

Special Olympics South Dakota

2016

Unified Area Bowling

Unified State Bowling



UNIFIED BOWLING TOURNAMENTS

- All rules will be the same for Area and State.
- Participation in an Area Unified Tournament qualifies an athlete to bowl in the State Unified Tournament held in Sioux Falls.

Northeast Area Unified Tournament

Date: October 13, 2016

Location: Tommy Lanes, Watertown

Time: 10:00 am-12:30 pm / 12:30 pm-3:00 pm

Registration Deadline: September 30, 2016

Registration Fee: No charge

Send registration to State Office

Black Hills Area Unified Tournament

Date: October 15, 2016

Location: Meadowood Lanes, Rapid City

Time: 1:00 pm-3:30 pm / 3:30 pm-6:00 pm

Registration Deadline: September 30, 2016

Registration Fee: No charge

Send registration to Black Hills Area Director Cathy Grubb

Southeast Area Unified Tournament

Date: October 29, 2016

Location: Village Bowl, Mitchell

Time: 9:00 am-11:30 am / 11:30 am-2:00 pm / 2:00 pm-4:30 pm

Registration Deadline: October 14, 2016

Registration Fee: No charge

Send registration to State Office

State Unified Tournament

Date: November 19, 2016 (Doubles), November 20, 2016 (Team)

Location: Eastway Bowl, Sioux Falls

Pre-registration Deadline: September 21, 2016

Registration Deadline: October 31, 2016

Registration Fee: \$15.00 per Athlete and Unified Partner - \$5.00 per coach/chaperone

- Athletes must choose between participating in Traditional Bowling or Unified Bowling. You cannot participate in both.
- Athletes bowling in the State Unified Tournament must have registered and participated in their respective Area Unified Tournament.
- Athletes may participate in one or both of the two events offered at the State Unified Tournament: Doubles and Team.

Send registration to State Office

REGISTRATION INSTRUCTIONS AREA UNIFIED BOWLING TOURNAMENT

The following forms must be included for your registration to be complete:

1. **Area Unified Bowling Form 1: Delegation Summary Form** pg. D-4
2. **Area Unified Bowling Form 2: Area Registration For Unified Doubles** pg. D-5
3. **Form D: Volunteer Rosters (Area Unified Bowling Tournament)** pg. D-7
Please list all chaperones, coaches and Unified Partners who will accompany your group.
Each person on this list must have the appropriate applications on file with the State Office.

These forms must be included if not already on file at the State Office

4. **Form A: Application for Participation & Physical Form** pg. B-3/4
For new athletes and those who have expired forms.
5. **Form E: Class A Volunteer Application** pg. B-9/10
One per coach/chaperone/adult must be on file with the State Office.
6. **Form F: Unified Partner Application** pg. B-11/12
One per Unified Partner (regardless of age) must be on file with the State Office.

Ramp bowlers can participate ONLY in the Traditional Area and State Tournaments. In other words, they can not participate in the Area and State Unified Tournaments.

***YOU WILL BE RECEIVING YOUR REGISTRATION CONFIRMATION AND
TOURNAMENT/COMPETITION UPDATES VIA YOUR E-MAIL.
PLEASE CHECK YOUR E-MAIL OFTEN.***

See individual forms for mailing instructions

DELEGATION SUMMARY FORM

2016 AREA UNIFIED BOWLING TOURNAMENT

Check the Area Tournament in which you will be participating

<input type="checkbox"/> Southeast Area Send all Area forms to: SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Northeast Area Send all Area forms to: SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Black Hills Area Send all Area forms to: Cathy Grubb 821 Stanley St. Belle Fourche, SD 57717
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All medicals MUST be on file with the state office one week prior to events, i.e., these forms WILL NOT be accepted during the check-in process at events.

Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____

Total Number of Athletes: _____

Total Number of Unified Partners: _____

Total Number of Athletes and Unified Partners: _____

2016 AREA REGISTRATION UNIFIED DOUBLES

(If you Bowl in the Area Unified Tournament you would bowl in the State Unified Tournament)

Check the Area Tournament in which you will be participating: NE SE BH

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Team ID: Assign a 2-digit number for each Team beginning with 01.

A = Athlete UP = Unified Partner

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL: <input style="width: 80%;" type="text"/>
	2. UP _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL: <input style="width: 80%;" type="text"/>
	2. UP _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL: <input style="width: 80%;" type="text"/>
	2. UP _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL: <input style="width: 80%;" type="text"/>
	2. UP _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL: <input style="width: 80%;" type="text"/>
	2. UP _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL: <input style="width: 80%;" type="text"/>
	2. UP _____	_____	_____	_____	

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

Volunteer Roster

School/Agency: _____ **Event:** Area Unified Bowling

This form is required for all Local, Area, and State Games. All Special Olympics volunteer applicants (Class A) who have regular, close physical contact with athletes; are in a position of authority or supervision of athletes; are in a position of trust of athletes; and/or handle substantial amounts of cash or other assets of athletes, are subject to mandatory background / motor vehicle checks initiated and paid for by SOSD. **Form E (Class A Volunteer Application) must be on file at the State Office.**

Examples of Class A volunteers includes, but are not limited to Coaches, Chaperones, and adult Unified Partners.

All volunteers appearing on this roster must be at least 16 years of age and cleared by SOSD before attending an event.

The maximum Coach/Chaperone: Athlete ratio is 1:1
The minimum Coach/Chaperone: Athlete ratio is 1:4

HOD: This describes a person over seeing an entire delegation and has completed Level 1 and 2 Coaches Training Courses (**One person per delegation**).

Head Coach: This describes a person who trains athletes, leads teams and has completed Level 1 and 2 Coaches Training Courses. (**Unified Head Coaches must complete these plus Coaching Unified Sports**).

Coach: This describes a person who trains athletes, leads teams and has completed Level 1 Coaches Training Course. (**Unified Coaches must complete these plus Coaching Unified Sports**).

Chaperone: This describes someone who supervises athletes. A Chaperone CANNOT coach athletes.

CUSC: Put an X in the box if Coaching Unified Sports Certified

Area / State: Put an X in the box indicating which event(s) each volunteer will be attending

HOD (Level 2 certified)		CUSC	Area	State	Chaperone (Include Minors)		Area	State
1.					1.			
Head Coach (Level 2 certified)		CUSC	Area	State	2.			
1.					3.			
2.					4.			
3.					5.			
4.					6.			
5.					7.			
6.					8.			
7.					9.			
8.					10.			
9.					11.			
10.					12.			
11.					13.			
12.					14.			
Coach (Level 1 certified)		CUSC	Area	State	Unified Partner (Include Minors)		Area	State
1.					1.			
2.					2.			
3.					3.			
4.					4.			
5.					5.			
6.					6.			
7.					7.			
8.					8.			
9.					9.			
10.					10.			
11.					11.			
12.					12.			
13.					13.			
14.					14.			

STATE UNIFIED BOWLING TOURNAMENT

November 19 & 20, 2016
Eastway Bowl, Sioux Falls

TYPE OF COMPETITION:

All doubles will be bowled on Saturday and all team will be bowled on Sunday. You can bowl on either one or both days.

PARTICIPATION REQUIREMENT:

- 1) Complete required training hours
- 2) Participate in Area Unified Bowling Tournament.

COST:

\$15.00 per athlete / Unified Partner - \$5.00 per coach / chaperone

DIVISIONS:

Doubles and Team: Male, Female, Mixed – Age groups 8-15, 16-21, 22+

Divisions may be combined or subdivided according to the number of bowlers. Unified doubles must be comprised of 1 athlete and 1 Unified partner. A unified team must be comprised of 2 athletes and 2 Unified Partners.

MEALS:

Lunch will be provided between events on both days.

AWARDS:

Individual medals will be awarded to the first 3 places in each division. Ribbons will be awarded to the remainder. Athletes will receive awards on the lanes immediately after the completion of their division.

UNIFORM & EQUIPMENT REQUIREMENTS:

- Shoes and balls will be provided. Athletes may bring their own bowling balls and/or shoes - BE SURE THEY ARE MARKED WITH THE ATHLETES NAME AND DELEGATION.
- Attire should be neat and clean.
- *Recommendation:* Tops should be short sleeved collared shirts (bowling shirts preferred).
- *Recommendation:* Athletes to wear long pants or dress/walking shorts. Skirts may be worn by women.
- *Recommendation:* White socks.
- Commercial messages, i.e. advertising are not allowed on uniforms.

RULES:

- A 15-game average must be submitted for each athlete.
- Bowlers will bowl ten frames, alternating lanes every frame. The foul line will be on.
- Handicaps will be used to figure final results (100% of 200).
- No one will be allowed on the lanes with the athletes except assigned volunteers i.e. Coaches, family members, or spectators will not be allowed beyond the ball rack area.

- **All bowlers must be on their lanes and ready to bowl by the first frame of the first game. If not, the athlete will not be eligible to compete until the first frame of the second game. If they miss the first frame of the second game, they cannot begin to bowl until the third game. Simply – bowlers not present for the first frame of each game will be scratched from that game but may bowl the remaining games. Bowlers receive a zero (0) for missed games.**
- The third game will not be bowled if it has not begun at least one half hour prior to the scheduled finish time. Tournament officials reserve the right to stop bowling as they see necessary to keep the tournament on schedule. Results will be determined by complete games only.
- Bowlers who are missing from Doubles and Teams will receive their average.

CORRESPONDENCE:

You will be receiving your registration confirmation and tournament/competition updates via your e-mail. PLEASE CHECK YOUR E-MAIL OFTEN.

- **Ramp bowlers can participate ONLY in the Traditional Area and State Tournaments. They can not participate in the Area and State Unified Tournaments.**

**2016 State Unified Bowling Tournament
Tentative Schedule of Events**

**Unified Doubles
Saturday, November 19, 2016**

9:30 am	Delegation Registration
9:45 am	Opening Ceremony
10:00 am – 12:30 pm	Shift 1 Doubles
12:00 pm – 1:00 pm	Lunch provided
12:30 pm – 3:00 pm	Shift 2 Doubles
3:00 pm – 5:30 pm	Shift 3 Doubles

**Unified Team
Sunday, November 20, 2016**

10:00 am – 12:30 pm	Shift 1 Team
12:00 pm – 1:00 pm	Lunch provided
12:30 – 3:00 pm	Shift 2 Team
3:00 pm – 5:00 pm	Shift 3 Team

Awards will be presented on the lanes following each division's completion.

REGISTRATION INSTRUCTIONS 2016 STATE UNIFIED BOWLING TOURNAMENT

The following forms must be included for your registration to be complete:

1. **State Unified Bowling Form 1: Delegation Summary Form** pg. D-13
2. **State Unified Bowling Form 2: State Unified Doubles** pg. D-14
 - Do not send incomplete registrations.
 - An athlete must be entered on **each** registration form for **each** event they are entering.
3. **State Unified Bowling Form 3: State Unified Team** pg. D-16
 - Do not send incomplete registrations.
 - An athlete must be entered on **each** registration form for **each** event they are entering.
4. **Form C: Certificate of Training / Acknowledgment of Policies** pg. B-7 or pg. D-18
A number of minimum training hours have been established for each sport. Please be sure your athletes have met the minimum training requirements.
5. **Form D: Volunteer Rosters** pg. B-8, D-19
Please list all chaperones, coaches and Unified Partners who will accompany your group. Each person on this list must have the appropriate applications on file with the State Office.

These forms must be included if not already on file at the State Office

6. **Form A: Application for Participation & Physical Form** pg. B-3/4
For new athletes and those who have expired forms.
7. **Form E: Class A Volunteer Application** pg. B-9/10
One per coach/chaperone must be on file with the State Office.
8. **Form F: Unified Partner Application** pg. B-11/12
One per Unified Partner (regardless of age) must be on file with the State Office.

MAIL COMPLETED STATE REGISTRATION FORMS & FEES TO:

**Special Olympics South Dakota
800 E. I-90 Lane
Sioux Falls, SD 57104**

**1-800-585-2114
(605)331-4117
FAX: (605)331-4328**

**2016 STATE UNIFIED BOWLING TOURNAMENT
PRE-REGISTRATION DUE: SEPTEMBER 21, 2016**

This form does not commit you to attend the tournament. If you are considering attending - please return this so we may plan meals and workers accordingly.

Check the Area Tournament in which you will be participating: NE SE BH

Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____

APPROXIMATE NUMBER OF ATHLETES & UNIFIED PARTNERS PARTICIPATING:

DOUBLES COMPETITION: _____

TEAM COMPETITION: _____

ESTIMATED NUMBER OF THOSE EATING LUNCH: _____

Lunch provided at no cost to registered athletes, unified partners, and coaches

RETURN TO:

**Special Olympics South Dakota
800 E. I-90 Lane
Sioux Falls, SD 57104**

**1-800-585-2114
(605)331-4117
FAX: (605)331-4328**

2016 STATE UNIFIED BOWLING TOURNAMENT DELEGATION SUMMARY FORM

Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Cell # During The Games: _____

All medicals MUST be on file with the state office one week prior to events, i.e., these forms WILL NOT be accepted during the check-in process at events.

Total Number of Athletes Participating in Doubles: _____

Total Number of Unified Partners Participating in Doubles: _____

Total Number of Athletes Participating in Team: _____

Total Number of Unified Partners Participating in Team: _____

Total Number of Athletes and Unified Partners: _____

Total Number of Registered Coaches/Chaperones: _____

Delegation Total: _____

Total Number of Athletes and Unified Partners _____ X \$15.00 = \$ _____

Total Number of Coaches / Chaperones _____ X \$5.00 = \$ _____

Total Enclosed: \$ _____

Total Number of Athletes / Unified Partners / Coaches / Chaperones Eating Lunch: _____

Send Registration to the State Office

2016 STATE UNIFIED BOWLING TOURNAMENT REGISTRATION FOR DOUBLES COMPETITION

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Team ID: Assign a 2-digit number for each Team beginning with 01.
A = Athlete UP = Unified Partner

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2. UP	_____	_____	_____	

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

2016 STATE UNIFIED BOWLING TOURNAMENT REGISTRATION FOR TEAM COMPETITION

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Note (Team ID): Assign a 2-digit number for each team beginning with 01 or if you have doubles teams, begin where you left off.

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. A _____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>
	2. A _____	_____	_____	_____	
	3. UP _____	_____	_____	_____	
	4. UP _____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. A _____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>
	2. A _____	_____	_____	_____	
	3. UP _____	_____	_____	_____	
	4. UP _____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. A _____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>
	2. A _____	_____	_____	_____	
	3. UP _____	_____	_____	_____	
	4. UP _____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. A _____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>
	2. A _____	_____	_____	_____	
	3. UP _____	_____	_____	_____	
	4. UP _____	_____	_____	_____	

		TEAM ID:		M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A	_____	_____	_____	_____	
	2.	A	_____	_____	_____	_____	
	3.	UP	_____	_____	_____	_____	
	4.	UP	_____	_____	_____	_____	

		TEAM ID:		M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A	_____	_____	_____	_____	
	2.	A	_____	_____	_____	_____	
	3.	UP	_____	_____	_____	_____	
	4.	UP	_____	_____	_____	_____	

		TEAM ID:		M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A	_____	_____	_____	_____	
	2.	A	_____	_____	_____	_____	
	3.	UP	_____	_____	_____	_____	
	4.	UP	_____	_____	_____	_____	

		TEAM ID:		M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A	_____	_____	_____	_____	
	2.	A	_____	_____	_____	_____	
	3.	UP	_____	_____	_____	_____	
	4.	UP	_____	_____	_____	_____	

		TEAM ID:		M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A	_____	_____	_____	_____	
	2.	A	_____	_____	_____	_____	
	3.	UP	_____	_____	_____	_____	
	4.	UP	_____	_____	_____	_____	

Certificate of Training / Acknowledgment of Policies

Certificate of Training

One copy of this form is required for each State Event in which you are registering, i.e. one for Basketball, one for the Fall Classic, one for Summer Games.

Date of Event: _____

Sport: _____

I confirm that the athletes from: _____

- Have fulfilled the minimum hours of training for the above sport
- Began training at least 8 (eight) weeks prior to this competition
- Have met all requirements of Special Olympics South Dakota

Minimum Training Requirements

Bowling	Bowl a minimum of five (5) 3-game series or a total of 15 games over a minimum of 8 weeks.
Winter Games	A minimum of 15 hours over a minimum of 8 weeks.
Basketball	A minimum of 15 hours over a minimum of 8 weeks.
Summer Games	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 3 sports - 5 hrs/sport 2 sports - 7.5 hrs/sport 1 sport - 15 hours
Equestrian	A minimum of 15 hours over a minimum of 8 weeks.
Fall Classic	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 2 sports - 7.5 hrs/sport 1 sport - 15 hours

Acknowledgment of Policies

By signing below, I acknowledge I have read, understand, and am abiding by the following policies set forth by Special Olympics South Dakota:

These policies can be found in Section A of the Competition Guide:

- 15 Passenger Van Use Policy
- Sub Program Request for Merchandise Procedures
- Volunteer Screening Policy
- Athlete Housing Policy
- Insurance Information
- Social Media Policy
- Service Animal Policy
- Concussion Awareness and Safety Recognition Policy

Head of Delegation Signature

Date

Volunteer Roster

School/Agency: _____ **Event:** State Unified Bowling

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Head Coach: This describes a person who trains athletes, leads teams and has completed Level 1 and 2 Coaches Training Courses. (**Unified Head Coaches must complete these plus Coaching Unified Sports**).

Coach: This describes a person who trains athletes, leads teams and has completed Level 1 Coaches Training Course. (**Unified Coaches must complete these plus Coaching Unified Sports**).

Chaperone: This describes someone who supervises athletes. A Chaperone CANNOT coach athletes.

CUSC: Put an X in the box if Coaching Unified Sports Certified

Area / State: Put an X in the box indicating which event(s) each volunteer will be attending

HOD (Level 2 certified)		CUSC	Area	State	Chaperone (Include Minors)		Area	State
1.					1.			
Head Coach (Level 2 certified)		CUSC	Area	State	2.			
1.					3.			
2.					4.			
3.					5.			
4.					6.			
5.					7.			
6.					8.			
7.					9.			
8.					10.			
9.					11.			
10.					12.			
11.					13.			
12.					14.			
Coach (Level 1 certified)		CUSC	Area	State	Unified Partner (Include Minors)		Area	State
1.					1.			
2.					2.			
3.					3.			
4.					4.			
5.					5.			
6.					6.			
7.					7.			
8.					8.			
9.					9.			
10.					10.			
11.					11.			
12.					12.			
13.					13.			
14.					14.			