

**SPECIAL OLYMPICS TEAM MINNESOTA**  
**2018 SPECIAL OLYMPICS USA GAMES**  
*Athlete Information Packet*

**Cover Sheet & Checklist**

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Following is the Team Minnesota Athlete Information Packet for the 2018 USA Games. This packet includes initial information required by Team Minnesota on each athlete. Please take the time to complete each page in its entirety and feel free to attach additional pages for any sections you see necessary.

**Athlete Name:** \_\_\_\_\_ **Sport for Which Applying:** \_\_\_\_\_

All athletes must complete and attach the following materials:

**Athlete Information Form (pages 2-8)**

**Completed?**  
Yes No

- It is recommended this form be **completed** by individuals with close knowledge of the athlete or a combination of such individuals including parents, guardians, case managers and/or coaches.
- Before forwarding to the state office, this form needs to be **signed** by the athlete and their parent/legal guardian.

**Athlete Support Form (pages 9-11)**

Yes No

- Each athlete is required to submit at least three Athlete Support Forms: one from your Special Olympics Head of Delegation or most recent Head Coach in the sport for which you are applying, one from a family member, and one from a school or place of employment (or a person of your choice if the athlete is not in school or employed).

***Due to the large number of eligible athletes in relation to our quota, please make sure ALL application materials are completed and submitted by the applicable deadline.***

***Incomplete or late applications will not be considered.***

Athletes may apply in any sport(s) in which they are eligible throughout the year.

Please include this cover form with your completed documents and additional materials and submit by 5:00 p.m. on the designated sport deadline to:

Kelly Monicatti-Program Director  
Special Olympics Minnesota  
900 2<sup>nd</sup> Ave. S., Suite 300  
Minneapolis, MN 55402  
[kelly.monicatti@somn.org](mailto:kelly.monicatti@somn.org)  
FAX: 612-333-8782

**SPECIAL OLYMPICS TEAM MINNESOTA**  
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**Athlete Selection Criteria**

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In order for athletes to be eligible for selection to Special Olympics Team Minnesota (Team Minnesota), they must qualify under the guidelines of the *Criteria for Advancement to Higher Level of Competition* in the Special Olympics Summer Rules Book. Athletes selected to represent Team Minnesota at the 2018 Special Olympics USA Games must also demonstrate good sportsmanship and the ability to function well as a part of a team. Athletes must not only be dedicated to their sport, but must also have the ability to commit extra time to training, travel to a training camp, and be involved in other USA Games activities as determined by their respective US Program. In addition, to meet all the individual criteria for selection to the Delegation, **each athlete:**

- Must have won a gold medal in the sport in which they are qualifying at the designated qualifying competition in their sport.
- Must be enrolled and compete in their respective sport in 2018, if the sport season precedes the USA Games or must have participated in 2017.
- Must agree to train in respective sport and follow the Special Olympics Minnesota Code of Conduct at all events and trainings leading up to the 2018 Games.
- Must attend all training sessions or train locally as outlined by his/her USA Games coach. This includes the possibility of one weekend training camp that will require athletes to be away from home and work. Transportation will need to be worked out in advance.
- Athletes must have a local coach identified to work in coordination with the sports specific Head Coach to train.
- Must have Family/legal guardian or Local Program contact that can be present at all required meetings and orientations as outlined by his/her USA Games coach.
- Is subject to pre (Athlete Selection Criteria) and post-selection screening conducted by staff and/or USA Games coaches.
- Must be able to obtain a physical/physician's signature on an official USA Games medical form.
- Must be able to handle independently and/or under Team Minnesota supervision two full travel days by plane.
- Athletes must possess the skills to be able to positively function as part of the delegation. Skills, characteristics and behaviors must include basic social skills, good personal hygiene, knowledge of the rules of the sport in which they are applying, proper sportsmanship, cooperation, attentiveness, and an ability to travel and follow directions.
- Must be able to be assigned to a Team Minnesota Coach for the duration of their travel to/from the Games.
- Must be able to be out of the state, away from their families and/or schools and jobs for approximately a ten-day period to attend the Games (exact travel dates will be available at a later date).
- Must be able to independently manage the activities and skills of daily living, i.e. toileting, showering, personal hygiene, etc.
- Must be able to get along during the course of the USA Games with minimal contact from family members.
- If selected to Team Minnesota, must commit to a Training Program in advance of the USA Games.
- Must refrain from the use of alcohol and tobacco products during training sessions and at USA Games.
- Must be present, with a family member/legal guardian or Local Program contact, at a required pre-USA Games meeting and orientation to be held early in 2018.
- May be removed from the Delegation, at any time, for failure to adhere to the principals or fulfill the responsibilities of the criteria as set forth by the Special Olympics Team Minnesota Management Team and/or the USA Games Organizing Committee. An athlete may also be removed from the Delegation for health and safety issues.

**ADDITIONAL NOTES**

- Non-delegation members, i.e. family members, Special Olympics staff, other athletes, will not be allowed to travel or stay with the Special Olympics Team Minnesota Delegation for Games.
- With the exception of incidentals during the USA Games and some potential in-state travel, the cost of an athlete's attendance at USA Games is covered by Special Olympics Minnesota and the USA Games Organizing Committee.

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**Special Olympics Athlete Code of Conduct**

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Special Olympics is committed to the highest ideals of sport and expects all athletes to Honor Sports and Special Olympics. All Special Olympics athletes and Unified Partners agree to the following code:

**I. SPORTSMANSHIP**

- A. I will practice good sportsmanship.
- B. I will act in ways that bring respect to me, my coaches, my team, and Special Olympics.
- C. I will not use bad language.
- D. I will not swear or insult other persons.
- E. I will not fight with other athletes, coaches, volunteers, or staff.

**II. TRAINING AND COMPETITION**

- A. I will train regularly.
- B. I will learn and follow the rules of my sport.
- C. I will listen to my coaches and the officials and ask questions when I do not understand.
- D. I will always try my best during training, divisioning, and competitions.
- E. I will not “hold back” in preliminaries just to get into an easier final heat.

**III. RESPONSIBILITY FOR MY ACTIONS**

- A. I will not make inappropriate or unwanted physical, verbal, or sexual advances on others.
- B. I will not drink alcohol, smoke or take illegal drugs while representing Special Olympics at training sessions, competition or during Games.
- C. I will not take drugs for the purpose of improving my performance.
- D. I will obey all laws and Special Olympics rules.

I understand that if I do not obey this Code of Conduct Special Olympics Minnesota or the Games Organizing Committee may not allow me to participate.



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**Sports & Training Information**

In which sport is this athlete planning to compete at the 2018 Games? \_\_\_\_\_

How many years has the athlete trained in this sport? \_\_\_\_\_

Does athlete own the needed equipment for this sport?  Yes  No

Has this athlete competed previously at a National/USA or World Games?  Yes  No

If yes, what year(s)? \_\_\_\_\_ If yes, what sport(s)? \_\_\_\_\_

Will this athlete and their support system be willing and able to commit to a training program as prescribed by a USA Games and local coach?  Yes  No

Is this athlete prepared and capable of spending approximately one week away from home, school or work in July 2018 for USA Games?  Yes  No

**Athlete Inventory**

**Basic Exercise & Fitness**

On average, how many days per week does athlete exercise?  More than 3 days  Less than 3 days  No routine program

What types of exercise does this athlete do *at least weekly*? \_\_\_\_\_

On average, how many days per week does athlete stretch?  More than 3 days  Less than 3 days  No routine program

While standing & keeping knees slightly flexed, where can athlete comfortably reach with hands?  
 To/above knees  Below knees  To feet or floor

While sitting & keeping knees slightly flexed, where can athlete comfortably reach with hands?  
 To/above knees  Below knees  To feet

Can this athlete walk a mile without stopping?  Yes  No

Can this athlete jog or run a mile without stopping?  Yes  No

Can this athlete swim?  Yes  No

**Behavior**

Please check any boxes listing behavior exhibited by this athlete:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Bites self or others         | <input type="checkbox"/> Elevated sexual interest    | <input type="checkbox"/> Overly dependent on others   | <input type="checkbox"/> Teases others           |
| <input type="checkbox"/> Cries/becomes upset easily   | <input type="checkbox"/> Exaggerates pain/illness    | <input type="checkbox"/> Overly fearful               | <input type="checkbox"/> Temper tantrums         |
| <input type="checkbox"/> Difficulty changing routines | <input type="checkbox"/> Excessive cursing/vulgarity | <input type="checkbox"/> Pulls own hair or others     | <input type="checkbox"/> Throws objects          |
| <input type="checkbox"/> Difficulty with authority    | <input type="checkbox"/> Excessive physical touching | <input type="checkbox"/> Resistant to changes in diet | <input type="checkbox"/> Uncomfortable in crowds |
| <input type="checkbox"/> Difficulty taking direction  | <input type="checkbox"/> Hits self or others         | <input type="checkbox"/> Seeks steady attention       | <input type="checkbox"/> Wanders/runs from group |
| <input type="checkbox"/> Elevated emotional needs     | <input type="checkbox"/> Mental health issues        | <input type="checkbox"/> Seeks steady entertainment   |  |

Other (please list): \_\_\_\_\_

List details to help explain areas above and specific methods to resolve behavior difficulties: \_\_\_\_\_

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Do you think this athlete will relate and respond successfully to an unfamiliar coach and environment?

Yes

No

If no, please explain: \_\_\_\_\_

**Self-Help Skills**

Please check the box in each area which best describes this athlete:

Dressing	Grooming	Mealtime	Toileting
<input type="checkbox"/> Completely independent	<input type="checkbox"/> Completely independent	<input type="checkbox"/> Completely independent	<input type="checkbox"/> Completely independent
<input type="checkbox"/> Needs minimal assistance	<input type="checkbox"/> Needs minimal assistance	<input type="checkbox"/> Needs minimal assistance	<input type="checkbox"/> Needs minimal assistance
<input type="checkbox"/> Needs significant assistance	<input type="checkbox"/> Needs significant assistance	<input type="checkbox"/> Needs significant assistance	<input type="checkbox"/> Needs significant assistance

For any skills marked as needing minimal or significant assistance, please provide details to explain needed level of support:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long does the athlete take to get out of bed, groom & dress each morning? \_\_\_\_\_

In evaluating this athlete's behavior and self-help skills, what level of coach support would be required to be successful?

- Would require minimal support to be successful. Athlete is relatively independent and/or lives on their own.
- Would require moderate support to be successful. Supervision within a group of 4 athletes and 1 coach would be acceptable.
- Would require significant support to be successful. Supervision on a 1-to-1 basis would be needed.

**Medical Overview**

This section will be supplemented by physician's information on the USA Games Medical Form (to be distributed after selection).

Please check all that apply to this athlete:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Depression                         | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Special Diet                        |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Hepatitis        | <input type="checkbox"/> Surgery ( <i>within last year</i> ) |
| <input type="checkbox"/> Autistic        | <input type="checkbox"/> Down Syndrome ( <i>see below</i> ) | <input type="checkbox"/> Non-verbal       | <input type="checkbox"/> Uses Cane, Walker, etc.             |
| <input type="checkbox"/> Broken Bones    | <input type="checkbox"/> Glasses/Contacts                   | <input type="checkbox"/> Seizures         | <input type="checkbox"/> Uses Wheelchair                     |

If athlete has Down Syndrome, has an x-ray been taken to evaluate atlanto-axial instability?  Yes  No

If yes, was the x-ray positive for atlanto-axial instability?  Yes  No

Does this athlete take any medications? If yes, please list below & attach additional sheet if needed.  Yes  No

Medication Name	Date Prescribed/Last Changed	Dosage	Times Taken per Day

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Is this athlete self-medicating?  Yes  No

Is this athlete susceptible to colds, infections, etc.? *If yes, please explain below.*  Yes  No

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If female, has this athlete ever menstruated?  Yes  No

*If yes, is her cycle consistent?*  Yes  No

**Travel Experience**

Has this athlete ever traveled by bus?  Yes  No

Has this athlete ever traveled by airplane?  Yes  No

Is this athlete claustrophobic?  Yes  No

Does this athlete have physical discomfort when traveling (motion sickness, cramps, headaches)?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Does this athlete have emotional discomfort when traveling (homesickness, anxiety, mood swings)?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Has this athlete taken a long trip without a family member/legal guardian present?  Yes  No

Will this athlete be able to carry/move their own luggage (suitcase and carry-on) and equipment?  Yes  No

Will this athlete be able to sit and reasonably occupy oneself (movies, music, electronic games, puzzle books, etc.) for an extended period of time (plane ride to/from Seattle, bus rides to/from sport venues)?  Yes  No

If selected to represent Minnesota, will family members plan on attending USA Games?  Yes  No

*If yes, approximately how many family members might attend?* \_\_\_\_\_

**Additional Information**

Please share any additional information that would be helpful to individuals chaperoning this athlete for one week:

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- We have read and understand the Athlete Selection Criteria and expectations of athletes selected to Team Minnesota, and believe this athlete meets the requirements as outlined and wants to be a part of Team Minnesota. The information we have provided is true and complete.
- We understand an athlete may be traveling and/or coached by an individual from another delegation.
- We understand the Team Minnesota Management Team may remove an athlete from the delegation if he/she fails to meet the Athlete Selection Criteria or acts outside the Athlete Code of Conduct.
- We understand if all things are equal between athletes who apply, Special Olympics Minnesota will select athletes who have not previously had a chance to attend a National/USA or World Games.
- We understand only athletes, coaches and staff will be able to travel and stay with Team Minnesota.
- We understand that if this application is **NOT COMPLETE OR LATE**, it will not be considered.
- PLEASE NOTE: The next step in the process is to attend a mandatory interview (these will be group interviews that are scheduled in various locations across the state. You will be notified of location and date options via email for you to choose one you can attend...PLEASE MAKE SURE YOUR EMAIL ADDRESS IS CORRECT ON PAGE 4 TO RECEIVE THIS INFORMATION/NOTIFICATION). It may be possible that we are able to set up one of these interview times during Fall Games, still TBD though. If that happens, we will need to know if you will be in attendance at Fall Games for planning purposes...\_\_\_\_\_Yes \_\_\_\_\_No

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Signature of Athlete

Date

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Signature of Parent/Legal Guardian

Date

Please forward pages 4-11 of this document in one package by 5:00 on the designated sport deadline (see SOMN web site for specific dates) to:

Kelly Monicatti-Program Director  
Special Olympics Minnesota  
900 2<sup>nd</sup> Ave. S., Suite 300  
Minneapolis, MN 55402  
[kelly.monicatti@somn.org](mailto:kelly.monicatti@somn.org)  
FAX: 612-333-8782



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Athlete Name: \_\_\_\_\_

Sport: \_\_\_\_\_

This athlete is eligible for selection to be a member of Special Olympics Team Minnesota for the 2018 USA Games in Seattle. In addition to meeting basic eligibility requirements, athletes selected to Team Minnesota must also meet specific selection criteria, which includes the following items related to training, travel and daily living skills:

**Training**

- Train and compete in their respective sport in the year preceding the USA Games;
- Have a local coach identified to work in coordination with a Team Minnesota sport-specific Coach for training;

**Travel**

- Be able to handle a 10-12 hour travel day (primarily air travel) independently or with minimal supervision;
- Be assigned to a Team Minnesota Coach for the duration of travel to, during and from the Games, including housing sites, competition venues and during the Delegation training camp prior to the Games;
- Be able to be out of the state, away from their families, schools and jobs from approximately July 1-6 to attend the Games (exact travel dates will be available at a later date);

**Daily Living Skills**

- Demonstrate good sportsmanship and the ability to function well as a part of a team;
- Function positively during the course of USA Games with minimal contact from family members;
- Independently or with minimal support, manage the activities and skills of daily living, i.e. toileting, showering, hygiene, etc.

Do you believe this athlete meets the selection criteria outlined above?  Yes

No

Please explain your answer (*attach additional sheets if desired*):

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**Completed By:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

What is your relationship to this athlete? \_\_\_\_\_

In years, how long have you known this athlete? \_\_\_\_\_

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Athlete Name: \_\_\_\_\_ Sport: \_\_\_\_\_

This athlete is eligible for selection to be a member of Special Olympics Team Minnesota for the 2018 USA Games in Seattle. In addition to meeting basic eligibility requirements, athletes selected to Team Minnesota must also meet specific selection criteria, which includes the following items related to training, travel and daily living skills:

**Training**

- Train and compete in their respective sport in the year preceding the USA Games;
- Have a local coach identified to work in coordination with a Team Minnesota sport-specific Coach for training;

**Travel**

- Be able to handle a 10-12 hour travel day (primarily air travel) independently or with minimal supervision;
- Be assigned to a Team Minnesota Coach for the duration of travel to, during and from the Games, including housing sites, competition venues and during the Delegation training camp prior to the Games;
- Be able to be out of the state, away from their families, schools and jobs from approximately July 1-6 to attend the Games (exact travel dates will be available at a later date);

**Daily Living Skills**

- Demonstrate good sportsmanship and the ability to function well as a part of a team;
- Function positively during the course of USA Games with minimal contact from family members;
- Independently or with minimal support, manage the activities and skills of daily living, i.e. toileting, showering, hygiene, etc.

Do you believe this athlete meets the selection criteria outlined above?  Yes  No

Please explain your answer (*attach additional sheets if desired*): \_\_\_\_\_  
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**Completed By:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_@\_\_\_\_\_

What is your relationship to this athlete? \_\_\_\_\_  
In years, how long have you known this athlete? \_\_\_\_\_

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Athlete Name: \_\_\_\_\_ Sport: \_\_\_\_\_

This athlete is eligible for selection to be a member of Special Olympics Team Minnesota for the 2018 USA Games in Seattle. In addition to meeting basic eligibility requirements, athletes selected to Team Minnesota must also meet specific selection criteria, which includes the following items related to training, travel and daily living skills:

**Training**

- Train and compete in their respective sport in the year preceding the USA Games;
- Have a local coach identified to work in coordination with a Team Minnesota sport-specific Coach for training;

**Travel**

- Be able to handle a 10-12 hour travel day (primarily air travel) independently or with minimal supervision;
- Be assigned to a Team Minnesota Coach for the duration of travel to, during and from the Games, including housing sites, competition venues and during the Delegation training camp prior to the Games;
- Be able to be out of the state, away from their families, schools and jobs from approximately July 1-6 to attend the Games (exact travel dates will be available at a later date);

**Daily Living Skills**

- Demonstrate good sportsmanship and the ability to function well as a part of a team;
- Function positively during the course of USA Games with minimal contact from family members;
- Independently or with minimal support, manage the activities and skills of daily living, i.e. toileting, showering, hygiene, etc.

Do you believe this athlete meets the selection criteria outlined above?       Yes       No

Please explain your answer (*attach additional sheets if desired*): \_\_\_\_\_  
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**Completed By:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_  
Cell Phone: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_

What is your relationship to this athlete? \_\_\_\_\_  
In years, how long have you known this athlete? \_\_\_\_\_