



LOCAL DELEGATION INTENT TO PARTICIPATE

A local delegation can be a school, an association, a team, an ARC group, or any grouping of individuals that join together in their objectives to form a Special Olympics team/program. If no groups exist within your community, ONE individual can be considered a delegation.

IMPORTANT:

Please complete and return this form to SOKY ASAP. Completion of this form does **NOT** register your athletes in specific Tournaments/Competition. You will need to complete an event-specific registration form. By completing this form, you will ensure that your delegation is **recognized** and **active** in our system and will begin or continue to receive information.

County _____ Delegation Name _____

Please check one: _____ Existing Delegation **OR** _____ NEW Delegation

Head of Delegation _____

Are you a Special Education Teacher _____ Yes _____ No

Address _____

City _____ State _____ Zip _____

Work Phone () _____ Ext _____ (Home) _____

Fax Number () _____ E-Mail Address _____

Estimated number of athletes in your Delegation _____

Are you receiving the monthly Sports Line newsletter? _____ Yes _____ No

Please check the category which best describes your delegation:

- Private Institution/Group Home Community Care Program
- Independent Program (no school/group home) Combined Program _____
- School Based Program (open to outside participants? _____ yes _____ no)

Please check the sport(s) in which your Delegation would like to receive GENERAL INFORMATION (sign-up info, clinic info, camp info, etc):

- | | | | |
|---|--|--|--|
| Fall Sports
(August-December)
<input type="checkbox"/> Equestrian
<input type="checkbox"/> Volleyball
<input type="checkbox"/> Bowling | Winter Sports
(November-March)
<input type="checkbox"/> Alpine Skiing
<input type="checkbox"/> Snow Shoeing
<input type="checkbox"/> Figure Skating
<input type="checkbox"/> Speed Skating
<input type="checkbox"/> Basketball
<input type="checkbox"/> Cheerleading | Spring Sports
(February-June)
<input type="checkbox"/> Aquatics
<input type="checkbox"/> Track & Field
<input type="checkbox"/> Tennis
<input type="checkbox"/> Powerlifting
<input type="checkbox"/> Artistic Gymnastics
<input type="checkbox"/> Rhythmic Gymnastics
<input type="checkbox"/> 5 a-side Soccer | Summer Sports
(June-September)
<input type="checkbox"/> Golf
<input type="checkbox"/> Softball
<input type="checkbox"/> Rollerskating |
|---|--|--|--|

Please check for which sport(s) you NEED to receive a COMPETITION REGISTRATION PACKET – Please check a sport ONLY if you will be the person responsible for making sure athletes are registered for Tournaments and Competitions:

- | | | | |
|--|--|--|--|
| Fall Sports
(August-December)
<input type="checkbox"/> Equestrian
<input type="checkbox"/> Bowling | Winter Sports
(November-March)
<input type="checkbox"/> Alpine Skiing
<input type="checkbox"/> Snow Shoeing
<input type="checkbox"/> Figure Skating
<input type="checkbox"/> Speed Skating
<input type="checkbox"/> Basketball
<input type="checkbox"/> Cheerleading | Spring Sports
(February-June)
<input type="checkbox"/> Aquatics
<input type="checkbox"/> Track & Field
<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Powerlifting
<input type="checkbox"/> 5 a-side Soccer | Summer Sports
(June-September)
<input type="checkbox"/> Golf
<input type="checkbox"/> Softball |
|--|--|--|--|

OVER

SPECIAL OLYMPICS KENTUCKY MATERIALS REQUEST FORM

Each Individual and/or group that registers will receive a SOKY Program Guide and Insurance Guidelines. Below is a list of additional materials that you may request. *(All Sports Manuals include information on how to acquire a copy of the respective sport NGB (National Governing Body), Rules and any modifications or adaptations SOKY has made to those rules.)*

PLEASE CHECK THE APPROPRIATE BOX:

- | | | | |
|----------------------|--------------------------|--------------------------------------|--------------------------|
| Alpine Skiing | <input type="checkbox"/> | Gymnastics Manual (ARTISTIC) | <input type="checkbox"/> |
| Aquatics Manual | <input type="checkbox"/> | Gymnastics Manual (RHYTHMIC) | <input type="checkbox"/> |
| Art Rules | <input type="checkbox"/> | Play Activities Guide (5-7 yr. olds) | <input type="checkbox"/> |
| Basketball Manual | <input type="checkbox"/> | Powerlifting Manual | <input type="checkbox"/> |
| Bowling Manual | <input type="checkbox"/> | Snowshoeing Manual | <input type="checkbox"/> |
| Cheerleading Manual | <input type="checkbox"/> | Soccer Manual | <input type="checkbox"/> |
| Developmental Manual | <input type="checkbox"/> | Softball Manual | <input type="checkbox"/> |
| Equestrian Manual | <input type="checkbox"/> | Track & Field Manual | <input type="checkbox"/> |
| Golf Manual | <input type="checkbox"/> | Unified Sports Manual | <input type="checkbox"/> |

Each athlete participant **MUST** maintain a valid Special Olympics medical on file with the Special Olympics State office in Frankfort. Medicals are valid for 3 years.

How many Athlete Medical Forms do you need? _____

Volunteers who work with Special Olympics athletes in an on-going capacity and/or volunteers who serve in a fiscal and/or committee role **MUST** complete the Volunteer Registration process and obtain “Active” volunteer status from the SOKY office.

How many Volunteer Registration Forms do you need? _____

Unified Sports is a program that combines Special Olympics athletes with athletes without a mental disability on sports teams for training and competition. Individuals who wish to be a Unified Partner with a Special Olympics athlete **MUST** complete a Unified Sports Application.

How many Unified Sports Application Forms do you need? _____

**Please return to: Special Olympics Kentucky
Attn: Registration
105 Lakeview Court
Frankfort, KY 40601 OR
Fax To – 502/695-0496**