

*Special
Olympics*
Southern California



**COACHES
SYMPOSIUM**

SOSC 101

EMPOWERING COACHES TO INSPIRE GREATNESS



**Special
Olympics**
Southern California



**COACHES
SYMPOSIUM**

SOSC 101

NEW ATHLETE REGISTRATION FORM

NEW ATHLETE REGISTRATION FORM

- Makes becoming a SOSC athlete easier!
- Removes the requirement for athletes to visit a doctor and obtain a doctor's signature to complete registration.
- Use of AdobeSign ensures consistency of data collected.
- Can be processed by SOSC within 48 business hours.



***Special
Olympics***
Southern California

NEW ATHLETE REGISTRATION FORM

New Athletes

- Complete the new 4-page form and Athlete Code of Conduct via AdobeSign link on SOSC website.
- SOSC Staff connect you with a Local Program.

Returning Athletes

- Complete the new 4-page form and Athlete Code of Conduct via AdobeSign link on SOSC website on or before your 3-year renewal date.
- SOSC Staff informs you and your coach of status.

All Athletes

- Complete the 1-page Renewal Form and Athlete Code of Conduct via AdobeSign link on SOSC website on or before your annual renewal date.
- SOSC Staff informs you and your coach of status.

NEW ATHLETE REGISTRATION FORM

Seasonal Notifications

- SOSC Staff will notify individual athletes via email at minimum 2 months prior to the start of the respective season.
- SOSC Staff will notify Regional Staff via email at minimum 2 months prior to the start of the respective season a list of expiring athletes by team.
- Regional Staff will share those reports with program leaders so that coaches can work with athletes to meet deadlines.

NEW ATHLETE REGISTRATION FORM

Establishing Eligibility

- All athletes must establish eligibility before the start of the respective season.
- Athlete Registration or Renewal Forms received after the posted deadlines for each season will be processed as received. These athletes will be eligible for Training but will not be eligible for Competition until the start of the next respective season.
- These steps are necessary to ensure we are following our accreditation standards and aligning with USA and World Games qualification policies.

NEW ATHLETE REGISTRATION FORM

U.S. Athlete Registration Form



Required for all athletes participating in Special Olympics.

Local Special Olympics Program: _____

Athlete Information - To be completed by the athlete or parent/guardian/caregiver.

First name: _____ Last name: _____ Middle name: _____

Date of birth (dd/mm/yyyy): ____/____/____ Gender: Female Male Other

Email: _____ Phone number: _____ Mobile Landline

Home address: _____

Optional - Check all that apply:

Race / Ethnicity	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian American		
	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Hispanic / Latino		
	<input type="checkbox"/> Middle Eastern / North African	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander		
	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Unknown		
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Prefer not to answer		
Language(s) Spoken by Athlete	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Spanish	<input type="checkbox"/> American Sign Language (ASL)
	<input type="checkbox"/> Other (please list): _____			

Parent/Guardian Information - Required if minor or otherwise has a legal guardian.

First Name: _____ Last Name: _____ Relationship to athlete: _____

Email: _____ Phone number: _____ Mobile Landline

Home address: _____

Emergency Contact Same as Parent/Guardian

First name: _____ Last name: _____ Phone number: _____ Mobile Landline

Relationship to athlete: Parent/guardian Caregiver Family member Healthcare provider Coach Other

Associated Conditions - Mandatory

Associated Conditions	<input type="checkbox"/> Autism	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Fetal Alcohol Syndrome
	<input type="checkbox"/> Marfan Syndrome	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Fragile X Syndrome
Check all that apply:	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown		

Please specify other known intellectual disability diagnoses: _____

Assistive Devices and Accommodations - Do you use any of the following? Check all that apply:

Mobility	<input type="checkbox"/> Walker	<input type="checkbox"/> Braces or crutches	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Removable orthotics
	<input type="checkbox"/> Prosthetics	<input type="checkbox"/> None		
Lifestyle Aids	<input type="checkbox"/> CPAP	<input type="checkbox"/> Dentures	<input type="checkbox"/> Glasses, contact lenses, or protective eyewear	
	<input type="checkbox"/> None			
Communications	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Communication devices	<input type="checkbox"/> Sign Language	<input type="checkbox"/> None
Medical Devices	<input type="checkbox"/> Implantable cardioverter defibrillator (ICD)	<input type="checkbox"/> Implantable device for seizure management		
	<input type="checkbox"/> VP Shunt	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> None	

Do you have a specific dietary requirement? Yes No If yes, please specify: _____

Do you use other assistive devices? Yes No If yes, please specify: _____

General Health Questions

Do you have a heart condition?	<input type="radio"/> Yes <input type="radio"/> No
Do you have asthma?	<input type="radio"/> Yes <input type="radio"/> No
Do you have diabetes that requires you to take insulin?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a vision impairment?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a hearing impairment?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a bleeding disorder?	<input type="radio"/> Yes <input type="radio"/> No
Has a doctor ever limited your participation in sports?	<input type="radio"/> Yes <input type="radio"/> No
Do you have epilepsy or any type of seizure disorder?	<input type="radio"/> Yes <input type="radio"/> No
Do you have sickle cell disease?	<input type="radio"/> Yes <input type="radio"/> No

Have you ever had a concussion?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify how many in your lifetime: _____ Date of last one (mm/yyyy): _____
Do you have behavioral, mental health, and/or sensory conditions?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify: _____
Do you have severe allergies that requires the use of an EpiPen?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify if it is to any of the following: <input type="checkbox"/> Insect stings <input type="checkbox"/> Medication/drugs <input type="checkbox"/> Food <input type="checkbox"/> Latex <input type="checkbox"/> Other (please specify): _____

Medication and Treatment - Please list:

Are you taking any prescription or over-the-counter medications or treatments? (Including birth control pills, insulin, multivitamins allergy shots or pills, EpiPen, asthma inhalers, epilepsy medication, anti-inflammatory medication, supplements of any kind, etc.)

Yes No

If yes, please list:

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Name of person completing the form: _____

Today's date (dd/mm/yyyy): ____/____/____

Is this form being completed by someone other than the athlete? Yes No

If yes, please select the relationship to athlete:

Relationship to athlete: Parent/guardian Caregiver Family member Healthcare provider Coach Other

Special Olympics encourages all participants to get a yearly physical examination.

PAGES 1 & 2

NEW ATHLETE REGISTRATION FORM

WAIVERS, RELEASES, AND POLICIES

Please read the following information and check boxes fully before signing.

I agree to the following:

- Ability to Participate.** I am physically able to take part in Special Olympics activities, and will abide by all applicable rules, requirements and codes of conduct.
- Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, Special Olympics accredited Programs (collectively "Special Olympics"), as well as official Special Olympics supporters and partners that have authorization from Special Olympics, to use my likeness, photo, video, name, voice, words, biographical information and similar or related material (my "likeness") to promote Special Olympics and raise funds for Special Olympics. I understand that my likeness may be used in all forms of media in local or global campaigns – including those by supporters and partners of Special Olympics – but understand that my likeness will not be used to endorse commercial products or services. I understand that I will not be compensated for the use of my likeness.
- Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
 I have a religious or other objection to receiving medical treatment.
 I do not consent to blood transfusions.
(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
- Overnight Stay.** For some events, overnight accommodations may be required. If I have questions, I will contact my Special Olympics Program.
- Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I have the right to decline Health programming treatment (which is different from sideline or emergency medical care) at any time."
- Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").

I agree and consent to Special Olympics:

- using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
- using my contact information for communicating with me about Special Olympics.
- sharing my personal information confidentially with (i) researchers such as universities and public health agencies that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
- I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.

Privacy Policy. Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.

SYMPTOMS FOR SPINAL CORD COMPRESSION and ATLANTOAXIAL INSTABILITY (For athlete with Down syndrome only)

If I (or the athlete) have been diagnosed with or experienced any of the following symptoms that have increased in severity over the past three years – difficulty controlling bowels or bladder; numbness or tingling in legs, arms, hands, or feet; weakness in arms, legs, hands or feet; burner/stinger/pinches nerve, pain in neck, back shoulders, arms, hands, buttocks, legs or feet; spasticity or paralysis – I must obtain a review and permission from a licensed medical practitioner to train and/or participate in Special Olympics activities.

WAIVER AND RELEASE OF LIABILITY / ASSUMPTION OF RISK / INDEMNIFICATION

In consideration of being allowed to participate in any way in Special Olympics activities, the undersigned acknowledges, appreciates, and agrees that:

- While particular rules and personal discipline may reduce this risk, the risk of illness (including communicable diseases), injury (including concussion), disability, and death does exist;
- If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Special Olympics representative immediately; and,
- I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. To the fullest extent of the law, I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and lessors of premises on which any Special Olympics activity is occurring ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees even if arising from the negligence of the Releasees. I have read this release of liability and assumption of risk provision, fully understand its terms, acknowledge that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

Athlete Name: _____	
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Athlete Signature: _____	Date (dd/mm/yyyy): ____/____/____
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature: _____	Date (dd/mm/yyyy): ____/____/____
Printed Name: _____	Relationship: _____

EVALUATION AND RESEARCH (Optional)

Special Olympics wants to help our athletes and their families stay healthy and happy. We may take part in research studies and would share information for your potential participation. All studies will be checked by the Special Olympics Chief Health Officer.

Would you or your family be interested in learning about research studies?

Yes No

ATHLETE CODE OF CONDUCT FORM



CODE OF CONDUCT ATHLETE

Special Olympics is committed to the highest ideals of sport and expects all athletes to honor sport and Special Olympics and are required to abide by the following Code of Conduct:

Respect for Others

- I will practice good sportsmanship.
- I will act in ways that bring respect to me, my coaches, my team and Special Olympics.
- I will be safe and courteous to others.

Positive Training and Competition Behaviors

- I will regularly attend training for my sport.
- I will be on time for any training or competition.
- I will learn and follow the rules of my sport.
- I will listen and follow the instructions of my coaches and the officials and ask questions when I do not understand.
- I will always try my best during training and at competitions.
- I will not "hold back" in preliminary competition just to get into an easier final competition division.
- I will fully participate as a member of my Team including traveling and staying with overnight with my Team.

Taking Responsibility For My Actions

- I will obey all laws and Special Olympics rules
- I will only smoke in designated areas and not while participating in a Special Olympics training or competition.
- I will not drink alcohol or use illegal drugs at Special Olympics events.
- I will not use bad language or insult other athletes, coaches, volunteers or staff.
- I will not fight with other athletes, coaches, volunteers or staff.
- I will not make inappropriate or unwanted sexual advances to others.
- I will follow the Special Olympics policy that says athletes cannot date volunteers.

I understand that if I do not obey this Code of Conduct, I will be subject to a range of consequences by Special Olympics up to and including not being allowed to participate.

Print Name of Athlete or Parent/Guardian Date

Signature of Athlete or Parent/Guardian Date

NEW ATHLETE REGISTRATION RENEWAL FORM

Athlete Registration Renewal Form

Required annually for all athletes participating in Special Olympics.

Special Olympics



Local Special Olympics Program: _____

Athlete Information - To be completed by the athlete or parent/guardian/caregiver.

First name: _____ Last name: _____ Middle name: _____

Date of birth (dd/mm/yyyy): ____/____/____ Gender: Female Male Other

Home address: _____ Country: _____

Phone number: _____ Mobile Landline

Have there been any changes to your health history in the past year? Yes No

If yes, please complete the health history section. If no, please complete the signature section.

Office Use Only:

Athlete ID: _____

Health History

- Health and/or mobility aids the athlete possesses and may use during Special Olympics participation.
- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> CPAP | <input type="checkbox"/> Eyeglasses/Contacts/Protective Eyewear | <input type="checkbox"/> Implantable Device for Seizure |
| <input type="checkbox"/> Prosthetics | <input type="checkbox"/> Hearing Aid/Communication Device | <input type="checkbox"/> Wheelchair/Walker/Leg Braces |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> Pacemaker/implanted Defibrillator | <input type="checkbox"/> VP Shunt |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ | |

List any allergies and/or dietary requirements: _____

General Health Questions:

- | | | | |
|--|--|-----------------------------------|--|
| Do you have a heart condition? | <input type="radio"/> Yes <input type="radio"/> No | Do you have asthma? | <input type="radio"/> Yes <input type="radio"/> No |
| Have you ever had a head injury or concussion? | <input type="radio"/> Yes <input type="radio"/> No | Do you have diabetes? | <input type="radio"/> Yes <input type="radio"/> No |
| If yes, number of head injury/concussion(s): _____ | | Do you have a vision impairment? | <input type="radio"/> Yes <input type="radio"/> No |
| Date of most recent head injury/concussion: _____ | | Do you have a hearing impairment? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have a bleeding disorder? | <input type="radio"/> Yes <input type="radio"/> No | Do you have sickle cell disease? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have epilepsy or any type of seizure disorder? | <input type="radio"/> Yes <input type="radio"/> No | | |
| Do you have behavioral, mental health, and/or sensory conditions that could impact your/other's participation? | <input type="radio"/> Yes <input type="radio"/> No | | |

If yes to any of the above general health questions, please provide additional details:

Medication and Treatment

Have there been any changes to your prescriptions, over-the-counter medications, or treatments? Yes No

If yes, please list below:

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Medication, Vitamin, or Supplement Name	Dosage	Times per day

Do you have severe allergies that requires the use of an EpiPen? Yes No

If yes, please specify if it is to any of the following:

- Insect stings Medication/drugs Food Latex Other (please specify): _____

I certify the information provided on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Is this form being completed by someone other than the athlete? Yes No

If yes, please select the relationship to athlete:

- Parent/Guardian Caregiver/Other Family Member Healthcare Provider Other: _____

NEW ATHLETE REGISTRATION FORM

Timeline

- The new forms are live as of January 7, 2025 and we are currently accepting them via the link on the SOSOC website. We are no longer accepting the old forms.
- We have hosted two Zoom information sessions and plan on hosting one more in the coming weeks.
- SOSOC Staff are available to assist as needed.
- We are sensitive to the delicate and devastating situation for a lot of our families impacted by the recent wildfires and will make all necessary accommodations for those that need help in this process.

**Special
Olympics**
Southern California



**COACHES
SYMPOSIUM**

SOSC 101

HEALTHY ATHLETES

Healthy Athletes Program

Travis Yamasaki

Manager, Health Initiatives

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Special Olympics
Southern California



Overview

- Healthy Athletes
- Disciplines
- Health Messengers
- Fitness Programs
- Check Us Out In Action



Special Olympics
Southern California



Why is it important?



For every 10 athletes on a Special Olympics team:

- 2 have never had an eye exam
- 4 need a new prescription for glasses
- 2 have potential hearing loss
- 4 have untreated tooth decay and 1 – 2 are in need of urgent dental care
- 2–3 have low bone density
- 6 are overweight or obese and at risk for chronic health conditions
- 5 have problems with strength and 6 have problems with flexibility, placing them at risk for injury
- 5 have at least one kind of skin or nail condition

Special Olympics
Southern California






Dustin Plunkett: Special Olympics Saved My Life


Share



Watch on  YouTube

Special Olympics Southern California Provides 8 Health Disciplines



Special Olympics Southern California Provides 8 Health Disciplines



Fit Feet



MedFest



FUN Fitness



Health
Promotion



Special Olympics
Lions Club
International
Opening Eyes



Strong Minds



Special Smiles



Healthy
Hearing

Special Olympics

Fit Feet



Podiatric screenings to evaluate ankles, feet, lower extremity biomechanics, and proper shoes



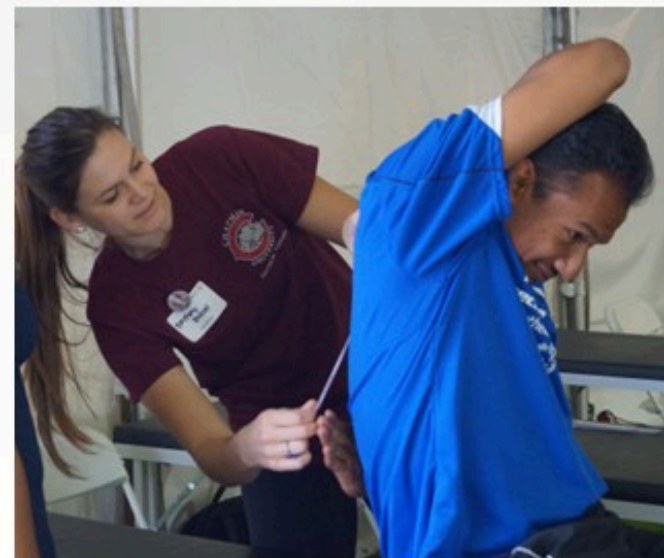
- **64%** have gait abnormalities
- **44%** have skin and nail problems
- **29%** have bone deformations
- **51%** of Special Olympics athletes in the U.S. are wearing the wrong size shoe





Physical therapy screening to assess flexibility, functional strength, balance, and aerobic capacity.

- **71%** have flexibility problems
- **73%** have balance problems
- **56%** have strength problems



Special Olympics

Health Promotion



Comprehensive health screening to assess health habits and educate about the need to improve and maintain an enhanced level of wellness and self-care.

3 Key Areas: BMI (body mass index), BP (blood pressure), and BMD (bone mineral density)

- **74%** of Special Olympic adult athletes are overweight or obese
- **50%** of Special Olympics youth (less than 20 years of age) athletes are overweight or obese
- **26%** of Special Olympic adult athletes have low bone density and increased risk for bone fracture



Special Olympics
Healthy Hearing



Audiology screening to detect possible ear and hearing problems, and promote the necessity of regular ear and hearing screenings.

- **41%** have blocked or partially blocked ear canals
- **27%** have failed Puretone hearing examinations
- **13%** have permanent hearing loss





Sports physical exam that all athletes need prior to participating in Special Olympic sports.

- **90%** of primary care residence programs in the U.S. offer no training in caring for people with intellectual disabilities
- **81%** of graduating medical schools in the U.S. report not having any training in the care of people with ID.
- **50%** of Special Olympic athletes under the age of 20 are overweight or obese





Optometry exams, refractions, and dispensing of appropriate eyewear to athletes during Special Olympic events.

- **19%** of athletes never had an eye exam
- **16%** have an eye disease
- **36%** need new prescription glasses





Dental screenings that provide comprehensive oral health care information.

- **47%** have gingival signs
- **25%** have untreated tooth decay
- **9%** received an urgent dental referral
- **12%** have mouth pain





Interactive learning activity focused on developing adaptive coping skills

- **12%** of athletes report having no coping strategies
- **62%** mostly use avoidant strategies (e.g. not think the stressor), which is associated with increased depression
- **26%** mostly use active strategies (e.g. doing something to help themselves feel better), which is associated with increased well-being



Fit 5



3 Simple Goals:

- 5 fruits/vegetables a day
- 5 bottles of water/day
- 5 days of exercise/week

“Your Fit 5 Fitness Kits have been a wonderful tool to inspire our athletes. The kits successfully encouraged their participation and led them to improving their skills through exercise and good choices!

It has also given their families the actual tools and knowledge to assist their athletes. Giving them this magical kit has really enabled them to go beyond the words and deeds of the coaches, and to generalize the importance of fitness into the family's daily lives.

You have empowered the coaches, families and athletes to change our thinking from "I can't" to "I can, and I will".

- SOSC Coach Lora Abeita



Health Messengers



- Role models for fellow athletes by demonstrating healthy behaviors
- Encourages and educates fellow athletes on living healthier lifestyles
- Advocates for fair health treatment and access





HLC



**POWER UP:
Train Like a
Champion**

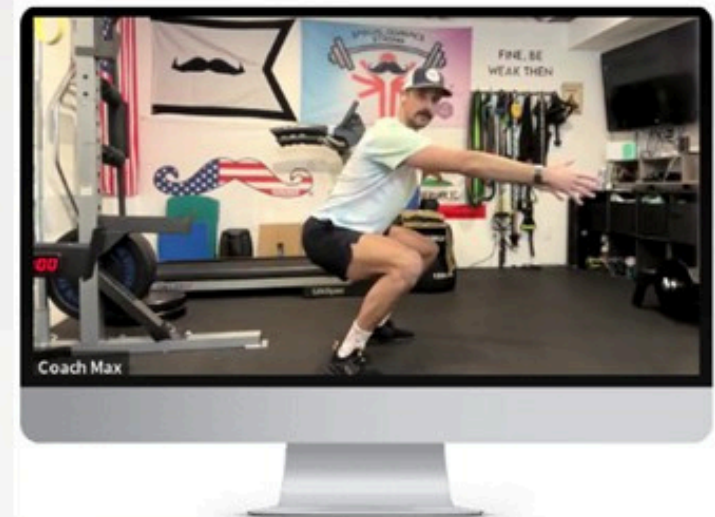
POWER UP: Train Like a Champion



- Sports Specific Training
- Safety and injury prevention
- Virtual

What You'll Gain:

- Skills needed to excel in their sport
- Improved fitness and focus
- Confidence on and off the field





Check Us Out in Action

- Summer Games
 - June 7th and 8th, 2025 @ CSULB
- Fall Games
 - November 15th and 16th @ Fountain Valley Sports Park



THANK YOU!

Special Olympics
Southern California



Our Team

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Special Olympics
Southern California



**Special
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Southern California



**COACHES
SYMPOSIUM**

SOSC 101

**CHAPTER GAMES
ALLOTMENT PROCESS
RULE CHANGES**



Chapter Games

Allotment Process

2024 ATHLETE PARTICIPATION WORKSHEET

2024 SG Participation Information and Allotment Worksheet... Last Modified: Just now													
File Home Insert Page Layout Formulas Data Review View Automate Help ACROBAT													
Clipboard Font Alignment Number Styles Cells Editing Sensitivity													
C16													
	A	B	C	D	E	F	G	H	I	J	K	L	M
1		ATHLETICS				BASKETBALL							
2	PARTICIPATION	Roster (Athletes)	Athlete %	Athlete Slots	Total Athletes	Roster (Athletes)	Roster # of Teams (est)	TEAM %	ATHLETE %	Mixed Teams	Mixed Athletes Slots	Total Teams	Total Athletes
3	<i>Kern County</i>	0	0	0		130	13	3	25	3	30	3	30
4	<i>LA County North</i>	116	71	71		231	23	4	45	4	40	4	40
5	<i>LA County South</i>	223	137	137		509	51	10	99	10	100	10	100
6	<i>Orange County Region</i>	34	21	21		200	20	4	39	4	40	4	40
7	<i>Riverside County</i>	34	21	21		79	8	2	15	2	20	2	20
8	<i>San Bernardino County</i>	30	18	18		48	5	1	9	1	10	1	10
9	<i>San Diego County</i>	77	47	47		168	17	3	33	3	30	3	30
10	<i>San Luis Obispo County</i>	14	9	9		29	3	1	6	1	10	1	10
11	<i>Santa Barbara County</i>	10	6	6		41	4	1	8	1	10	1	10
12	<i>Ventura Region</i>	32	20	20		103	10	2	20	2	20	2	20
13	Sport Totals	570	350	350	0	1538	154	31	299	31	310	31	310
14						Slots/roster	19%	30 teams					
15		Slots/roster	61%	350		Slots/roster	20%	300					
16													
17													
18	BASKETBALL	Notes: Minimum Roster Size: 8 athletes/Maximum Roster Size: 10 athletes											
19	BOCCS	Notes: Minimum Roster Size: 4 athletes/Maximum Roster Size: 5 athletes											

2024 Participation

2024 Allotment Distribution

2024 Final Allotment

2024 ALLOTMENT DISTRIBUTION WORKSHEET

2024 SG Participation Information and Allotment Worksheet... Saved

File Home Insert Page Layout Formulas Data Review View Automate Help ACROBAT

Clipboard Font Alignment Number Styles Cells Editing

C4 =B4/4

	A	B	C	D	E	F	G
1	Participation Worksheet	ATHLETICS		BASKETBALL			
2		Athletes	Coaches	Teams	Female Teams	Athletes	Coaches
3	Kern County	0	0	2	1	30	9
4	LA County North	68	17	2	2	40	12
5	LA County South	124	31	8	1	90	27
6	Orange County	16	4	3	1	40	12
7	Riverside County	16	4	2	0	20	6
8	San Bernardino County	12	3	1	0	10	3
9	San Diego County	40	10	2	1	30	9
10	San Luis Obispo County	4	1	1	0	10	3
11	Santa Barbara County	4	1	1	0	10	3
12	Ventura County	16	4	2	0	20	6
13	SPORTS TOTALS	300	75	24	6	300	90
14	VENUE MAX	300 ATHLETES		30 TEAMS		300 ATHLETES	
15							

2024 Participation 2024 Allotment Distribution 2024 Final Allotment

Ready Accessibility: Investigate

ALLOTMENT DISTRIBUTION FORM

DELEGATION:

Review the table below for your collective Regional Delegation Allotment. Use this form to confirm that your Delegation will accept and use these slots for Summer Games.

Return forms (via email) by **April 12, 2024**. Returned slots will be offered to remaining Delegations.

SUMMER GAMES DELEGATION ALLOTMENT

SPORTS	Teams	Athletes	Unified Partners	Coach (# based on 1:4 Ratio)	Total Slots	ACCEPT SLOTS		RETURNING OR REDUCED # OF SLOTS		
						YES	NO	Athletes	Coaches	Teams
TEAM SPORTS										
Mixed/Male Basketball Roster Size: min 8/max 10 Athletes	0	0		0	0			0	0	
Female Basketball Roster Size: min 8/max 10 Athletes	0	0		0	0			0	0	
Bocce Roster Size: min 4/max 5 Athletes	0	0		0	0			0	0	
Unified Bocce Roster Size: 4	0	0		0	0			0	0	
Flag Football Roster Size: min 5/max 12 Athletes	0	0		0	0			0	0	
INDIVIDUAL SPORTS										
Athletics		0		0	0				0	
Swimming		0		0	0				0	

This is the total number of athletes and coaches that your Delegation may bring to Summer Games.

	TOTAL ATHLETES	TOTAL COACHES	HEAD OF DELEGATION (HOD)	ASSISTANT HEAD OF DELEGATION (AHOD)	TOTAL DELEGATION ALLOTMENT	FINAL DELGATION ALLOTMENT AFTER REDUCTION	ACCEPT SLOTS		RETURNING OR REDUCED # OF SLOTS	
							YES	NO		
	0	0	1	0	1	1			0	
To request additional slots; please complete the following:							No. Slots Requested	Comments		
Request - Assistant Head of Delegation										
Request - Coaches										
Request - One-on-One Support										
Request - Day Coaches										
Basketball request for additional teams										
Bocce request for additional teams										
Unified Bocce request for additional teams										
Flag Football request for additional teams										
Athletics request for additional athletes										
Swimming request for additional athletes										

Page 1

2024 FINAL ALLOTMENT

2024 SG Participation Information and Allotment Worksheet... Saved

File Home Insert Page Layout Formulas Data Review View Automate Help ACROBAT

Clipboard Font Alignment Number Styles Cells Editing

P20

	A	B	C	D	E	F	G
1	Final Allotment Worksheet	ATHLETICS		BASKETBALL			
2		Athletes	Coaches	Teams	Female Teams	Athletes	Coaches
3	Kern County	0	0	2	1	30	9
4	LA County North	68	17	2	2	40	12
5	LA County South	124	31	8	1	90	27
6	Orange County	16	4	3	1	40	12
7	Riverside County	16	4	2	0	20	6
8	San Bernardino County	12	3	1	0	10	3
9	San Diego County	32	8	2	1	30	9
10	San Luis Obispo County	4	1	1	0	10	3
11	Santa Barbara County	4	1	1	0	10	3
12	Ventura County	5	2	2	0	20	6
13	SPORTS TOTALS	281	71	24	6	300	90
14	VENUE MAX	300 ATHLETES		30 TEAMS		300 ATHLETES	
15							
16	Returned After Final Allotment Worksheet	ATHLETICS		BASKETBALL			

2024 Participation | 2024 Allotment Distribution | 2024 Final Allotment

Ready Accessibility: Investigate

FINAL ALLOTMENT FORM

DELEGATION:		ORANGE COUNTY		
SUMMER GAMES FINAL DELEGATION ALLOTMENT				
SPORTS	Teams	Athletes & Unified Partners	Coaches (# based of 1:4 Ratio)	Total
Athletics		16	4	20
Basketball	3	30	9	39
Female Basketball	1	10	3	13
Bocce	3	15	6	21
Unified Bocce	3	12	3	15
Flag Football	1	12	3	15
Swimming		36	9	45
ATHLETES				131
COACHES				37
ASST. HEAD OF DELEGATION (AHOD)				1
HEAD OF DELEGATION (HOD)				1
ONE ON ONE AIDES				0
ADDITIONAL COACHES				1
DAY COACHES				0
TOTAL DELEGATION ALLOTMENT				171
<p>This is the total number of athletes and coaches that your Delegation may bring to Summer Games.</p>				

2025 RULE CHANGES

*Special
Olympics*
Southern California



ATHLETICS

3.2.4 Standing Long Jump

CHANGE/ADD: Changed to clarify competition procedure

3.2.4.1 Competitors shall start with both feet from a take-off line. The take-off line shall be placed at the nearer edge of the landing area (pit).

3.2.4.2 The take-off line can be marked by a colored tape or marked permanently by a white line on the runway surface.

3.2.4.3 The competitor shall initiate all attempts from behind the take-off line.

3.7 - change Terminology & Visual Signal

General Rules for Blind and Deaf Athletes updated to Visually and Hearing-Impaired Athletes

BASKETBALL

3.4.3 Undershirts, if worn, must match the color of the body of the uniform and must be identical in color, or white.

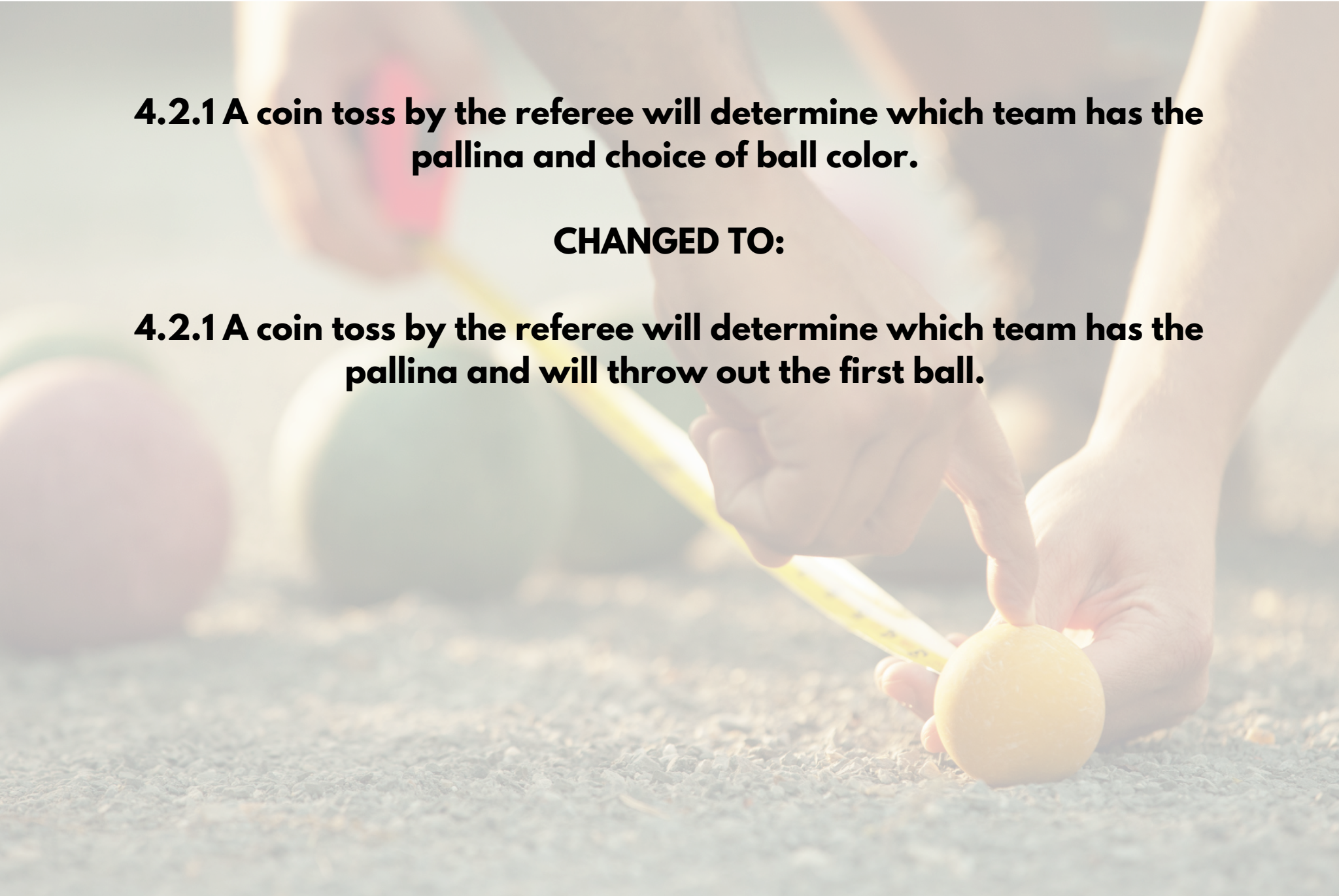


BOCCE

4.2.1 A coin toss by the referee will determine which team has the pallina and choice of ball color.

CHANGED TO:

4.2.1 A coin toss by the referee will determine which team has the pallina and will throw out the first ball.



FLAG FOOTBALL

**There are many rules modifications so if you coach flag football,
please check out the changes on the website**

SOSC.ORG/SPORTSOFFERED

SWIMMING



There are many rules modifications so if you coach swimming, please check out the changes on the website

SOSC.ORG/SPORTSOFFERED

BOWLING

ADD: 3. UNIFIED SPORTS®

3.1 The athlete to Unified partner ratio must be 1 athlete to 1 Unified partner in Unified Doubles/Mixed Doubles and must be 2 athletes to 2 Unified Partners in the Team Competition.

3.2 It is preferred that athletes and Unified partners are of similar age and similar ability. For more information on similar age and ability please see Sport Rules Article 1 Section 14.1.2

4.5 Uniform Standards

4.5.1 Uniform should consist of neat and clean outfits. No denim items of clothing allowed.

4.5.2 The tops are to be sleeved (short or long-sleeved) and collared or non-collared.



GOLF

There are many rules modifications so if you coach Golf, please check out the changes on the website

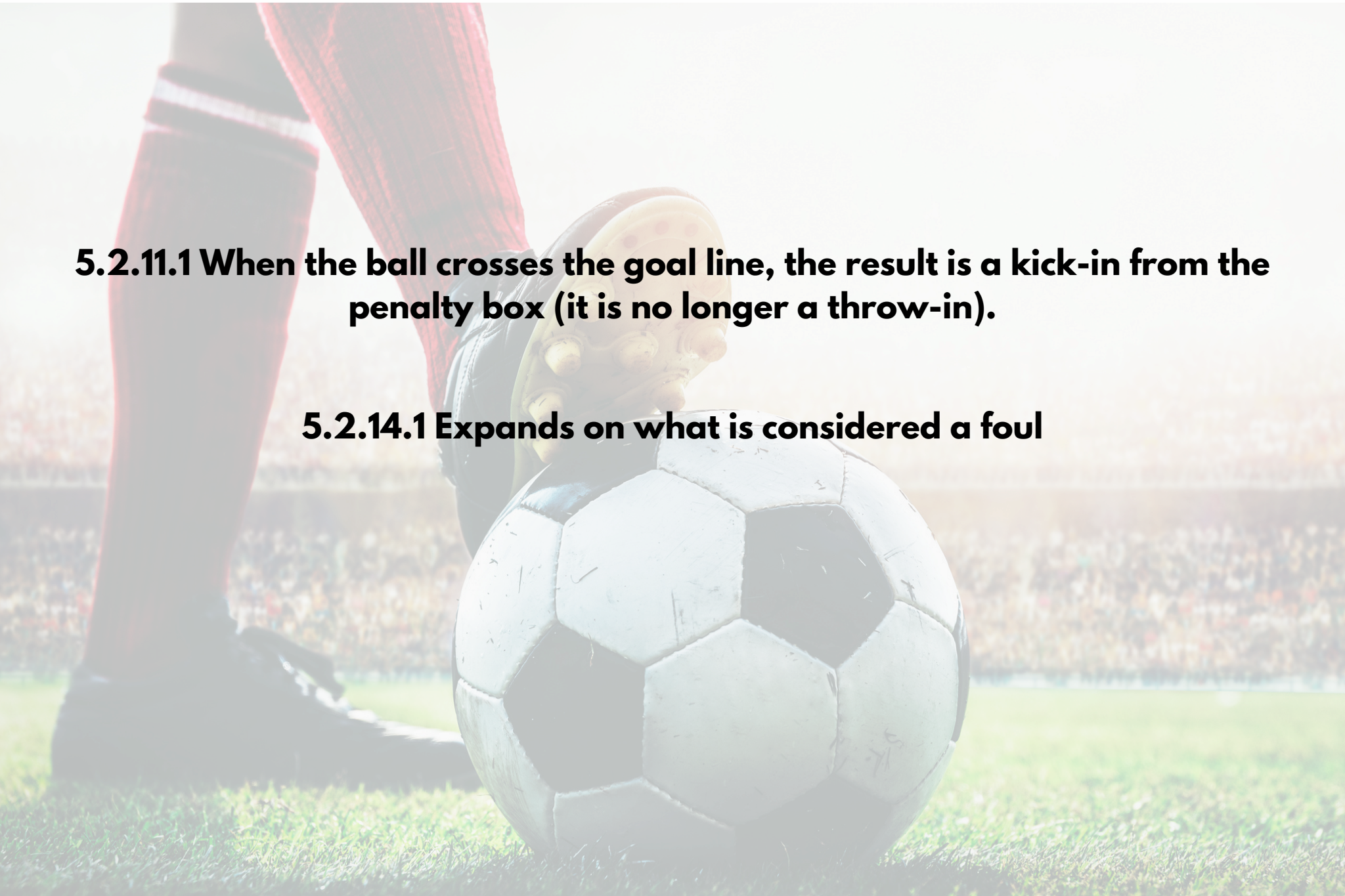
[SOSC.ORG/SPORTSOFFERED](https://www.sosc.org/sports/offerred)



SOCCER

5.2.11.1 When the ball crosses the goal line, the result is a kick-in from the penalty box (it is no longer a throw-in).

5.2.14.1 Expands on what is considered a foul

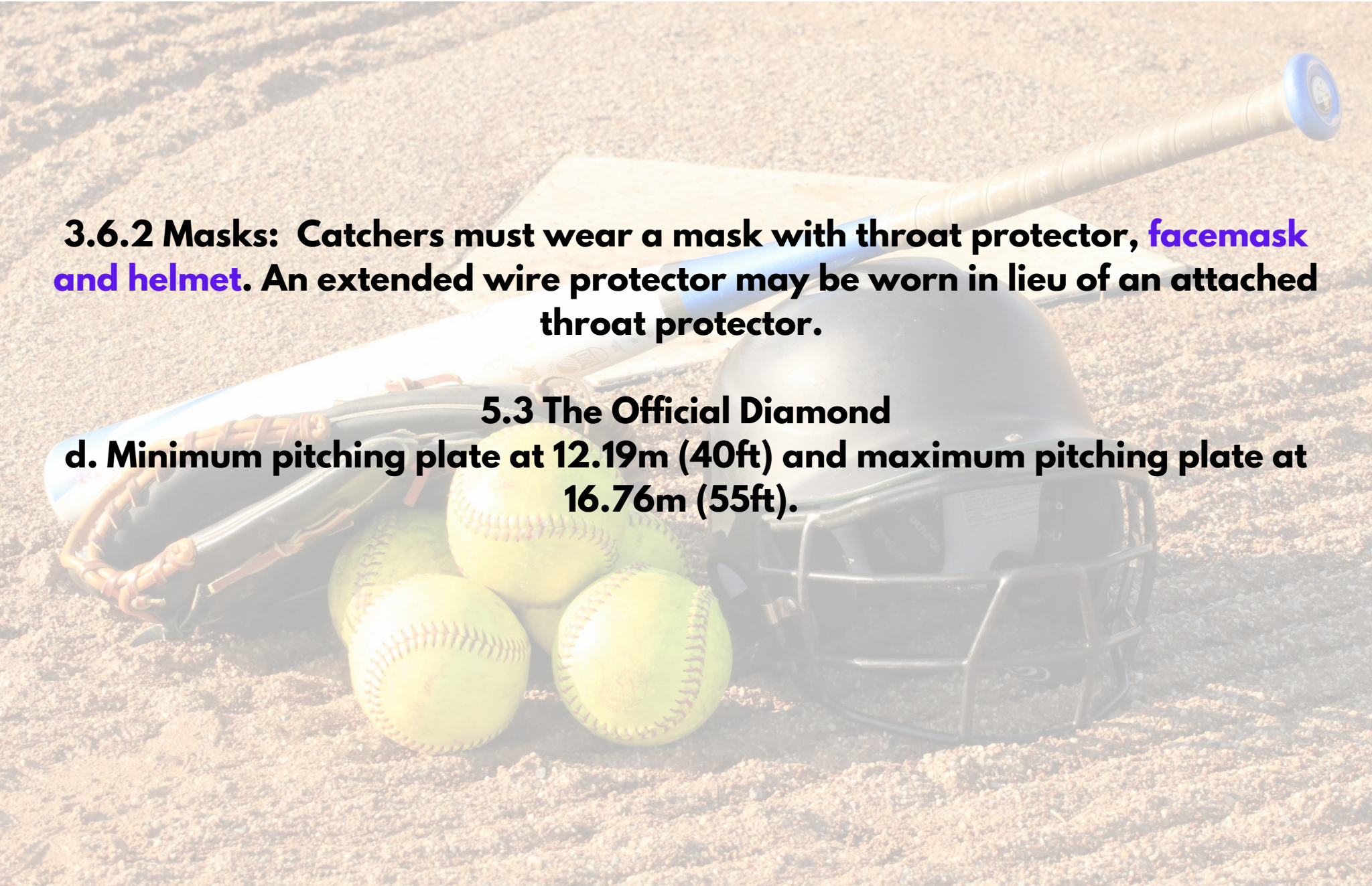


SOFTBALL

3.6.2 Masks: Catchers must wear a mask with throat protector, **facemask and helmet**. An extended wire protector may be worn in lieu of an attached throat protector.

5.3 The Official Diamond

d. Minimum pitching plate at 12.19m (40ft) and maximum pitching plate at 16.76m (55ft).



TENNIS

3.4.1 One designated Special Olympics coach may sit on court, (off the playing surface, in a chair located at the net post next to the umpire's chair) and may coach a player when the players change ends at the end of every odd game and during the **two-minute rest period prior to the deciding tie-break, and not during a tie-break game. Changes of ends must be completed within 90 seconds.**

VOLLEYBALL

4.5.2.2 Once a server has scored three consecutive points, his/her team shall rotate to the next server and continue to serve.

4.5.2.5 Serve shall be from the serving area. Stepping on or over the end line or outside the service area as defined by the sidelines upon contacting the ball or jumping to serve shall constitute a violation.

4.5.3.8 For safety reasons, the 'Pursuit Rule' will not be in effect. Once a ball has crossed the net between or outside the antennas, it is no longer playable.

6.2.7.1 If the ball, after having been tossed or released by the server, is caught or falls to the floor, it is considered a service tossing error

FLOORBALL

7.2.1 Allowable roster size is to be determined by the competition committee. At the Special Olympics World Games, roster may not exceed 12 players, and a minimum of 10 is recommended (eight field players and two goalies recommended). Unified teams must follow Roster rules set in Sport Rules Article 1. **The goalie can either be an athlete or Unified Partner.**

7.2.2 The athlete to Unified partner ratio must be 3 athletes to 2 Unified partners in the Team Competition.

7.2.3 It is required that athletes and Unified partners are of similar age and similar ability. For more information on similar age and ability please see Sport Rules Article 1 Section 14.1.2.

**Special
Olympics**
Southern California



**COACHES
SYMPOSIUM**

SOSC 101

ACCIDENT/INCIDENT FORM



SPECIAL OLYMPICS FIRST REPORT OF ACCIDENT/INCIDENT



WHAT IS SOSOC'S ACCIDENT & INCIDENT REPORT FORM?

U.S. Program/Area: _____ Date of Incident: _____

Injured Person/Party Information Date of Birth: ___/___/___ Age: ___

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____

Gender: Male Female Social Security Number: _____ - _____ - _____

TYPE OF INJURY/ACCIDENT:
 Bodily Injury
 Property Damage
 Automobile
 Other: _____

INJURED PARTY:
 Athlete Spectator
 Volunteer Unified Partner
 Coach Property Owner
 Employee
 Other: _____

Description of Accident (If automobile accident occurred, please attach a copy of the police report). Describe how the accident occurred (attach a separate sheet if necessary): _____

Site/event where accident occurred: _____

<p>ACCIDENT OCCURRED DURING: <input type="checkbox"/> Training/Practice <input type="checkbox"/> Competition <input type="checkbox"/> Traveling to or from SO event <input type="checkbox"/> Other: _____</p> <p>TYPE OF INJURY: <input type="checkbox"/> Severe cut w/ bleeding <input type="checkbox"/> Less serious bruise or cut <input type="checkbox"/> Break/fracture <input type="checkbox"/> Concussion <input type="checkbox"/> Paralysis <input type="checkbox"/> Fatality <input type="checkbox"/> Other: _____</p>	<p>DISPOSITION: <input type="checkbox"/> Released to parent <input type="checkbox"/> Refusal of care <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Refer to hospital or clinic <input type="checkbox"/> Medical attention <input type="checkbox"/> EMS transport <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Released to personal vehicle <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Report only <input type="checkbox"/> Other: _____</p>	<p>BODY PART INJURED: <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Hand (L / R) <input type="checkbox"/> Finger (L / R) <input type="checkbox"/> Elbow (L / R) <input type="checkbox"/> Shoulder (L / R) <input type="checkbox"/> Leg (L / R) <input type="checkbox"/> Knee (L / R) <input type="checkbox"/> Thigh (L / R) <input type="checkbox"/> Shin (L / R) <input type="checkbox"/> Toe (L / R) <input type="checkbox"/> Other: _____</p>	<p>SPORT: <input type="checkbox"/> Alpine Skiing <input type="checkbox"/> Aquatics <input type="checkbox"/> Athletics <input type="checkbox"/> Badminton <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Bowling <input type="checkbox"/> Cheerleading <input type="checkbox"/> Cross Country Ski <input type="checkbox"/> Cycling <input type="checkbox"/> Equestrian <input type="checkbox"/> Figure Skating <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastics <input type="checkbox"/> Kickball</p>	<p>SPORT cont. <input type="checkbox"/> Power Lifting <input type="checkbox"/> Relay Game <input type="checkbox"/> Roller Skating <input type="checkbox"/> Sailing <input type="checkbox"/> Snowboarding <input type="checkbox"/> Snowshoe <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Speed Skating <input type="checkbox"/> Swimming <input type="checkbox"/> Table Tennis <input type="checkbox"/> Team Handball <input type="checkbox"/> Tennis <input type="checkbox"/> Track & Field <input type="checkbox"/> Volleyball <input type="checkbox"/> Other: _____</p>
--	--	---	--	--

Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: _____ Employer Name: _____

Name: _____ Employer Address: _____

Address: _____ Work Phone: (____) _____

Home Phone: (____) _____

Does the injured person have medical insurance? Yes No

If yes, insurance is provided by: Injured Person Care Provider/Responsible Party

Please provide name of Company and Policy Number: _____

Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: _____ Daytime Phone: (____) _____

Witness #2 Name: _____ Daytime Phone: (____) _____

Special Olympics Official / Representative (other than claimant)

Name: _____ Daytime Phone: (____) _____

Signature: _____

SUBMIT ACCIDENT MEDICAL CLAIMS TO:
 HEALTH SPECIAL RISK, INC. (HSR)
 HSR, 8400 Belleview Drive, Suite 150, Plano, TX 75024
 Toll Free: 800.328.1114 | Fax: 972.512.5820
 Email: claims@hsri.com

Special Olympics Policy Number: SR2014DC-P-050866

SUBMIT LIABILITY CLAIMS TO:
 AMERICAN SPECIALTY INSURANCE
 7609 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804
 Toll Free: 800.566.7941 | Fax: 260.969.4729
 Email: claims@americanspecialty.com

IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY AMERICAN SPECIALTY AT 800.566.7941.
 We provide 24/7 Emergency Claims Phone Coverage.

- An athlete or coach sustains an injury that may require follow-up care
- Emergency Services (police, fire, paramedic) is called
- The accident/incident could result in liability for SOSOC or for you personally

**WHEN SHOULD
I COMPLETE
THIS FORM?**

WHEN SHOULD I TURN IT IN AND WHO DO I GIVE IT TO?

Timely submittal of these forms is critical to ensure adequate attention and liability coverage.

At an event where staff is present: all forms should be submitted onsite and before leaving the facility.


At an event where staff is not present: all forms should be submitted within 72 hours of the accident/incident.

All forms should be submitted via email to your respective Sports Manager.


If you are having difficulty in gathering information to complete the form, please notify SOSC staff immediately.

IS THERE ANYTHING ELSE I NEED TO DO?

Some accidents or incidents may result in legal or disciplinary action, therefore accurate information and complete forms are important.



Inform SOSC immediately if someone is seriously injured...transported to the hospital or when police intervene.



Be sure to notify emergency contacts as needed.



Inform "victims" that they may contact SOSC for more information about follow-up or filing a claim.

WHEN IN DOUBT...



FILL IT OUT

**Special
Olympics**
Southern California



**COACHES
SYMPOSIUM**

SOSC 101

USA GAMES

**Special
Olympics**
Southern California



SPECIAL OLYMPICS
USA GAMES
MINNESOTA 2026

2026 Special Olympics USA Games

Host Venue/ Central Hub: University of Minnesota (UMN)



UNIVERSITY
OF MINNESOTA

Driven to Discover®

Centrally located in the heart of the Twin cities, the thriving University of Minnesota Twin Cities campus stretches more than 1,150 acres in Minneapolis and St. Paul.

Nestled around the scenic Mississippi River, the Minneapolis campus sits under a sparkling downtown skyline

The UMN will serve as the primary hub for the USA Games.

Sports held here: Athletics, Basketball, Bocce, Competitive Cheer, Cornhole, Gymnastics, Powerlifting, Swimming, Tennis, Volleyball

Non-Sports held here: Athlete Village, Fan Zone, Healthy Athletes, Opening Ceremony, Dining



2026 Special Olympics USA Games

Secondary Hub: National Sports Center (NSC) in Blaine, MN



Located in the northern Minneapolis suburb of Blaine, the National Sports Center is a 20-minute drive from the University of Minnesota campus

World's largest amateur sports facility

600-acre multi-sport complex that is comprised of over 50 grass soccer fields, eight-sheet ice arena, 18-hole golf course, cycling velodrome and 100,000 square feet of indoor training and meeting space

Sports held here: Bowling (nearby, not on NSC campus), Flag Football, Golf, Pickleball, Soccer, Softball

Non-Sports held here: Fan Zone





2026 USA Games Information

Timeline - 2025	
March 1	USA Games Guide
March 1	Information for Interscholastic Delegates
April 15	Coach Applications Due
June 28-29	Selection Camp
July 1	Delegate Random Draw
August 15	USA Games Registration Closes
Fall 2025	SOSC Training Camp

Timeline - 2026	
June 18, 2026	Team SOSC Send-Off
June 19, 2026	Delegation Arrival
June 20-26, 2026	USA Games
June 27, 2026	Departure

2026 USA Games Information



Sport	# of teams	Athletes	UPs	F/M	Qualifying Games
Athletics		4		2F/2M	Summer Games 2025
Interscholastic Unified Athletics		4	4	4F/4M	2025 CIF Season
Basketball	1	10		Male/Mixed	Summer Games 2025
Bocce - Unified*^	1	2	2	2M/2F	Summer Games 2025
Bowling - Unified*^	1	2	2	2M/2F	Bowling Championships 2024
Flag Football - Unified*	1	6	4	Male/Mixed	Summer Games 2025
Golf level 2 - Unified*	1	1	1	F	Fall Games 2024
Golf level 4		2		2M	Fall Games 2024
Softball	1	15		Male/Mixed	Fall Games 2024
Swim		4		2F/2M	Summer Games 2025
YLE		1	1		Application Based

Overall Count	
Athletes and UPs	65
Coaches & Supporting Roles	29
Total Delegation	94

*Unified teams are to be made up of athletes and partners of similar age and ability

^Male and Female athlete, male and female partner