male	Team Competition – 7 a side
Female	Team Competition – 7 a side
Unified	Unified Sports® Team Competition – 7 a side
Male	Team Competition – 11 a side
Unified	Unified Sports® Team Competition – 11 a side

2. Registration Instructions

- Maximum team size for 5-a-side team competition = 10 players
- Maximum team size for 7-a-side team competition = 12 players
- Maximum team size for 11-a-side team competition = 16 players
- An athlete must not be entered in more than one event.
- In lieu of the Skills Assessment Test of the current Special Olympics rules, the newly created divisioning assessment form and DVD (sponsored by Special Olympics Europe Eurasia) will be used. A copy of the DVD was previously distributed to Programs. The divisioning assessment form is included in the registration packet and must be completed by the coach of the team. Teams failing to submit a completed divisioning assessment will automatically be placed in the highest skill level.
- Delegations with more than one team must designate a different Head Coach for each team.

3. Sport Uniform/Equipment:

- Footwear
 - ⇒ Football shoes must **NOT** have metal cleats/studs.
 - ⇒ IMPORTANT FOR 5-A-SIDE
 - No shoes with replaceable cleats or molded studs
 - ONLY SHOES FOR ARTIFICIAL TURF OR HARDER OUTDOOR SURFACES
 - or OTHER OUT-DOOR SPORTS SHOES WITH ANTI SLIP
 - These shoes contain various raised patterns on the bottom, for use on harder outdoor surfaces and on artificial turf.



- The basic compulsory attire of a player shall consist of 2 different color sets of: a jersey/shirt, shorts, stockings (socks), shin guards and appropriate footwear for sport.
- The goalkeepers shall wear colors contrasting with those of the two teams and the referee.
- Each player shall wear a number. The color of the numbers must contrast clearly with the outfits (light on dark or vice versa) and be legible from a distance for spectators in the stadium and television viewers. This applies especially in the case of striped jerseys/shirts. A plain colored background (either entirely light or dark, depending on the color of the numbers) affords better legibility. These numbers shall be between 25cm and 35cm in height in the center of the back of the jersey/shirt, between 10cm and 15cm in height on the front of the jersey/shirt in any position at chest level, and between 10cm and 15cm in height in any position on the front of either leg of the shorts. None of the numbers may contain advertising, design features or other elements.
- In an effort to be consistent with Olympic standards, teams are encouraged to also include numbers on the front of the shorts, on the bottom of the right leg. This number should be 10cm in height and the color of the numbers should contrast with the color of the jerseys/shirts and shorts.
- A captain's armband can also be included as a clothing requirement to clearly identify the team's captain.
- Rings, watches or other items of jewelry are not allowed to be worn during matches.
- Players may wear medical medallions or medical wristbands, which must be taped to the chest wrist respectively.
- Players are not allowed to wear any object that may cause injury or give an artificial advantage to a player. Players may wear glasses, but at their own risk.

4. Points of Emphasis – Rules Conditions

- 5- a-side
 - ⇒ Competition will be played on an artificial field hockey surface.
 - ⇒ The goal size is 3,66m x 2m.
 - ⇒ A minimum of 3 players shall be on the field at any one time.
 - ⇒ Competition games will be of 30 minutes duration (15 minutes per half) with a 5-minute halftime interval
- 7-a-side
 - ⇒ Competition will be played on regular grass pitches and are accessible with regular football shoes (NO METAL STUDS)
 - ⇒ A minimum of 4 players shall be on the field at any one time.
 - ⇒ Competition games will be of 40 minutes duration (20 minutes per half) with a 5-minute halftime interval.
- 11-a-side



- ⇒ Competition will be played on regular grass pitches and are accessible with regular football shoes (NO METAL STUDS)
- ⇒ A minimum of 7 players shall be on the field at any time.
- ⇒ Competition games will be of 50 minutes duration (25 minutes per half) with 10 minutes halftime interval.
- All divisioning games will be of 15 minutes duration (no halftime).
- Final standings for the pool rounds and round robin competition
 - ⇒ To determine the final standings for the pool rounds, the following points system will be employed:
 - Win= 3 points
 - Tie= 1 point
 - Loss= 0 points
 - ⇒ In the event teams still being tied the following criteria will be used to determine placing:
 - Head-to-head competition
 - Least goals conceded
 - Most goals scored
 - ⇒ If the teams are still tied after these criteria penalty kicks will be taken (see procedure)
- Ties
 - Ties will stand at the end of divisioning, pool and consolation matches.

Extra-time (silver goal) will be employed in the event of medal round games finishing level. These periods will be 7 and ½ minutes a side for 11-a-side and 5 minutes a side for 5-a-side and 7-a-side

If the teams are still tied after this period, penalty kicks will be then used. The following guidelines will apply for this:

- ⇒ Only players on the field at the end of the second period of extra time can be used.
- ⇒ All players will assemble in the centre circle.
- ⇒ The Head Coach must nominate the five players who will be used to take the kicks and this list must be presented to the referee.
- ⇒ Alternate kicks will be used and the winner will be determined by which team scores the most.
- ⇒ If teams are still level after five kicks each, the remaining participating players on the team will then take kicks.
- ⇒ A team can select any player on the field as their goalkeeper for the penalty kicks. If the goalkeeper is injured during the penalty kicks, any player from the squad may replace him/her unless he/she has been suspended.
- ⇒ In Unified Sports® penalty kicks, alternate kicks by athletes and partners must be taken, with the athlete taking the first penalty kick for each team.

Golf

1. Events Offered

Level 1 – Individual Skills Competition

Level 2 - Alternate Shot Team Play - (9-hole Stipulated Round - 36-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 four 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.
- The bunker shot will not be offered as part of the Individual Skills Competition for these Games.

3. Sport Uniform/Equipment

- Athletes and partners should wear appropriate golf attire. Jeans and athletic shorts are not permitted.
- Male shirt must be collared (button down or other). Males' bottoms should consist of dress shorts or long dress pants.
- Females dress attire should consist of a collared shirt (button-down or other) and shorts of Bermuda length, long dress pants or skirts of appropriate length.
- Golf spikes are required. The spikes must be of non-metal type (i.e., soft spikes). No heeled shoes will be allowed.
- Athletes will be responsible for all their own equipment: golf balls, bags, clubs, tees, etc.

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).
- Level 1, 2, 3 are compulsory routines
- Level 4 routines are optional routines

Gymnastics (rhythmic)

1. Events offered

Level 1- Rope, Hoop, Ball, Ribbon, All Around
Level 2 - Hoop, Ball, Clubs, Ribbon, All Around
Level 3- Rope, Ball, Clubs, Ribbon, All Around
Level 4- Hoop, Ball, Clubs, Ribbon, All Around

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).

Handball

1. Events Offered:

- Team Competition – Male
- Team Competition - Female

2. Registration Instructions:

- Maximum team size = 12 players + 2 team officials.®®
- Delegations with more than one team must designate a different Head Coach for each team.

3. Sport Uniform/Equipment:

- The colors of numbers must contrast with that of uniforms.
- The armband of team captain must contrast with the color of his/her jersey/shirt.
- It is obligatory that each team have two sets of uniforms: a light colored and a dark-colored
- The court players for each team must wear identical uniforms.
- The goalkeepers of each team must wear distinctive colors different from the court players of both teams and the opposing goalkeeper but identical among them.
- It is not permitted to wear any object that could be dangerous to players.
- Players shall be numbered from 1-99. Each player's number is unique, meaning the each player will compete with the same uniform number throughout the entire tournament.
- It is not permitted to wear any object that could be dangerous to players. Any form of eyewear, face mask or protective head gear is not allowed.
- A goalkeeper who also plays the court must have a court player uniform (light and dark) with the same number as his/her goalie uniform.
- The numbers on the backs of jersey/shirts must be at least 20cm high.
- The numbers on the fronts of jersey/shirts must be at least 10cm high.
- The captain of each team may wear an armband approximately 4cm wide.
- The name of the Program or athlete may also be placed on the backs of athlete's jersey/shirt.
- The name of the Program may be placed on the front of the jersey/shirt.

4. Points of Emphasis – Rules - Conditions

- Teams with fewer than seven (7) players to start the game will cause the game to result in forfeiture.
- The leather, women's size #2 handball with a circumference of 54-56cm and a weight of 325-400 grams will be used at the Games.
- Court surface: Taraflex® elastic floor.
- Match periods: 2 X 20' (intermission: 10').
- Ranking: The matches shall be evaluated as follows:
 - ⇒ Each match won = 2 points;
 - ⇒ Each match drawn = 1 point for each team;
 - ⇒ Each match lost = no points.

Teams are ranked by adding the points gained. If, after completion of the group matches, two or more teams have gained the same number of points, the following ranking system will apply:

- During the group matches:



- Higher goal difference in all matches;
- Greater number of plus goals in all matches.
- After completion of the group matches:
 - Results of all teams directly involved by points;
 - Results of all teams directly involved by goal difference;
 - Results of all teams directly involved by greater number of plus goals;
 - Goal difference in all matches of the group;
 - Greater number of plus goals in all matches of the group.

If no ranking can be determined, a decision shall be obtained by drawing lots. Lots shall be drawn by the Competition Management, in the presence of team officials.

- In the knock-out matches:
 - Penalty throws.

Exclusion of protests: In all matches of the ATHENS 2011 Handball, tournament there shall be no valid reason for protests and protests shall be ineffective if relating to:

- Drawing of lots;
- Nomination of referees;
- Referees' decisions on facts in accordance with the Rules of the Game.

Judo

1. Events Offered:

Individual games for males and females.

The athletes participating in the games shall be divided in categories to fight, according to the criteria set by the SOI.

However, concerning ability, only level 1, level 2 and level 3 are invited.

Males:

Levels 1,2 and 3 : Weight categories ☐ < 60 kg, ☐ 60 to 66 kg, ☐ 66 to 73 kg, ☐ 73 to 81 kg, ☐ 81 to 90 kg, ☐ 90 to 100 kg, ☐ 100 kg +

Females:

Levels 1,2 and 3: Weight categories ☐ < 48 kg, ☐ 48 to 52 kg, ☐ 52 to 57 kg, ☐ 57 to 63 kg, ☐ 63 to 70 kg, ☐ 70 to 78 kg, ☐ 78 kg +

2. Registration Instructions

Each athlete is entitled to participate only in one of the categories formed after divisioning as above.

3. Official Play Uniform/Equipment:

The athletes, during the divisioning and the games, shall wear exclusively white judogi.

The distinction between two athletes playing in a game shall be made by a red and a white belt worn at the waste, provided by the organizer out of a variety of sizes. During their games the athletes shall wear no other belt.

The judogi must be clean and tidy, free of any advertisements or other signs whatsoever.



The organizer may provide each athlete with a bib to be sewed at the proper place at the back of the judogi, by means of the organizer, which then the athlete shall have to bear obligatory. The bib is meant to facilitate distinction both in divisioning and the games.

Females must wear a plain white t-shirt under their judo suit.

Footwear must be worn at all times when off the mat area.

Players are not permitted to wear any object that may cause injury or give an artificial advantage to a player.

4. Contest System:

Every category formed after the final divisioning shall comprise a maximum of 8 contestants.

Up to 5 contestants of the same category, are to form one pool, and shall play between them according to the round robin system.

6, 7 or 8 contestants of the same category, shall be divided into two pools, namely A and B (3+3, 4+3 or 4+4), having to play in the pool they belong, according to the round robin system. After the end of the fights of both pools, the two winners of each one shall play in the final block, which shall have the form of an elementary knock out, entering the semi-finals according to the x pattern (A1 vs. B2, B1 vs. A2). The winners of the semi-finals shall have to fight for the 1st and 2nd place. In case two As or two Bs meet at the final, they shall have to compete again and the winner of that fight shall be the 1st, disregarding the result of the fight in the pool they initially belonged to.

In case of equivalence between two athletes in a pool (equal number of wins, equal number of points), where and if they are both qualified to occupy one of the three distinguished places (1st, 2nd or 3rd), the winner of the fight between them shall prevail in the classification.

In case of equivalence between three athletes in a pool (equal number of wins, equal number of points – cyclic triangle), where and if they are all qualified to occupy one of the three distinguished places, the classification between them shall accord their weight classification, considering only the weigh in of the particular day they are fighting, held just upon arrival at the Sport Hall.

In case a contestant is not able or willing to participate in some contest of any order within a pool, his results so far will be eliminated and shall count neither for him nor for his opponents for the classification of the category. However, the contestant shall participate in the awarding ceremony and receive a prize (other than the ones for the three distinguished places).

5. Contest Duration:

Generally, the competition rules (Section C.2) of SOI shall be applied.

In particular, the real time allotted for each contest shall be 3 min.

Likewise, the time of the golden score contest, should we come to it, shall be 2 min.

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™ Double Tourist kayak (KT) KT-2 200m race, 500m race

2. Registration Instructions

Athletes may participate in a maximum of two (2) events.

Athletes must be able to swim 25 meters. A swimming test will be conducted in the open water



sea prior to competition. The kayaking swimming test is to take place in Schinias Sailing Academy, on the same date with the Sailing swimming test. Athletes will be allowed to wear Personal Flotation Devices during the swimming test.

3. Sport Uniform/Equipment

- Single and double touring kayaks and paddles will be used for all practice and competition sessions. The Games Organizing Committee will supply the kayaks and paddles. Athletes are allowed to use their own paddles.
- Personal Flotation Devices (PFD) is required for both practice and competition. Although the Organizing Committee will provide PFD to the participants, athletes can bring their own PFD as well. The PFD must meet local standards for water safety at all times.
- Athletes in a double boat should wear uniforms of the same colour and style.

4. Points of Emphasis – Rules Conditions

- The International Canoe Federation (ICF) Flatwater Rules will be employed except when they are in conflict with official Special Olympics rules.

Powerlifting

1. Events Offered

- Squat
- Bench Press
- Deadlift
- Combined Bench Press and Deadlift
- Combined Squat, Bench Press and Deadlift

2. Registration Instructions

- Athletes must be at least 16 years old to be selected to participate in the sport of powerlifting.
- Any athlete competing in the squat should have competed in this event in at least two previous competitions and must have competed in this event during the qualifying competition. All athletes competing in the squat will be evaluated at the 2011 Special Olympics World Summer Games for required competency (proper depth, control and response to official commands) prior to competition.
- The athletes will be required to provide weight in kilograms on the registration form (note: pounds x 2.2046 = kilogram weight of athlete).
- Special considerations (inability to lock out with the weight, any prosthesis, etc.) must be included on the registration form.

3. Sport Uniform/Equipment:

- Supportive bench press shirts will not be allowed for competition.
- Long pants should not be worn.
- A one-piece lifting suit must be worn by the athlete while competing. A T-shirt must be worn under the one piece lifting suit.
- Footgear
 - ⇒ Long socks (up to the knee) must be worn for the Deadlift.
 - ⇒ Sports type shoes e.g. trainers, powerlifting or weightlifting boots ONLY must be worn. No hiking or work boots allowed.
- All uniform items will be checked at weigh-in and must conform to International Powerlifting Federation standards.



Roller Skating

1. Events Offered

Only speed events will be offered at the 2011 Special Olympics World Summer Games.

Category	Events 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

- An athlete in Category 2 may enter a maximum of three (3) events including relays.
- Athletes are restricted to participation within one category as outlined above.

3. Sport Uniform/Equipment:

- Speed skaters - shorts and short-sleeved shirts made of stretchy material, one or two-piece outfits; helmets required (per International Sport Federation regulations), knee and wrist pads optional.
- There should be no midriff type shirts worn for speed events. The skin (stomach) area must be covered.
- Relay teams must wear identical outfits.
- Athletes wearing eyeglasses will need to wear eyeglass straps for practice and competition.
- Skates can be traditional 'quads' (2 sets of 2 wheels on parallel front and back axles, placed under each foot) or 'in-lines' (3, 4 or 5 wheels placed in a single row under the center of each foot).
 - Leather boots are the best choice for competitors.
 - Toe-stops are necessary for speed skating starts.

4. Points of Emphasis – Rules Conditions

- A wood floor will be used as the official competition field of play surface.

Sailing

1. Events Offered

Level	Event Definition
1	Unified 2-person team. The Special Olympics athlete member of the crew will have complete responsibility of head sail trim.
2	Unified 2-person team. The Special Olympics athlete member of the crew shall control the helm for at least 100% of the race.
3	All team members are Special Olympics athletes with an onboard coach. The athletes have complete control of the boat. The coach can offer verbal assistance. If, for any reason, the coach becomes physically involved with the sailing of the boat, the team must retire from the race and will be scored DNF (did not finish) .
4	The entire team consists of Special Olympics athletes (no coach will be on board).
5	Special Olympics athletes compete single-handed

2. Registration Instructions

- Teams or individual athletes may only register for one level outlined above,
- For all team events, the teams will be comprised of 2 persons.

3. Sport Uniform/Equipment



- Each athlete must bring his or her own Personal Flotation Device and shoes with stability and grip on wet surfaces.

4. Points of Emphasis

- Please note the following boats will be used for the Games
- 420 for Levels 1, 2, and 4
- Laser Bahia for Level 3
- Laser with a 4,7 sail or smaller or Optimist class for Level 5
- Sailing instructions will be distributed at a later date.

The Notice of Race will comprise with all related information regarding the World Games Sailing Regatta. Which will be uploaded on our official web site

Softball

1. Events Offered

Team Competition – Male
Team Competition - Female

2. Registration Instructions

- Maximum roster size = 15

3. Sport Uniform/Equipment

- All team uniforms must be alike in color, trim and style.
- Sliding pants must be of uniform solid color.
- Undershirts must be solid colored and must be alike for all team members.
- Catcher must wear a face mask and catcher's helmet.
- All batters and base runners must wear batter's helmet with chin straps.
- Bats, helmets and gloves must be provided by each team.
- No two team members may have identical numbers.
- Numbers must be of contrasting color.
- Numbers should be at least 15.24cm high.
- Numbers of contrasting color must be worn on the back of all uniforms at all times. Players without numbers will be prohibited from playing.
- Shoes must be worn at all times. Official shoes must be made with either canvas or leather uppers – or similar materials. No metal spikes permitted.

4. Points of Emphasis – Rules Conditions

- A regulation game shall consist of seven innings. The game will be considered complete if after five full innings of play, one team leads the other by 10 runs or more. The game shall last no longer than one and a half hours.
- The second home plate rule will be used at these Games.

Table Tennis

1. Events Offered

Singles
Doubles
Mixed Doubles



2. Registration Instructions

- Athletes may participate in all three (3) events.
- Athletes must submit individual the Special Olympics Table Tennis Rating form with registration. The Special Olympics Table Tennis Rating Guidelines will be distributed in the registration packet.

3. Sport Uniform/Equipment:

- Dress code must comply with International Table Tennis Federation (ITTF) rules. Players and coaches must wear approved attire whenever they are in the playing area.
- The players of a team taking part in a team match, and players of the same delegation forming a doubles pair, shall be dressed uniformly, with the possible exception of socks and shoes.
- Playing attire with a badge or lettering on the front or side must be contained within a total area of 64 sq. cm.
- Playing attire may have numbering or lettering on the back to identify a player.
- Shirts, skirts and shorts cannot be white.
- The ball to be used shall weigh 2.7 grams and be spherical with a diameter of 40mm (1.57 inches). The ball will be white.
- The racket may be of any size, shape or weight but the blade shall be of wood, continuous of even thickness, flat and rigid be flat and rigid.

Tennis

1. Events Offered

Singles
Doubles
Mixed Doubles

2. Registration Instructions

- Athletes may participate in a maximum of two (2) events.
- All players must complete Form G – Tennis Rating

3. Sport Uniform/Equipment:

- Each athlete will be responsible for providing his/her own tennis racket and will be required to wear traditional tennis clothing.
- The athlete must wear appropriate tennis shoes. Black sole shoes will not be allowed on the courts. Athletes wearing black sole shoes will not be allowed to compete.

4. Points of Emphasis – Rules Conditions

- Short set scoring will be used for this competition. Sets are the 1st player to win 4 games, while leading by 2 games (4-1, 4-2, etc.). A 7-point tiebreak is played at 4-4. Athletes play 2 out of 3 sets, with a 7--point tiebreak played in lieu of a 3rd set.
- The competition will be conducted on outdoor hard courts.

Volleyball

1. Events Offered

Team Competition – Male
Team Competition – Female
Team Competition – Unified Sports®

2. Registration Instructions

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



- The Volleyball Team Skills Assessment Tests (VSAT) scores must be listed for each type of Traditional and Unified Sports Team Competition. Teams failing to submit a completed VSAT will automatically be placed in the highest skill level for Divisioning.
- Delegations with more than one team must designate a different Head Coach for each team.

3. Sport Uniform/Equipment:

- FIVB Rules of Play govern a player's uniform which consists of a jersey/shirt, shorts, socks (the uniform) and sport shoes. Uniforms may be one piece.
- If undergarments (including but not limited to T-shirts, boxer shorts, tights, leotards, body suits, bicycle shorts, sports bras, etc.) are worn in such a way that they are exposed, they will be considered part of the uniform.
- In this case, they must be identical for any team members who wear such a uniform.
- Uniforms must be similar, clean and (except for the Libero) of the same color.
- The Libero player must wear a uniform whose jersey at least must contrast in color with that of the other members of the team. The Libero uniform may have a different design, but it must be numbered like the rest of the team. Any player who plays as a Libero must have the same number when not playing as a Libero. Teams are encouraged to have two (2) sets of jerseys.
- Official uniform numbers are numbers 1-18. The size and placement of numbers shall conform to the standard ruling as listed herein.
- Numbers must be placed in the center of the back. For the front numbers, it is recommended that the top of the number be no more than 12.5cm (5") down from the shoulder seam and that medial edge of the number be no more than 7.5 cm (3") from the midline of the jersey/shirt.
- The numbers must be a different and contrasting color to the jerseys/shirts with a minimum height of 10cm (4") on the front and 15cm (6") on the back. Each uniform jersey/shirt must use the same color and number height for all team members.
- Shoes are considered player equipment and must be light and pliable with rubber or leather soles without heels.
- It is forbidden to wear any object (including but not limited to head gear, jewelry, casts or braces), that may cause an injury or give an artificial advantage to a player, and to wear uniforms of a color different from that of the other players (except for the Libero) and/or without official numbers.
- Exception will be made for religious or medical medallions and flat wedding backs. If worn, they must be removed from chains and taped or sewn under the uniform. The R1 (first referee) for each match has the authority to enforce this rule at each match.
- Padding or covering may be necessary for casts, braces or prosthetic limbs. All such padding must be approved in advance by the Technical Delegate/designee prior to the first competition of the event.
- The name of the Program may be placed on the front of the jersey/shirt. The name of the Program or athlete may also be placed on the back of the athlete's jersey/shirt.
- It is recommended, but not required, that the team captain have on his/her jersey/shirt a stripe of 8x2 cm underlining the number on the chest.

4. Points of Emphasis: Rules of Condition

- Teams with fewer than six (6) players to start the set will cause the set to result in forfeiture.

Beach Volleyball – Exhibition Event

1. Events Offered

- Team Competition – Male
- Team Competition – Female



2. Registration Instructions

- Athletes may participate in only one event.
- Maximum roster size = 6 players

5. Sport Uniform/Equipment:

- Athletes wear Beach Volleyball clothing, comprised from a numbered jersey top and a short. All team members shall wear the exact same color jersey and short. Shoes or socks are allowed only for medical reasons.
- Athletes are requested not wearing any jewelry that may cause injury or distraction, i.e. large rings, hanging earrings or long necklaces. Exception will be made for religious or medical medallions and flat wedding bands. If worn, they must be removed from chains and taped or sewn under the uniform. The R1 (first referee) for each match has the authority to enforce this rule at each match.
- Padding or covering may be necessary for casts, braces or prosthetic limbs. All such padding must be approved in advance by the Technical Delegate/designee prior to the competition.
- Athletes may use their indoor volleyball clothing.

6. Points of Emphasis: Rules of Condition

- Teams with fewer than four (4) players to start the set will cause the set to result in forfeit.



Registration Check List

This is a check list of what is required for registration for the 2011 Special Olympics World Summer Games. You should not proceed with submitting Registration forms until you have everything on this checklist.

General Forms:

- Form A: Delegation Information
- Form A1: Delegation Roster
- Form L: Refusal to Compete and Commercial Markings
- Form M 1-4: Delegation Travel Itinerary

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

- Form B: Coach & Unified Partner Registration
- Form B1: Delegate, Coach & Unified Partner Release
- Form K: Athlete / Coach Profile
- Photo (Must meet requirements as outlined under Photo Guidelines)
- Passport Information (All Delegations outside of Greece)

Athletes

- Form C: Athlete Registration
- Form C1: Athlete Medical Form
- Form C2: Athlete Authorization
- Form C3: (If Required) Special release for Athletes with Atlanto-Axial Instability
- Form C4: Athlete Sport Registration
- Form D: (If Required) Team Roster for all team Sports
- Form E1: (If Required) Relay Team Registration Aquatics
- Form E2: (If Required) Relay Team Registration Athletics
- Form E3: (If Required) Relay Team Registration Equestrian
- Form E4: (If Required) Relay Team Registration Roller Skating
- Form F: (If Required) Equestrian Rider Profile Form
- Form G: (If Required) Basketball Individual Assessment Rating Form
- Form H: (If Required) Football Team Rating Form
- Form I: (If Required) Table Tennis Rating Form
- Form J: (If Required) Tennis Rating Form
- Form K: Athlete / Coach Profile
- Photo (Must meet requirements as outlined under Photo Guidelines)
- Passport Information (All Delegations outside of Greece)



FORM A – Delegation Information

(Please PRINT in ink using block letters or TYPE)

Delegation Name

SO Region

Delegation Mailing Address

City

State/Province

Country

Postal Code

Telephone (include country and or area code)

Fax (include country and or area code)

Head of Delegation

Family Name

First Name

MI

Email

Delegation Information

Primary Language

Secondary Language

Special diet (entire delegation):

Vegetarian

No Pork

Other: _____



FORM A 1 – Delegation Roster

Delegation: _____ Roster Continued, Page # _____

Please make additional pages as needed

SPORT/FUNCTION	NAME	GENDER		ROLE
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	
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		M	F	
		M	F	



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

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

(Please print in ink using block letters or type)

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

(Please note that Last /Family and First Name should be written in LATIN characters as in Passport)

Delegation	SO Region

Name: Last/Family (as in Passport)	First (as in Passport)	Middle Initial	Gender: M/F

Address

City	State/Province	Country

Email Address

Date of Birth: dd-mm-yyyy							

Nationality	Place of Birth

Passport Number	Passport Expiration Date: dd-mm-yyyy

Visa Required? Yes No **Consulate or Embassy you will apply for VISA**

If you need an invitation letter in order to issue a Passport, fill in your ID No.

Function <i>Check one</i>			
Head of Delegation	Head Coach	Sport	
Assistant Head of Delegation	Coach	Sport	
	Unified Partner	Sport	
	AS Staff*	Sport	

Are you a Certified Coach? Yes No

If yes, what level of certification are you:

National Governing Body Certified (Specify) _____

Special Olympics Certified (Specify) _____

Other (Specify) _____

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



FORM B – Delegate, Coach and Unified Partner Registration – page 2 of 2
 (Please note that Last /Family and First Name should be written in LATIN characters as in Passport)

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

Name: Last/Family (as in Passport)

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

First (as in Passport)

--

Middle Initial

Medical Information

Does this person use a wheelchair? YES NO

Is there a history of:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Heart problems/high blood pressure

Head injury/history of concussion

Seizures

Allergies: (list)

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

Dietary Restrictions: (list)

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FORM B 1 – Delegate, Coach & Unified Partner Release Adult
Release Form for Delegation, Coaches and Unified Partners

I _____ am at least 18 years old and have submitted the attached application for participation as a Delegate, Coach or Unified Partner for the 2011 Special Olympics World Summer Games (“Games”). I hereby authorize, without compensation to me, Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games Organizing Committee (collectively, “Special Olympics”), both during and any time after the Games to use, and license others to use, my name, voice, likeness, statements or words in television, radio, film, newspapers, magazine, on the internet or any other media, in any form, for the purpose of publicizing, promoting, advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I agree to abide by the Coaches Code of Conduct during the Games.

Signature: _____ **Date:** _____
 dd/mm/yyyy

Waiver & Release

I fully understand the risks involved with participation in the Games and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation in the Games. I further understand that Special Olympics, Inc. will own the information I provide in the registration materials and will share that information with the 2011 Special Olympics World Summer Games as further described below.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., the 2011 Special Olympics World Summer Games, and each organization’s respective administrators, directors, agents, officers, volunteers, and employees, and other participants (“Releases”) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which I may incur as the result of such claim.

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

Signature: _____ **Date:** _____
 dd/mm/yyyy

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

Signature: _____ **Date:** _____
 dd/mm/yyyy

I understand that Special Olympics, Inc. is collecting my personal information as provided by me through this registration packet and that all such information may be transferred to, and processed and maintained in the United States. I further understand and acknowledge that Special Olympics, Inc. may disclose my personal information, including the information collected through this registration material, to the 2011 Special Olympics World Summer Games Organizing Committee and that either Special Olympics, Inc. or the 2011 Special Olympics World Summer Games Organizing Committee will input the personal information I provided into a computerized database that will be maintained by Special Olympics, Inc. after the Games end. I further understand that Special Olympics, Inc. and the 2011 Special Olympics World Summer Games Organizing Committee may use the information provided by me to conduct the 2011 Games, and for the following or similar purposes: 1) compiling results of the Games for Special Olympics, Inc., the 2011 Special Olympics World Summer Games Organizing Committee, the media and the public (including via a Web site that may provide certain information about me and video or pictures of me participating at the 2011 Games); 2) verifying participation in the Games; 3) conducting training on divisioning; 4) conducting statistical analysis; 5) providing Games related services, such as housing, transportation, meals and medical; 6) protecting my health and safety by providing the necessary information to medical personnel, hospitals, or insurers. and 7) publicizing and promoting Special Olympics. I acknowledge and understand that Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games Organizing Committee may disclose my personal information to certain government authorities for the purpose of obtaining any required visas or as lawfully requested by any government authority

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

Printed Name of Delegate, Unified Partner, or Coach

 Signature of Delegate, Unified Partner or Coach

 Date (dd/mm/yyyy)



FORM B 1– Unified Partner Release Minor Release Form for Minor Unified Partners

I am the parent/guardian of _____ (the “Unified Partner”), on whose behalf I have submitted the attached application for participation in the 2011 Special Olympics World Summer Games (“Games”). The Unified Partner has my permission to participate in Games-related activities.

I hereby authorize, without compensation to me or the Unified Partner, Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games (collectively, “Special Olympics”), both during and any time after the Games to use, and license others to use, the Unified Partner’s name, voice, likeness, statements or words in television, radio, film, newspapers, magazine, on the Internet or any other media, in any form, for the purpose of publicizing, promoting, advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I agree to abide by the Coaches Code of Conduct during the Games.

Signature: _____ Date: _____
dd/mm/yyyy

Waiver & Release

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

I, on my behalf and on behalf of the Unified Partner, hereby release, discharge, and covenant not to sue Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games, and each organization’s respective administrators, directors, agents, officers, volunteers, and employees, and other participants (“Releases”) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations; and I, on my behalf and on behalf of the Unified Partner, further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on the Unified Partner’s behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which I may incur as the result of such claim.

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

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

Signature: _____ Date: _____
dd/mm/yyyy

I understand that Special Olympics, Inc. is collecting the Unified Partner’s personal information as provided by me and/or the Unified Partner through this registration packet and that all such information may be transferred to, and processed and maintained in the United States. I further understand and acknowledge that Special Olympics, Inc. may disclose the Unified Partner’s personal information, including the information collected through this registration material, to the 2011 Special Olympics World Summer Games Organizing Committee and other entities as Special Olympics, Inc. deems necessary to conduct the Games and provide for the Unified Partner’s health and safety at the Games and that either Special Olympics, Inc. or the 2011 Special Olympics World Summer Games Organizing Committee may input the personal information I or the Unified Partner provides into a computerized database that will be maintained by Special Olympics, Inc. after the Games end. I further understand that Special Olympics, Inc. and the 2011 Special Olympics World Summer Games Organizing Committee may use the information provided by me or the Unified Partner to conduct the Games, including for the following or similar purposes: 1) compiling results of the Games for Special Olympics, Inc., the 2011 Special Olympics World Summer Games Organizing Committee, the media and the public (including via a Web site that may provide certain information about the Unified Partner and video or pictures of the Unified Partner participating at the Games); 2) verifying participation in the Games; 3) conducting training on divisioning; 4) conducting statistical analysis; 5) providing Games related services, such as housing, transportation, meals and medical and 6) protecting the Unified Partner’s health and safety by providing the necessary information to medical personnel, hospitals, or insurers; and 7) publicizing and promoting Special Olympics. I acknowledge and understand that the Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games Organizing Committee may disclose the Unified Partner’s personal information to certain government authorities for the purpose of obtaining any required visas or as lawfully requested by any government authority.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date (dd/mm/yyyy)



FORM C – Athlete Registration

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

(Please print in ink using block letters or type)

--	--

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

(Please note that Last and First Name should be written in LATIN characters as in Passport)

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

Visa Required? Yes No Consulate or Embassy you will apply for VISA

If you need an invitation letter in order to issue a Passport, fill in your ID No.

Wheelchair: Yes No

Allergies: (list)

Dietary Restrictions: (list)



FORM C 1 – Athlete Medical Form – Page 1

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



FORM C 1 – Athlete Medical Form – Page 2

Family Name	First Name	Middle Initial

Does this Athlete have Down Syndrome? Yes No

If yes, you must complete the box below

ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME

EXAMINER'S NOTE: If the Athlete has Down Syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: judo, equestrian sports, gymnastics, pentathlon, butterfly stroke and diving starts in swimming, high jump, squat lift, and football team competition (soccer).

Yes No

 Has an x-ray evaluation for Atlanto-axial instability been done?

 If yes, was it positive for Atlanto-axial instability? (positive indicates that the Atlanto-dens interval is 5mm or more)

If YES, Form C3-Special Release for Athletes With Atlanto-Axial Instability MUST be Completed

PHYSICAL EXAMINATION

Blood pressure: ____ / ____ Weight: ____ Height: ____

Normal/Abnormal	Normal/Abnormal	Normal/Abnormal
<input type="checkbox"/> <input type="checkbox"/> Vision	<input type="checkbox"/> <input type="checkbox"/> Cardiovascular system	<input type="checkbox"/> <input type="checkbox"/> Cranial nerves
<input type="checkbox"/> <input type="checkbox"/> Hearing	<input type="checkbox"/> <input type="checkbox"/> Respiratory system	<input type="checkbox"/> <input type="checkbox"/> Coordination
<input type="checkbox"/> <input type="checkbox"/> Oral cavity	<input type="checkbox"/> <input type="checkbox"/> Gastrointestinal system	<input type="checkbox"/> <input type="checkbox"/> Reflexes
<input type="checkbox"/> <input type="checkbox"/> Neck	<input type="checkbox"/> <input type="checkbox"/> Genitourinary system	
<input type="checkbox"/> <input type="checkbox"/> Extremities	<input type="checkbox"/> <input type="checkbox"/> Skin	

Other: _____

Primary MR Etiology/Category: (if known)

I have reviewed the above health information and have performed the above examination on this Athlete within the past 6 months and certify that the Athlete can participate in Special Olympics.

RESTRICTIONS: _____

EXAMINER'S SIGNATURE: _____ Date ____/____/____

EXAMINER'S NAME: _____

ADDRESS: _____

PHONE: _____



FORM C 2 – Athlete Authorization Adult

Section A

Authorization to be completed by ADULT ATHLETE

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

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

Special Olympics Inc. has my permission forever to use and allow others to use my likeness, name, voice or words in television, radio, film, newspapers, magazines, on the Internet, World Wide Web and/or in other media, and in any form, throughout the world for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics, including the 2011 Special Olympics World Summer Games (“Games”) and/or applying for funds to support these purposes and activities.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for me to participate in the Healthy Athletes program and that I may decide not to participate at any time. I understand that provision of these screening services is not intended as a substitute for regular health care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that neither Special Olympics, Inc. nor the 2011 Special Olympics World Summer Games Organizing Committee are, through the provision of these services responsible for my health or my health care. I understand that information gathered as part of the Healthy Athletes program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment for any reason, I authorize Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization

I understand that Special Olympics, Inc. is collecting my personal information as provided by me through this registration packet and that all such information may be transferred to, and processed and maintained in the United States. I further understand and acknowledge that Special Olympics, Inc. may disclose my personal information, including the information collected through this registration material, to the 2011 Special Olympics World Games Organizing Committee and that either Special Olympics, Inc. or the 2011 Special Olympics World Summer Games Organizing Committee will input the personal information I provided into a computerized database that will be maintained by Special Olympics, Inc. after the 2011 Games end. I further understand that Special Olympics, Inc. and the 2011 Special Olympics World Summer Games Organizing Committee may use the information provided by me to conduct the Games, and for the following or similar purposes: 1) compiling results of the Games for Special Olympics, Inc., the 2011 Special Olympics World Summer Games Organizing Committee, the media and the public (including via a Web site that may provide certain information about me and video or pictures of me participating in the Games); 2) verifying participation in the Games; 3) conducting training on divisioning; 4) conducting statistical analysis; 5) providing Games related services, such as housing, transportation, meals and medical services; 6) protecting my health and safety by providing the necessary information to medical personnel, hospitals, or insurers.; and 7) publicizing and promoting Special Olympics. I acknowledge and understand that Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games Organizing Committee may disclose my personal information to certain government authorities for the purpose of obtaining any required visas or as lawfully requested by any government authority I, the athlete named above, have read this paper and fully understand the provisions of the Authorization that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this Authorization.

Signature of Adult Athlete

Date

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

Name (Print) _____

Relationship to athlete _____
(e.g. family member, teacher, coach, etc.)



FORM C 2 – Athlete Authorization Minor

Section B Authorization to be completed by PARENT or GUARDIAN of MINOR ATHLETE

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

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

In permitting the Minor Athlete to participate, I am specifically granting my permission forever to Special Olympics, Inc. to use and allow others to use the Minor Athlete’s likeness, name, voice and words in television, radio, film, newspapers, magazines, on the Internet, World Wide Web and/or other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics, including the 2011 Special Olympics World Summer Games (Games) and/or applying for funds to support these purposes and activities.

By signing below, I am also permitting the Minor Athlete to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for the Minor Athlete to participate in the Healthy Athlete program and that I may decide that the Minor Athlete may not to participate at any time. I understand that provision of these health services is not intended as a substitute for regular health care. I also understand that the Minor Athlete, or I on the Minor Athlete’s behalf, should seek independent medical advice and assistance irrespective of the provision of these services and that neither Special Olympics, Inc. nor the 2011 Special Olympics World Summer Games Organizing Committee are, through the provision of these services, making itself responsible for Minor Athlete’s health or health care. I understand that information gathered as part of the Healthy Athletes program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

If a medical emergency should arise during the Minor Athlete’s participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the Minor Athlete’s care, I hereby authorize Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games Organizing Committee, on my behalf, to take whatever measures are necessary to ensure that the Minor Athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games Organizing Committee deems advisable in order to protect the Minor Athlete’s health and well-being.

I understand that Special Olympics, Inc. is collecting the Minor Athlete’s personal information as provided by me and/or the Minor Athlete through this registration packet and that all such information may be transferred to, and processed and maintained in the United States. I further understand and acknowledge that Special Olympics, Inc. may disclose the Minor Athlete’s personal information, including the information collected through this registration material, to the 2011 Special Olympics World Summer Games Organizing Committee and other entities as Special Olympics, Inc. deems necessary to conduct the Games and provide for the Minor Athlete’s health and safety at the Games and that either Special Olympics, Inc. or the 2011 Special Olympics World Summer Games Organizing Committee may input the personal information I or the Minor Athlete provides into a computerized database that will be maintained by Special Olympics, Inc. after the Games end. I further understand that Special Olympics, Inc. and the 2011 Special Olympics World Summer Games Organizing Committee may use the information provided by me or the Minor Athlete to conduct the Games, including for the following or similar purposes: 1) compiling results of the Games for Special Olympics, Inc., the 2011 Special Olympics World Summer Games Organizing Committee, the media and the public (including via a Web site that may provide certain information about the Minor Athlete and video or pictures of the Minor Athlete participating at the Games); 2) verifying participation in the Games; 3) conducting training on divisioning; 4) conducting statistical analysis; 5) providing Games related services, such as housing, transportation, meals and medical and 6) protecting the Minor Athlete’s health and safety by providing the necessary information to medical personnel, hospitals, or insurers; and 7) publicizing and promoting Special Olympics. I acknowledge and understand that the Special Olympics, Inc. and/or the 2011 Special Olympics World Summer Games Organizing Committee may disclose the Minor Athlete’s personal information to certain government authorities for the purpose of obtaining any required visas or as lawfully requested by any government authority.

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

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

Signature of Parent or Guardian

Date



FORM C 3 – Athlete Release

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

CERTIFICATION BY PHYSICIANS

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

(Signatures of two physicians are required.)

Athlete Name: _____	Delegation: _____
Restrictions (if any): _____ _____	Restrictions (if any): _____ _____
Physician’s name: _____	Physician’s name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Signature of Physician _____ Date _____	Signature of Physician _____ Date _____

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

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

1. I have been informed by the physicians named above that I have Atlanto-axial Instability
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, pentathlon, butterfly stroke and diving starts in swimming, high jump, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences if I participate in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I certify that I am taking these risks knowingly and voluntarily, of my own free will, because of my desire to participate in Special Olympics, including any or all of the sports listed above, based on the certifications of the two physicians named above that I am not medically precluded from participating in Special Olympics.

Name: _____

Address: _____

Phone _____

Signature of Adult Athlete _____ Date _____

Signature of Adult Friend or Family Member _____ Date _____



FORM C 3 – Athlete Release Special Release for Athletes with Atlanto-axial Instability (Page 2)

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

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

1. I have been informed by the physicians named above that my son/daughter has Atlanto-axial Instability.
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, pentathlon, butterfly stroke and diving starts in swimming, high jump, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences of my son/daughter participating in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I hereby give my permission for my son/daughter to participate in Special Olympics, including any or all of the sports or events listed above, based on the certifications of the two physicians named above that my son/daughter is not medically precluded from participating in Special Olympics.

Athletes Name: _____

Address: _____

Phone: _____

Signature of Parent _____ Date _____



FORM C 3 – Athlete Release

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

SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY – instructions

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

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

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

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

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

ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI



FORM C 4 – Athlete Sport Registration / Aquatics (Page 1 of 3)

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
 Alternate (Substitute/Reserve) Athlete

Delegation Name	SO Region	
Family Name	First Name	MI

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

NOTE: You can only select events in ONE Category and limited to 2 individual events and 1 relay. Athletes entered in Category 3 or 4 may enter a third individual event.
You must check each event(s) an Athlete wishes to enter

CATEGORY 1										Qualification Time		
Event Code						Check	Event Name			mm	sec	hrd
A	Q	2	5	M	F	<input type="checkbox"/>	25M Freestyle	:	.			
A	Q	2	5	B	K	<input type="checkbox"/>	25M Backstroke	:	.			
A	Q	4	X	2	5	M	F	<input type="checkbox"/>	:	.		
CATEGORY 2										Qualification Time		
Event Code						Check	Event Name			mm	sec	hrd
A	Q	2	5	B	F	<input type="checkbox"/>	25M Butterfly	:	.			
A	Q	2	5	B	K	<input type="checkbox"/>	25M Backstroke	:	.			
A	Q	2	5	B	S	<input type="checkbox"/>	25M Breaststroke	:	.			
A	Q	5	0	M	F	<input type="checkbox"/>	50M Freestyle	:	.			
A	Q	5	0	B	F	<input type="checkbox"/>	50M Butterfly	:	.			
A	Q	5	0	B	K	<input type="checkbox"/>	50M Backstroke	:	.			
A	Q	5	0	B	S	<input type="checkbox"/>	50M Breaststroke	:	.			
A	Q	1	0	0	M	F	<input type="checkbox"/>	100M Freestyle	:	.		
A	Q	4	X	2	5	M	F	<input type="checkbox"/>	:	.		
A	Q	4	X	5	0	M	F	<input type="checkbox"/>	:	.		
A	Q	4	X	5	0	M	R	<input type="checkbox"/>	:	.		
A	Q	4	X	1	C	M	F	<input type="checkbox"/>	:	.		

NOTE: Form E1 Relay Team Information – Aquatics, is required for all relay teams.



FORM C 4 – Athlete Sport Registration / Aquatics (Page 2 of 3)

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
 Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender	Male	Female
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Date of Birth						
DD	Month	Year				

NOTE: You can only select events in ONE Category and limited to 2 individual events and 1 relay. Athletes entered in Category 3 or 4 may enter a third individual event.

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

CATEGORY 3															Qualification Time								
Event Code															Check	Event Name	mm	sec	hrd				
A	Q	1	0	0	M	F										<input type="checkbox"/>	100M Freestyle		:		.		
A	Q	1	0	0	B	K										<input type="checkbox"/>	100M Backstroke		:		.		
A	Q	1	0	0	B	S										<input type="checkbox"/>	100M Breaststroke		:		.		
A	Q	1	0	0	B	F										<input type="checkbox"/>	100M Butterfly		:		.		
A	Q	1	0	0	I	M										<input type="checkbox"/>	100M Individual Medley		:		.		
A	Q	2	0	0	M	F										<input type="checkbox"/>	200M Freestyle		:		.		
A	Q	2	0	0	B	K										<input type="checkbox"/>	200M Backstroke		:		.		
A	Q	2	0	0	B	S										<input type="checkbox"/>	200M Breaststroke		:		.		
A	Q	2	0	0	I	M										<input type="checkbox"/>	200M Individual Medley		:		.		
A	Q	4	0	0	M	F										<input type="checkbox"/>	400M Freestyle		:		.		
A	Q	4	X	2	5	M	F									<input type="checkbox"/>	4X25M Freestyle Relay		:		.		
A	Q	4	X	5	0	M	F									<input type="checkbox"/>	4X50M Freestyle Relay		:		.		
A	Q	4	X	5	0	M	R									<input type="checkbox"/>	4X50M Medley Relay		:		.		
A	Q	4	X	1	C	M	F									<input type="checkbox"/>	4X100M Freestyle Relay		:		.		
A	Q	4	X	1	C	M	R									<input type="checkbox"/>	4X100M Medley Relay		:		.		

CATEGORY 4															Qualification Time								
Event Code															Check	Event Name	mm	sec	hrd				
A	Q	4	0	0	M	F										<input type="checkbox"/>	400M Freestyle		:		.		
A	Q	8	0	0	M	F										<input type="checkbox"/>	800M Freestyle		:		.		
A	Q	1	5	0	0	M	F									<input type="checkbox"/>	1500M Freestyle		:		.		
A	Q	4	X	5	0	M	F									<input type="checkbox"/>	4X50M Freestyle Relay		:		.		
A	Q	4	X	5	0	M	R									<input type="checkbox"/>	4X50M Medley Relay		:		.		
A	Q	4	X	1	C	M	F									<input type="checkbox"/>	4X100M Freestyle Relay		:		.		
A	Q	4	X	1	C	M	R									<input type="checkbox"/>	4X100M Medley Relay		:		.		



FORM C 4 – Athlete Sport Registration / Aquatics (Page 3 of 3)

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

Delegation Name																SO Region	
Family Name								First Name								MI	
Gender		Male				Female											

Date of Birth						
DD	Month		Year			

NOTE: Category 5 Athletes MUST participate in both events.
You must check each event(s) an Athlete wishes to enter

CATEGORY 5											Qualification Time				
Event Code						Check		Event Name			hr	mm	sec	hrd	
A	Q	O	P	E	N			1500 M Open Water Swim			:	:	.		
A	Q	8	0	0	M	F			800M Freestyle			:	:	.	

NOTE: Form E1 Relay Team Information – Aquatics, is required for all relay teams.



FORM C 4 – Athlete Sport Registration / Athletics (Page 1 of 3)

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
 Alternate (Substitute/Reserve) Athlete

Delegation Name																				

SO Region	

Family Name										First Name										

MI

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

NOTE: You can only select events in ONE Category An athlete may enter a maximum: two (2) individual events and one (1) relay OR one (1) individual event and two (2) relays
You must check each event(s) an Athlete wishes to enter

CATEGORY 1													Qualification Score				
Event Code						Check		Event Name					mm	sec	hrd		
A	T	2	5	M	R	<input type="checkbox"/>	<input type="checkbox"/>	25M Run						:	.		
A	T	5	0	M	R	<input type="checkbox"/>	<input type="checkbox"/>	50M Run						:	.		
A	T	1	0	0	W	<input type="checkbox"/>	<input type="checkbox"/>	100M Walk						:	.		
														M	cm		
A	T	S	O	B	T	<input type="checkbox"/>	<input type="checkbox"/>	Softball Throw						.			
A	T	S	T	L	J	<input type="checkbox"/>	<input type="checkbox"/>	Standing Long Jump						.			
CATEGORY 2													Qualification Score				
Event Code						Check		Event Name					mm	sec	hrd		
A	T	1	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	100M Run						:	.		
A	T	2	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	200M Run						:	.		
A	T	4	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	400M Run						:	.		
A	T	4	X	1	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	4X100M Relay						:	.
A	T	4	X	4	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	4X400M Relay						:	.
														M	cm		
A	T	H	I	J	P	<input type="checkbox"/>	<input type="checkbox"/>	High Jump						.			
A	T	L	N	J	P	<input type="checkbox"/>	<input type="checkbox"/>	Long Jump						.			
A	T	M	J	A	3	<input type="checkbox"/>	<input type="checkbox"/>	Mini Javelin Men 300G						.			
A	T	M	J	A	4	<input type="checkbox"/>	<input type="checkbox"/>	Mini Javelin Men 400G						.			
A	T	W	J	A	3	<input type="checkbox"/>	<input type="checkbox"/>	Mini Javelin Women 300G						.			
A	T	S	P	4	M	<input type="checkbox"/>	<input type="checkbox"/>	Shot-put Men 4Kg						.			
A	T	S	P	3	W	<input type="checkbox"/>	<input type="checkbox"/>	Shot-put Women 3Kg						.			

NOTE: Form E2 Relay Team Information – Athletics, is required for all relay teams.



FORM C 4 – Athlete Sport Registration / Athletics (Page 2 of 3)

(Please PRINT in ink using block letters or TYPE)

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

Athlete

Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth								
DD			Month			Year		

***NOTE: You can only select events in ONE Category An athlete may enter a maximum: two (2) individual events and one (1) relay OR one (1) individual event and two (2) relays
You must check each event(s) an Athlete wishes to enter***

CATEGORY 3												Qualification Score							
Event Code								Check	Event Name				mm		sec		hrd		
A	T	4	0	0	M				400M Run					:		:			
A	T	8	0	0	M				800M Run					:		:			
A	T	1	5	0	0	M			1500M Run					:		:			
A	T	4	X	1	0	0	M		4X100M Relay					:		:			
A	T	4	X	4	0	0	M		4X400M Relay					:		:			
															M		cm		
A	T	H	I	J	P				High Jump							:			
A	T	L	N	J	P				Long Jump							:			
A	T	M	J	A	3				Mini Javelin Men 300G							:			
A	T	M	J	A	4				Mini Javelin Men 400G							:			
A	T	W	J	A	3				Mini Javelin Women 300G							:			
A	T	S	P	4	M				Shot-put Men 4Kg							:			
A	T	S	P	3	W				Shot-put Women 3Kg							:			

NOTE: Form E2 Relay Team Information – Athletics, is required for all relay teams.



FORM C 4 – Athlete Sport Registration / Athletics (Page 3 of 3)

(Please PRINT in ink using block letters or TYPE)

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

Athlete

Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

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

Month

Year

NOTE: You can only select events in ONE Category An athlete may enter a maximum: two (2) individual events and one (1) relay OR one (1) individual event and two (2) relays

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

CATEGORY 4													Qualification Score				
Event Code							Check	Event Name					mm	sec	hrd		
A	T	1	0	0	W	H	<input type="checkbox"/>	100M Wheelchair Race						:		.	
A	T	2	0	0	W	H	<input type="checkbox"/>	200M Wheelchair Race						:		.	
A	T	4	0	0	W		<input type="checkbox"/>	400M Walk						:		.	
A	T	8	0	0	W		<input type="checkbox"/>	800M Walk						:		.	
															M	.	cm
A	T	S	P	4	M		<input type="checkbox"/>	Shot-put Men 4Kg								.	
A	T	S	P	3	W		<input type="checkbox"/>	Shot-put Women 3Kg								.	
A	T	M	J	A	3		<input type="checkbox"/>	Mini Javelin Men 300G								.	
A	T	M	J	A	4		<input type="checkbox"/>	Mini Javelin Men 400G								.	
A	T	W	J	A	3		<input type="checkbox"/>	Mini Javelin Women 300G								.	
CATEGORY 5													Qualification Score				
Event Code							Check	Event Name					hr	mm	sec	hrd	
A	T	1	5	0	0	M	<input type="checkbox"/>	1500M Run						:	:	.	
A	T	3	0	0	0	M	<input type="checkbox"/>	3000M Run						:	:	.	
A	T	5	0	0	0	M	<input type="checkbox"/>	5000M Run						:	:	.	
A	T	1	0	0	0	M	<input type="checkbox"/>	10000M Run						:	:	.	
A	T	H	M	A	R		<input type="checkbox"/>	Half Marathon						:	:	.	
A	T	M	A	R	A		<input type="checkbox"/>	Marathon						:	:	.	
A	T	4	X	1	0	M	<input type="checkbox"/>	4X100M Relay						:	:	.	
A	T	4	X	4	0	M	<input type="checkbox"/>	4X400M Relay						:	:	.	
CATEGORY 6													Qualification Score				
Event Code							Check	Event Name					mm	sec	hrd		
A	T	P	E	N	T		<input type="checkbox"/>	Pentathlon					Points>				
A	T	4	X	1	0	M	<input type="checkbox"/>	4X100M Relay						:	.		
A	T	4	X	4	0	M	<input type="checkbox"/>	4X400M Relay						:	.		

NOTE: Form E2 Relay Team Information – Athletics, is required for all relay teams.



FORM C 4 – Athlete Sport Registration / Badminton

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

Delegation Name

SO Region

Family Name

First Name

MI

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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DD

Month

Year

NOTE: Athletes can enter a maximum of 3 Events
You must check each event(s) an Athlete wishes to enter

Event Code						Check	Event Name	Score
B	D	S	I	N	G	<input type="checkbox"/>	Singles	Not Required
B	D	D	B	L	E	<input type="checkbox"/>	Doubles	Not Required
B	D	M	X	D	B	<input type="checkbox"/>	Mixed Doubles	Not Required

* Individual Skills Score (see Badminton rules)

Double partner

Family Name

First Name

MI

Mixed Double partner

Family Name

First Name

MI

NOTE: for the Doubles and the Mixed Doubles Events please identify his/her partner

NOTE: FORM D TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS



FORM C 4 – Athlete Sport Registration / Basketball

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

- Athlete
 Alternate (Substitute/Reserve) Athlete

(Please PRINT in ink using block letters or TYPE)

- Unified Partner
 Alternate (Substitute/Reserve) Unified Partner

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth							
DD	Month		Year				

NOTE: Athletes can enter a maximum of 1 Event
You must check each event(s) an Athlete wishes to enter

Event Code							Check	Event Name	BSAT Score
B	B	T	E	A	M			Team	
B	B	T	E	A	M	U		Unified Team	

NOTE: FORM D - TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS

FORM G – Basketball Individual Rating Form Required for All Players



FORM C 4 – Athlete Sport Registration / Bocce

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete
- Unified Partner
- Alternate (Substitute/Reserve) Unified Partner

Delegation Name

SO Region

Family Name

First Name

MI

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

Visual Difficulty	<input type="checkbox"/>
Mobility Issues	<input type="checkbox"/>

NOTE: Athletes can enter a maximum of 3 Events
You must check each event(s) an Athlete wishes to enter

Event Code								Check		Event Name	ISC Score
B	C	S	I	N	G					Singles	Not Required
B	C	D	B	L	E					Doubles	Not Required
B	C	T	E	A	M					Team (4 Persons)	Not Required
B	C	D	B	L	E	U				Unified Doubles	Not Required
B	C	T	E	A	M	U				Unified Team (4 Persons)	Not Required

NOTE: FORM D - TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS



FORM C 4 – Athlete Sport Registration / Bowling

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete
- Unified Partner
- Alternate (Substitute/Reserve) Unified Partner

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth											
DD			Month				Year				

***NOTE: Athletes can enter a maximum of 3 Events
You must check each event(s) an Athlete wishes to enter***

Event Code							Check	Event Name	Individual Average
B	O	S	I	N	G		<input type="checkbox"/>	Singles	
B	O	D	B	L	E		<input type="checkbox"/>	Doubles	
B	O	T	E	A	M		<input type="checkbox"/>	Team	
B	O	D	B	L	E	U	<input type="checkbox"/>	Unified Doubles	
B	O	T	E	A	M	U	<input type="checkbox"/>	Unified Team	

NOTE: FORM D - TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS



FORM C 4 – Athlete Sport Registration / Cycling

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female	
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Date of Birth	<table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table>			<table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table>			<table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table>		
	DD	Month	Year						

NOTE: Athletes can enter a maximum of 3 Events
You must check each event(s) an Athlete wishes to enter

Event Code	Check	Event Name	Qualification Score		
			mm	sec	hrd
C Y 5 0 0 M T T	<input type="checkbox"/>	500M Time Trial		:	.
C Y 1 K T T	<input type="checkbox"/>	1K Time Trial		:	.
C Y 5 K T T	<input type="checkbox"/>	5K Time Trial		:	.
C Y 1 0 K T T	<input type="checkbox"/>	10K Time Trial		:	.
C Y 5 K R R	<input type="checkbox"/>	5K Road Race		:	.
C Y 1 0 K R R	<input type="checkbox"/>	10K Road Race		:	.
C Y 1 5 K R R	<input type="checkbox"/>	15K Road Race		:	.
C Y 2 5 K R R	<input type="checkbox"/>	25K Road Race		:	.
C Y 4 0 K R R	<input type="checkbox"/>	40K Road Race		:	.



FORM C 4 – Athlete Sport Registration / Equestrian

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
 Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth		
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DD

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Month

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Year

NOTE: Athletes can enter a maximum of 3 Events within their level
You must check each event(s) an Athlete wishes to enter

Event Code							Check	Event Name	Level
E	Q	D	R	E	S		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dressage	
E	Q	P	R	C	A			Prix Caprilli	
E	Q	E	N	E	Q			English Equitation	
E	Q	W	O	T	R			Working Trails	
E	Q	T	M	R	E	2		2 Person Team Relay	

NOTE: LEVELS MUST BE INDICATED

Levels
A
AP
B-I
B-IP
B-S
B-SP
C-I
C-S

NOTE: Form E3 - Relay Team Information – Equestrian, is required for all relay teams.
Form F - Equestrian Rider Profile – is required for all Equestrian Athletes.



FORM C 4 – Athlete Sport Registration / Football

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete
- Unified Partner
- Alternate (Substitute/Reserve) Unified Partner

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

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

NOTE: Athletes can enter a maximum of 1 Event
You must check which event an Athlete wishes to enter

Event Code							Check	Event Name	SAT Score
F	B	F	I	V	E		<input type="checkbox"/>	5 A-Side Team	Not Required
F	B	S	E	V	E	N	<input type="checkbox"/>	7 A-Side Team	Not Required
F	B	T	E	A	M		<input type="checkbox"/>	11 A-Side Team	Not Required
F	B	S	E	V	E	N	<input type="checkbox"/>	7 A-Side Unified Team	Not Required
F	B	T	E	A	M	U	<input type="checkbox"/>	11 A-Side Unified Team	Not Required

NOTE: FORM D - TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS

FORM H – Football Team Rating Form MUST BE COMPLETED BY ALL TEAMS



FORM C 4 – Athlete Sport Registration / Golf

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete
- Coach/Unified Partner
- Alternate (Substitute/Reserve) Coach/Unified Partner

Delegation Name

SO Region

Family Name

First Name

MI

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

***NOTE: Athletes can enter a maximum of 1 Event
You must check each event(s) an Athlete wishes to enter***

Event Code						Check		Event Name		Qualifying Score
G	F	I	N	S	C	<input type="checkbox"/>	<input type="checkbox"/>	Level 1 Individual Skills		
G	F	A	S	T	M	<input type="checkbox"/>	<input type="checkbox"/>	Level 2 Alternate Shot		
G	F	S	I	N	G	9	<input type="checkbox"/>	Level 4 Stroke Play 9 Holes		
G	F	S	I	N	G	1 8	<input type="checkbox"/>	Level 5 Stroke Play 18 Holes		

NOTE: FORM D - TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS



FORM C 4 – Athlete Sport Registration / Gymnastics Artistic - Male

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

Delegation Name																			

SO Region	

Family Name															

First Name															

MI

Gender		Male		Female
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Date of Birth										
	DD		Month		Year					

NOTE: Athletes can enter a maximum of 7 Events. All events must be the same Level. You must check each event(s) an Athlete wishes to enter

Event Code							Check	Event Name	Level	Score
G	Y	M	A	L	L		<input type="checkbox"/>	Men's All Around		Not Required
G	Y	M	F	L	X		<input type="checkbox"/>	Men's Floor Exercise		Not Required
G	Y	M	P	O	H		<input type="checkbox"/>	Men's Pommel Horse		Not Required
G	Y	M	R	N	G		<input type="checkbox"/>	Men's Rings		Not Required
G	Y	M	V	A	U		<input type="checkbox"/>	Men's Vault		Not Required
G	Y	M	P	A	R		<input type="checkbox"/>	Men's Parallel Bars		Not Required
G	Y	M	H	B	R		<input type="checkbox"/>	Men's Horizontal Bars		Not Required

NOTE: LEVEL 1, 2, 3 or 4 MUST BE INDICATED



FORM C 4 – Athlete Sport Registration / Gymnastics Artistic – Women’s

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female	
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Date of Birth	DD	Month	Year
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NOTE: Athletes can enter a maximum of 5 Events. All events must be the same Level. You must check each event(s) an Athlete wishes to enter

Event Code							Check	Event Name	Level	Score
G	Y	W	A	L	L		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Women’s All Around		Not Required
G	Y	W	V	A	U			Women’s Vault		Not Required
G	Y	W	F	L	X			Women’s Floor Exercise		Not Required
G	Y	W	U	N	B			Women’s Uneven Bars		Not Required
G	Y	W	B	B	M			Women’s Balance Beam		Not Required

NOTE: LEVEL 1, 2, 3 or 4 MUST BE INDICATED



FORM C 4 – Athlete Sport Registration / Gymnastics Rhythmic Women Only

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender	<input checked="" type="checkbox"/>	Female
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Date of Birth	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>			<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>			<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>				
	DD	Month	Year								

NOTE: Athletes can enter a maximum of 5 Events. All events must be the same Level. You must check each event(s) an Athlete wishes to enter

Event Code						Check	Event Name	Level	Score
G	Y	R	A	L	L	<input type="checkbox"/>	Rhythmic All Around		Not Required
G	Y	R	R	O	P	<input type="checkbox"/>	Rhythmic Rope (Level 1 and 3)		Not Required
G	Y	R	H	O	O	<input type="checkbox"/>	Rhythmic Hoop (Level 1,2and 4)		Not Required
G	Y	R	B	A	L	<input type="checkbox"/>	Rhythmic Ball		Not Required
G	Y	R	C	L	U	<input type="checkbox"/>	Rhythmic Clubs (Level 2,3 and 4)		Not Required
G	Y	R	R	I	B	<input type="checkbox"/>	Rhythmic Ribbon		Not Required

NOTE: LEVEL 1, 2, 3, 4 MUST BE INDICATED



FORM C 4 – Athlete Sport Registration / Handball

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
 Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth		
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DD

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Month

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Year

You must check the event an Athlete wishes to enter

Event Code											Check	Event Name	HSAT Score	
H	B	T	E	A	M									
Team Competition														

NOTE: FORM D - TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS



FORM C 4 – Athlete Sport Registration / Judo

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth		
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DD

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Month

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Year

NOTE: Athletes can enter a maximum of 1 Event. You must indicate the athlete’s weight category. You must check each event(s) an Athlete wishes to enter

Use an X to indicate weight category

Male Weight Categories	
	- 60 kg
	60 to 66 kg
	66 to 73 kg
	73 to 81 kg
	81 to 90 kg
	90 to 100 kg
	100 kg +

Female weight categories	
	- 48 kg
	48 to 52 kg
	52 to 57 kg
	57 to 63 kg
	63 to 70 kg
	70 to 78 kg
	78 kg +

Event Code						Check	Event Name	Score
J	U	L	E	V	1	<input type="checkbox"/>	Judo Level 1	
J	U	L	E	V	2	<input type="checkbox"/>	Judo Level 2	
J	U	L	E	V	3	<input type="checkbox"/>	Judo Level 3	



FORM C 4 – Athlete Sport Registration / Kayaking

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete
- Unified Partner
- Alternate (Substitute/Reserve) Unified Partner

Delegation Name

SO Region

Family Name

First Name

MI

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

NOTE: Athletes can enter a maximum of 2 Events

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

Event Code	Check	Event Name	Qualification Score					
			mm	sec	hrd			
K T 2 0 0 M	<input type="checkbox"/>	200M Race Singles Tourist	<input type="text"/>	:	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
K T 5 0 0 M	<input type="checkbox"/>	200M Race Doubles Tourist	<input type="text"/>	:	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
K T 2 0 0 M D	<input type="checkbox"/>	200M Race Unified Tourist	<input type="text"/>	:	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
K T 5 0 0 M D	<input type="checkbox"/>	500M Race Singles Tourist	<input type="text"/>	:	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
K T 2 0 0 M U	<input type="checkbox"/>	500M Race Doubles Tourist	<input type="text"/>	:	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
K T 5 0 0 M U	<input type="checkbox"/>	500M Race Unified Tourist	<input type="text"/>	:	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

Double partner

Family Name

First Name

MI

Unified partner

Family Name

First Name

MI



FORM C 4 – Athlete Sport Registration / Power Lifting

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
 Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Date of Birth	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	DD	Month	Year									

Body Weight

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 Kg

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 Lbs

NOTE: Athletes can enter a maximum of 4 Events. The Athlete cannot be entered into both Combination lifts. You must check each event(s) an Athlete wishes to enter

Female Events

Event Code	Check	Event Name	Level	Starting Lift Weight
P L C O M B 3 F	<input type="checkbox"/>	Female Combination 3 Lifts (Squat+Bench Press+Dead Lift)		
P L C O M B 2 F	<input type="checkbox"/>	Female Combination 2 Lifts (Bench Press+Dead Lift)		
P L B H P R F	<input type="checkbox"/>	Female Bench Press		
P L D E A D F	<input type="checkbox"/>	Female Dead Lift		
P L S Q A T F	<input type="checkbox"/>	Female Squat Lift		

Male Events

Event Code	Check	Event Name	Level	Starting Lift Weight
P L C O M B 3	<input type="checkbox"/>	Male Combination 3 Lifts (Squat+Bench Press+Dead Lift)		
P L C O M B 2	<input type="checkbox"/>	Male Combination 2 Lifts (Bench Press+Dead Lift)		
P L B H P R	<input type="checkbox"/>	Male Bench Press		
P L D E A D	<input type="checkbox"/>	Male Dead Lift		
P L S Q A T	<input type="checkbox"/>	Male Squat Lift		

Women's Level's	Women's Level's	Men's Level's	Men's Level's
44 kg (97 lbs)	75 kg (165.25 lbs)	52 kg (114.50 lbs)	90 kg (198.25 lbs)
48 kg (105.57 lbs)	82.5 kg (181.75 lbs)	56 kg (123.50)	100 kg (220.25 lbs)
52 kg (114.50 lbs)	90 kg (198.25 lbs)	60 kg (132.25 lbs)	110 kg (242.50 lbs)
56 kg (123.50)	Over 90 kg (Over 198.25 lbs)	67.5 kg (148.75 lbs)	125 kg (275.50 lbs)
60 kg (132.25 lbs)		75 kg (165.25 lbs)	Over 125 kg (Over 275.50 lbs)
67.5 kg (148.75 lbs)		82.5 kg (181.75 lbs)	



FORM C 4 – Athlete Sport Registration / Roller Skating

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
 Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

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

NOTE: You can only select events in ONE Category. Category 2 Athletes are limited to 2 individual events and 1 relay.

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

CATEGORY 1													Qualification Time						
Event Code						Check		Event Name				mm	sec	hrd					
R	S	3	0	S	R	<input type="checkbox"/>	<input type="checkbox"/>	30M Straight Line Race					:		.				
R	S	3	0	S	L	<input type="checkbox"/>	<input type="checkbox"/>	30M Slalom Race					:		.				
CATEGORY 2													Qualification Time						
Event Code						Check		Event Name				mm	sec	hrd					
R	S	1	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	100M Race					:		.				
R	S	3	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	300M Race					:		.				
R	S	5	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	500M Race					:		.				
R	S	1	0	0	0	M	<input type="checkbox"/>	<input type="checkbox"/>	1000M Race					:		.			
R	S	2	X	1	0	0	R	<input type="checkbox"/>	<input type="checkbox"/>	2X100M Relay					:		.		
R	S	2	X	2	0	0	R	<input type="checkbox"/>	<input type="checkbox"/>	2X200M Relay					:		.		
R	S	4	X	1	0	0	R	<input type="checkbox"/>	<input type="checkbox"/>	4X100M Relay					:		.		

NOTE: Form E4 - Relay Team Information – Roller Skating is required for all relay teams.



FORM C 4 – Athlete Sport Registration / Sailing

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete
- Unified Partner
- Alternate (Substitute/Reserve) Unified Partner

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth											
	DD		Month			Year					

NOTE: Athletes can enter a maximum of 1 Event
You must check each event(s) an Athlete wishes to enter

		Qualification Score
Event Code	Check	Event Name
S A M O N H 1	<input type="checkbox"/>	Level 1 – Monohull (420 Class)
S A M O N H 2	<input type="checkbox"/>	Level 2 – Monohull (420 Class)
S A M O N H 3	<input type="checkbox"/>	Level 3 – Monohull (Laser Bahia)
S A M O N H 4	<input type="checkbox"/>	Level 4 – Monohull (420 Class)
S A M O N H 5	<input type="checkbox"/>	Level 5 – Monohull (Laser)
	<input type="checkbox"/>	Level 5 – Monohull (Optimist)
		Not Required
		Not Required
		Not Required
		Not Required
		Not Required
		Not Required

Crew (Athlete)

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Family Name

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First Name

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MI

Crew (Athlete)

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Family Name

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First Name

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MI

Crew (Unified Partner)

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Family Name

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First Name

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MI

Coach

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Family Name

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First Name

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MI

NOTE: FORM D - TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS



FORM C 4 – Athlete Sport Registration / Softball

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth			DD			Month					Year
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You must check the event Athletes wishes to enter

Event Code										Check	Event Name	SAT Score	
S	B	T	E	A	M							Team Competition	

NOTE: FORM D - TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS



FORM C 4 – Athlete Sport Registration / Table Tennis

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> SO Region
Delegation Name			

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

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Date of Birth	<input type="text"/> <input type="text"/> DD	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year
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NOTE: Athletes can enter a maximum of 3 Events
You must check each event(s) an Athlete wishes to enter

Event Code						Check	Event Name	Score
T	T	S	I	N	G	<input type="checkbox"/>	Singles	Rating Form Req'd
T	T	D	B	L	E		Doubles	Rating Form Req'd
T	T	M	X	D	B		Mixed Doubles	Rating Form Req'd

Double partner

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

Mixed Double partner

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

NOTE: for the Doubles and the Mixed Doubles Events please identify his/her partner

FORM I – Table Tennis Rating Program must be complete for each individual



FORM C 4 – Athlete Sport Registration / Tennis

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete

Delegation Name

SO Region

Family Name

First Name

MI

Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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DD

Month

Year

NOTE: Athletes can enter a maximum of 3 Events
You must check each event(s) an Athlete wishes to enter

Event Code							Check	Event Name	ISC Score
T	N	S	I	N	G		<input type="checkbox"/>	Singles	Rating Form Req'd
T	N	D	B	L	E		<input type="checkbox"/>	Doubles	Rating Form Req'd
T	N	M	X	D	B		<input type="checkbox"/>	Mixed Doubles	Rating Form Req'd

Double partner

Family Name

First Name

MI

Mixed Double partner

Family Name

First Name

MI

NOTE: for the Doubles and the Mixed Doubles Events please identify his/her partner

FORM J – Tennis Rating Program must be complete for each individual



FORM C 4 – Athlete Sport Registration / Volleyball

(Please PRINT in ink using block letters or TYPE)

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

- Athlete
- Alternate (Substitute/Reserve) Athlete
- Unified Partner
- Alternate (Substitute/Reserve) Unified Partner

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Delegation Name

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SO Region

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Family Name

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First Name

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MI

Gender		Male		Female
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Date of Birth										
	DD	Month	Year							

NOTE: Athletes can enter 1 Event
You must check the event an Athlete wishes to enter

Event Code								Check	Event Name	VSAT Score
V	B	T	E	A	M			<input type="checkbox"/>	Team Competition	
V	B	T	E	A	M	U			Unified Team Competition	

Please Check the box below if the athlete competing in Volleyball mentioned above will also compete in Beach Volleyball

Beach Volleyball

Event Code							Check	Event Name	
V	B	B	E	A	C	H	<input type="checkbox"/>	Team Competition	

NOTE: FORM D - TEAM ROSTER MUST BE COMPLETED FOR ALL TEAMS



FORM D –Team Roster

This form is required for all Team Sports Listed below (Please PRINT in ink using block letters or TYPE)
 This Registration is for (CHECK ONLY ONE BOX BELOW):

- Team Competition
 Unified Team Competition

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Delegation Name

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Team Name

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

Head Coach

Sport

- | | |
|---|---|
| <input type="checkbox"/> Badminton
<input type="checkbox"/> Basketball
<input type="checkbox"/> Bocce
<input type="checkbox"/> Bowling
<input type="checkbox"/> Football
<input type="checkbox"/> Golf
<input type="checkbox"/> Handball
<input type="checkbox"/> Kayaking | <input type="checkbox"/> Sailing
<input type="checkbox"/> Softball
<input type="checkbox"/> Table Tennis
<input type="checkbox"/> Tennis
<input type="checkbox"/> Volleyball
<input type="checkbox"/> Beach Volleyball |
|---|---|

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

	Family Name	First Name	Role	Uniform Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



FORM E 1 –Relay Team Information - Aquatics

(Please PRINT in ink using block letters or TYPE)

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

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

Delegation Name

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SO Region

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

Team Name:			
Head Coach's name:			
<i>Check the appropriate relay</i>	<i>List the names of the 4 Relay Team members</i>		
<input type="checkbox"/> Aquatics 4 X 25M Freestyle Relay	1.		
<input type="checkbox"/> Aquatics 4 X 50M Freestyle Relay	2.		
<input type="checkbox"/> Aquatics 4 X 100M Freestyle Relay	3.		
<input type="checkbox"/> Aquatics 4 X 50M Medley Relay	4.		
<input type="checkbox"/> Aquatics 4 X 100M Medley Relay	Alt.		
	Alt.		
Qualification Time	: .		
	min/sec/hrd		

Team Name:			
Head Coach's name:			
<i>Check the appropriate relay</i>	<i>List the names of the 4 Relay Team members</i>		
<input type="checkbox"/> Aquatics 4 X 25M Freestyle Relay	1.		
<input type="checkbox"/> Aquatics 4 X 50M Freestyle Relay	2.		
<input type="checkbox"/> Aquatics 4 X 100M Freestyle Relay	3.		
<input type="checkbox"/> Aquatics 4 X 50M Medley Relay	4.		
<input type="checkbox"/> Aquatics 4 X 100M Medley Relay	Alt.		
	Alt.		
Qualification Time	: .		
	min/sec/hrd		

Team Name:			
Head Coach's name:			
<i>Check the appropriate relay</i>	<i>List the names of the 4 Relay Team members</i>		
<input type="checkbox"/> Aquatics 4 X 25M Freestyle Relay	1.		
<input type="checkbox"/> Aquatics 4 X 50M Freestyle Relay	2.		
<input type="checkbox"/> Aquatics 4 X 100M Freestyle Relay	3.		
<input type="checkbox"/> Aquatics 4 X 50M Medley Relay	4.		
<input type="checkbox"/> Aquatics 4 X 100M Medley Relay	Alt.		
	Alt.		
Qualification Time	: .		
	min/sec/hrd		



FORM E 2 – Relay Team Information - Athletics

(Please PRINT in ink using block letters or TYPE)

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

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Delegation Name

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SO Region

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

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

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

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



FORM E 3 –Relay Team Information – Equestrian

(Please PRINT in ink using block letters or TYPE)

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

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Delegation Name

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SO Region

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

Team Name:			
Head Coach’s name:			
<i>Check the appropriate relay</i>		<i>List the names of the 4 Relay Team members</i>	
<input type="checkbox"/> Gymkhana 2 Person Team Relay		1.	
		2.	
		Alt.	
		Alt.	
Qualification Time	: .		
	min/sec/hrd		

Team Name:			
Head Coach’s name:			
<i>Check the appropriate relay</i>		<i>List the names of the 4 Relay Team members</i>	
<input type="checkbox"/> Gymkhana 2 Person Team Relay		1.	
		2.	
		Alt.	
		Alt.	
Qualification Time	: .		
	min/sec/hrd		

Team Name:			
Head Coach’s name:			
<i>Check the appropriate relay</i>		<i>List the names of the 4 Relay Team members</i>	
<input type="checkbox"/> Gymkhana 2 Person Team Relay		1.	
		2.	
		Alt.	
		Alt.	
Qualification Time	: .		
	min/sec/hrd		



FORM E 4 –Relay Team Information – Roller Skating

(Please PRINT in ink using block letters or TYPE)

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

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Delegation Name

--	--

SO Region

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

Team Name:			
Head Coach’s name:			
<i>Check the appropriate relay</i>		<i>List the names of the 4 Relay Team members</i>	
<input type="checkbox"/>	Roller Skating 2 X 100M Relay	1.	
<input type="checkbox"/>	Roller Skating 2 X 200M Relay	2.	
<input type="checkbox"/>	Roller Skating 4 X 100M Relay	3.	
		4.	
		Alt.	
		Alt.	
Qualification Time	: .		
	min/sec/hrd		

Team Name:			
Head Coach’s name:			
<i>Check the appropriate relay</i>		<i>List the names of the 4 Relay Team members</i>	
<input type="checkbox"/>	Roller Skating 2 X 100M Relay	1.	
<input type="checkbox"/>	Roller Skating 2 X 200M Relay	2.	
<input type="checkbox"/>	Roller Skating 4 X 100M Relay	3.	
		4.	
		Alt.	
		Alt.	
Qualification Time	: .		
	min/sec/hrd		

Team Name:			
Head Coach’s name:			
<i>Check the appropriate relay</i>		<i>List the names of the 4 Relay Team members</i>	
<input type="checkbox"/>	Roller Skating 2 X 100M Relay	1.	
<input type="checkbox"/>	Roller Skating 2 X 200M Relay	2.	
<input type="checkbox"/>	Roller Skating 4 X 100M Relay	3.	
		4.	
		Alt.	
		Alt.	
Qualification Time	: .		
	min/sec/hrd		



FORM F – Equestrian Rider Profile

(Please PRINT in ink using block letters or TYPE)

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SO Region

Delegation Name

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

Family Name

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First Name

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MI

Age		Height		Weight		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Tack Style:

Indicate the events (maximum of 3) by placing an “X” in the box(s) under the appropriate Level.

EVENTS	CS	CI	BS	BSP	BI	BIP	A	AP
English Equitation								
English Working Trail								
Team Relay								
Dressage								
Prix Caprilli								

Instructor/Coach Information

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Name: Last/Family

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First

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Middle Initial

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Gender: M/F

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Address

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City

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State/Province

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Country

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

Email Address

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

Phone Number (Include Country/Area Code and best Time to Call)

Athlete Information

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

Does the Athlete use/require any of the following (Please Check all that may apply)

Wheelchair	<input type="checkbox"/>
Dependent	<input type="checkbox"/>
Electric	<input type="checkbox"/>
Propels Self	<input type="checkbox"/>
Needs Assistance/supervision	<input type="checkbox"/>
Uses the Following	
Walker	<input type="checkbox"/>
Cane(s)	<input type="checkbox"/>
Crutches	<input type="checkbox"/>
Independent	<input type="checkbox"/>



Tack/Equipment Status (check the appropriate boxes)

Saddle: English Stock Seat Australian Stock Seat Other: _____

Other Equipment: Seat Cover Handhold Neck strap Adapted Reins Crop Dressage Whip Peacock Stirrups S-Shaped Stirrups Devonshire Boots Waistbelt Other (please describe): _____

NOTE: Coach must bring SEI-ASTM or BHS approved safety stirrups and leathers, and any specially adapted tack or equipment required by the rider. Adaptive Equipment must be approved by the Venue Management. All athletes will use a ramp/ stairs to minimize stress on the horses' back.

Astride Assistance Status

Place an "X" in the appropriate box(s)

Assistance Needed	Walk	Trot
Horse Handler		
1 Side Walker		
2 Side Walkers		

Athletes Equestrians Background and Accomplishments

Started Riding: _____

Has Training/Instruction: Daily Weekly Monthly

Describe the athlete's Special Olympics Equestrian Sport competition history:

Describe any open Equestrian Sports competition history:

Competition Equine Status/Requirements

Does the athlete adapt easily to other horses? Yes No

Size required: _____ cm (hands)

Size of barrel: Narrow Normal Broad

Gaits which can be handled by the athlete:

Walk:	<input type="checkbox"/> Steady	<input type="checkbox"/> Free	<input type="checkbox"/> Moving
Sitting Trot:	<input type="checkbox"/> Very Smooth	<input type="checkbox"/> Free	<input type="checkbox"/> Moving
Posting Trot:	<input type="checkbox"/> Steady	<input type="checkbox"/> Some Springiness	<input type="checkbox"/> Freely
Canter:	<input type="checkbox"/> Steady	<input type="checkbox"/> Free	<input type="checkbox"/> Moving

Rein Contact: Light Heavy
 Other: Neck Rein Direct Rein



Other information important to match the horse:

NOTE: Athletes should be practicing on different mounts to prepare them for the World Games.

Medical Status

Negative diagnosis for Atlanto-Axial Instability (*for Down syndrome*): Yes No

List and describe any special health considerations/precautions.

Does the athlete have any of the following:

Fused joints? (*Specify*) _____

Severe joint limitations or contractures: Yes No

Problems with seizures: Yes No

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). Also, if athletes are entering 'P' Level events they must have a letter from their physician.

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 division level according to this rider Profile and submitted with the Athlete Registration Form.

Signature (*required*) _____ Date _____



FORM G – Basketball Individual Assessment Rating Form

(Please PRINT in ink using block letters or TYPE)

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Delegation Name

SO Region

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Family Name

First Name

Gender		Male		Female	
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Athlete Unified Partner

Individual Assessment for Team Play

(Choose the point value that best describes the athlete/partner's skill level)

A. Ball Handling

- Has difficulty dribbling and catching (2)
- Possesses some ball handling skills but they are very limited (3)
- Can handle ball with dominant hand only (4)
- Can handle ball with both hands (5)
- Has ability to go either direction on the dribble (6)
- Has ability to beat defender regularly with dominant hand (7)
- Has ability to beat defender regularly with either hand (8)

SCORE:

(Choose the point value that best describes the athlete/partner's skill level)

B. Passing

- Can sometimes make a pass to an open teammate with token pressure (3)
- Can only complete a pass to teammate after looking directly at him/her (4)
- Has ability to choose best type of pass (bounce, chest, skip, other) (5)
- Has ability to complete a no look or quick pass to an open teammate (6) when they are in good position (8)

SCORE:

(Choose the point value that best describes the athlete/partner's skill level)

C. Movement

- Maintains a stationary position; does not move to a loose ball (2)
- Moves only 1-2 steps toward ball or opponent (3)
- Moves toward ball; but reaction time is slow and only in a limited area of the floor (4)
- Movement permits adequate court coverage (5)
- Good court coverage; reasonably aggressive (6)
- Exceptional court coverage; aggressive anticipation (8)

SCORE:



(Choose the point value that best describes the athlete/partner's skill level)

D. Game Awareness

- Sometimes confused on offense and defense; may shoot at wrong basket (2)
- Can play in fixed position as instructed by coach; may go after an occasional loose ball (3)
- Limited understanding of the game and can run some offensive and defensive sets - coach prompted (4)
- Moderate understanding of the game, some off and def sets and can occasionally fast break (6)
- Advanced understanding of the game and mastery of basketball fundamentals (8)

SCORE:

(Choose the point value that best describes the athlete/partner's skill level)

E. Shooting

- Periodically can make an uncontested layup (2)
- Can make shots inside of lane (3)
- Can make shots inside of lane and occasionally attempts a mid range jump shot (4)
- Can make some mid range jump shots (5)
- Can make some mid range jump shots and will attempt shots beyond 15' (6)
- Has excellent shooting form and makes shots from all ranges on court (8)

SCORE:

(Choose the point value that best describes the athlete/partner's skill level)

F. Rebounding

- No understanding of rebounding positions or principles, often beaten to a missed shot (2)
- Gets rebounds only when they land directly to him/her (3)
- Goes after loose balls within 3 to 4 steps (4)
- Aggressively goes after rebounds, gets many (6)
- Exceptional ability to get to missed shots on both sides of the basket and either side of the court (8)

SCORE:

Total
Score:

(Maximum Score = 48)

Divide TOTAL SCORE by 6 to determine OVERALL RATING

(Round off to the nearest tenth i.e. $4.97 = 5.0$ or $3.53 = 3.5$; Maximum Rating = 8)

OVERALL RATING:

Coach's Name: _____

Signature: _____

Date: _____



FORM H – Football Team Rating Form

(Please PRINT in ink using block letters or TYPE)

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Delegation Name

--	--

SO Region

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Family Name

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First Name

Gender		Male		Female
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5 A-Side 7 A-Side 11 A-Side Traditional Unified

<p align="center">Ability level of the football team (mark relevant <u>average level of your team</u> using below 4 categories)circle one</p>	<p>4= LOW 3= MEDIUM , 2 = HIGH 1 = ADVANCED</p>
<p>Personal physical fitness -endurance / condition -average body size -average age</p>	<p>1 2 3 4 (circle)</p>
<p>Individual ball skills -dribbling -control and passing -shooting -heading -tacking/defending</p>	<p>1 2 3 4 (circle)</p>
<p>Goalkeeping -anticipation & awareness -positioning -stopping & blocking -catching -distribution</p>	<p>1 2 3 4 (circle)</p>
<p>Team Performance level 4: -has a very low level of spatial awareness -plays with little team work or integration between the players - and finds it difficult to use game tactics at set pieces or in the run of play level 3: -has better spatial awareness with a higher level of integration between players -struggles to work as a team in defensive situations -and are using basic tactics at set plays level 2: -has good spatial awareness and high level of integration between players -works as a team in defense and can better anticipate their opponents' moves -and uses game tactics both at set pieces in the run of play level 1: -has very good spatial awareness and utilizes the whole playing area -performs good team work in attack and defense, even under strong pressure from opponents -and can adapt set pieces and game tactics to what the situation requires</p>	<p>1 2 3 4 (circle)</p>

Coach's Name: _____

Signature: _____

Date: _____



FORM I – Table Tennis Rating Form

(Please PRINT in ink using block letters or TYPE)

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

Delegation Name

--	--

SO Region

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

Family Name

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

First Name

--

MI

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

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

DD

--	--	--

Month

--	--	--	--

Year

Please rate your athlete's playing ability from 1 - 5:

--

(1 - Excellent, 2 - Very Good, 3 - Good, 4 - Average, 5 - Weak)

Is your athlete a:

left-handed player	<input type="checkbox"/>
--------------------	--------------------------

right-handed player	<input type="checkbox"/>
---------------------	--------------------------

If an athlete does not use any of the service/strokes listed below, place an "X" in the appropriate box(s).

Service	
Forehand Push	<input type="checkbox"/>
Backhand Push	<input type="checkbox"/>
Forehand Top Spin	<input type="checkbox"/>
Backhand Top Spin	<input type="checkbox"/>
Side Spin	<input type="checkbox"/>
Back Spin	<input type="checkbox"/>

Strokes	
Forehand Push	<input type="checkbox"/>
Backhand Push	<input type="checkbox"/>
Forehand Top Spin	<input type="checkbox"/>
Backhand Top Spin	<input type="checkbox"/>
Back Spin	<input type="checkbox"/>

Footwork Movement	<input type="checkbox"/>
-------------------	--------------------------

Can your athlete keep the ball in play for 20 seconds?

Yes	<input type="checkbox"/>
-----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

How many strokes can your athlete perform in 20 seconds without missing?

Forehand Push	<input type="checkbox"/>
Backhand Push	<input type="checkbox"/>
Combination of above	<input type="checkbox"/>

Forehand Topspin	<input type="checkbox"/>
Backhand Topspin	<input type="checkbox"/>
Combination of above	<input type="checkbox"/>

Coach's Name: _____

Signature: _____

Date: _____



FORM J – Tennis Rating Program

(Please PRINT in ink using block letters or TYPE)

Delegation Name

SO Region

Family Name

First Name

MI

Rater's Name

Coaches Rating

Date of Coaches' Rating

Final Rating

Date of Final Rating

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

Level 1

(Athletes at this level should complete the ISC Skills Testing)

Player just started to play tennis (1)

Appropriate competition would be ISC (1)

Score

A. Forehand

(One choice—should be the most representative of the athletes skill level)

Has difficulty hitting FH shots (2)

Hits inconsistent weak FH shots (3)

Hits FH shots with little directional control (4)

Sustains a short rally using FH and BH shots (5)

Sustains a rally with directional control (6)

Sustains a rally with consistency and depth (7)

Sustains an extended rally (8)

Score

B. Backhand

(One choice—should be the most representative of the athletes skill level)

Has difficulty hitting BH shots (2)

Hits inconsistent weak BH shots (3)

Hits BH shots with little directional control (4)

Has directional control of BH shots, but shots lack depth (5)

Returns difficult shots defensively (6)

Has difficulty with high and hard shots (7)

Controls FH and BH shots with direction, pace and depth (8)

Score

C. Movement

(One choice—should be the most representative of the athletes skill level)

Stationary position; does not move to ball to hit shots (2)

Moves only 1–2 steps toward ball to hit shots (3)

Moves towards ball; but court coverage is poor (4)

Movement allows sufficient court coverage of most shots (5)

Exceptional court coverage (6)

Exceptional court coverage and hits defensive lobs and inconsistent overheads (7)

Exceptional court coverage and hits defensive lobs and consistent overheads (8)

Score

D. First Serve

(One choice—should be the most representative of the athletes skill level)

First serve is weak (2)

First serve faults are common (3)

Hits first serves in at a slower pace (4)

Hits first serves with pace (6)

Hits first serves with pace and control (8)

Score

E. Second Serve

(One choice—should be the most representative of the athletes skill level)

Double faults are common (2)

Pushes second serve with control (4)

Hits second serve with control (6)

Hits second server with control and depth (7)

Hits second serve with spin, control and depth (8)

Score

F. Return of the serve

(One choice—should be the most representative of the athletes skill level)

Has difficulty returning serve (2)

Returns serve occasionally (3)

Returns second serve consistently (4)

Returns some first serves, returns second serves consistently (5)

Returns first and second serves consistently (6)

Aggressive return of second serve; weak return of first serve (7)

Aggressive return of first and second serves (8)

Score

G. Volleys

(One choice—should be the most representative of the athletes skill level)

Avoids net (2)

Does not hit volleys; avoids net (3)

Hits inconsistent volleys; avoids net (4)

Hits consistent FH volleys; BH volley inconsistent (5)

Hits aggressive FH volleys; hits defensive BH volleys (6)

Hits aggressive FH and BH volleys (8)

Score

Total Score

Divide Total Score by 7 to determine the overall rating
(Round off to the nearest tenth i.e. 4.97=5.0 or 3.53= 3.5)

Overall Rating



FORM K – Athlete / Coach Profile

(Please PRINT in ink using block letters or TYPE)

Delegation Name

SO Region

Family Name

First Name

MI

Gender: Male Female

Home Town/City

Sport

Years involved in Special Olympics

Previous World Games: 2009 2007 2005 2003 2001 1999 1997 1995
 1993 1991 1989 other years _____

Please check all other Sports that you Participate in:

- Aquatics
- Athletics
- Badminton
- Basketball
- Bocce
- Bowling
- Cycling
- Equestrian
- Football
- Golf
- Gymnastics
- Powerlifting
- Roller Skating
- Sailing
- Softball
- Table Tennis
- Team Handball
- Tennis
- Volleyball
- Alpine Skiing
- Cross Country Skiing
- Figure Skating
- Floor Hockey
- Speed Skating
- Snowboarding
- Snowshoeing
- Other : _____

Are you employed? Yes No

If yes, where? _____

What is your Position? _____

Accomplishments: _____

How has Special Olympics changed your life? _____

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

Comments: _____

Other interests or hobbies: _____



FORM L – Refusal to Compete and Commercial Markings

Special Olympics International Policy against Refusals to Compete

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

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

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

Delegation Compliance with General Rules Section 4.08

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

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

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

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

Head of Delegation

Program Chief Executive



FORM M-1 – Delegation Travel Itinerary by Air

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

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

Delegation Name

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SO Region

Total Number Traveling with Delegation _____

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

See the example below:

By Air

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

EXAMPLE

Departure Information						
	Date	Airport Departure	Airline and Flight Number	Departure Time	Arrival Time	Arrival City/Airport
1	21 Jun 11	San Francisco(SFO)	United 900	1:58 PM	9:45 AM	Frankfurt (FRA)
2	22 Jun 11	Frankfurt (FRA)	Lufthansa 3382	2:00 PM	5:40 PM	Athens (ATH)
3						
4						
5						
Return Information						
1	04 Jul 11	Athens (ATH)	Lufthansa 3385	6:00 AM	8:00 AM	Frankfurt (FRA)
2	04 Jul 11	Frankfurt (FRA)	United 901	2:00 PM	4:22 PM	San Francisco (SFO)
3						
4						
5						



FORM M-2 – Delegation Travel Itinerary by Sea

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

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

Delegation Name

--	--

SO Region

Total Number Traveling with Delegation _____

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

See the example below:

By Sea

Departure Information						
	Date	Port Embarkation	Vessel Name	Departure Time	Arrival Time	Arrival City/Port
1						
2						
3						
4						
5						
Return Information						
1						
2						
3						
4						
5						

EXAMPLE

Departure Information						
	Date	Port Embarkation	Vessel Name	Departure Time	Arrival Time	Arrival City/Port
1	20 Jun 11	Venice	F/B OLYMPIA PALACE	17:00 PM		
2	21 Jun 11				21:30 PM	Corfu
3						
4						
5						
Return Information						
1	4 Jul 11	Patras	F/B EUROPA PALACE	23:59 PM		
2	6 Jul 11				08:30 AM	Venice
3						
4						
5						



FORM M-3 – Delegation Travel Itinerary by Rail

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

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

Delegation Name

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SO Region

Total Number Traveling with Delegation _____

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

See the example below:

By Rail

Departure Information						
	Date	Station Departure	Rail Service	Departure Time	Arrival Time	Arrival City/Station Terminal
1						
2						
3						
4						
5						
Return Information						
1						
2						
3						
4						
5						

EXAMPLE

Departure Information						
	Date	Station Departure	Rail Service	Departure Time	Arrival Time	Arrival City/Station Terminal
1	20 Jun 11	Istanbul Sirkeci	Filia Express	21:00 PM		
2	21 Jun 11				09:20 AM	Thessaloniki terminal
3						
4						
5						
Return Information						
1	4 Jul 11	Athens terminal	Intercity	10:51 AM	15:50 PM	Thessaloniki terminal
2	4 Jul 11	Thessaloniki terminal	Filia Express	19:48 PM		
3	5 Jul 11				08:07AM	Istanbul Sirkeci
4						
5						



FORM M-4 – Delegation Travel Itinerary by Bus

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

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

Delegation Name

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SO Region

Total Number Traveling with Delegation _____

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

See the example below:

By Bus

Departure Information						
	Date	Terminal Departure	Service	Departure Time	Arrival Time	Arrival City/Terminal
1						
2						
3						
4						
5						
Return Information						
1						
2						
3						
4						
5						

EXAMPLE

Departure Information						
	Date	Terminal Departure	Service	Departure Time	Arrival Time	Arrival City/Terminal
1	21 Jun 11	Sofia Bulgaria bus terminal	International coach service	10:00 AM	14:30 PM	Alexandropoulos
2						
3						
4						
5						
Return Information						
1	4 Jul 11	Athens Bus Station	International coach service	10:00 AM		
2	5 Jul 11				01:00PM	Sofia bus terminal
3						
4						
5						