

SPECIAL OLYMPICS TEAM USA
2019 SPECIAL OLYMPICS WORLD SUMMER GAMES – ABU DHABI (March, 2019)
Athlete Information Packet/Application for selection

Following is the Athlete Information Packet for the 2019 World Games. This packet includes initial information required by Minnesota on each athlete for the initial phase on selection. 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:

	Completed?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Information for Interviews		
• We must be able to connect with the athlete or an athlete rep. to schedule the next steps in the selection process.		
Code of Conduct Signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Athlete/Caregiver/Local Coach Contact Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Overview Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self-Help Skills/Travel Information Overview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Athlete Support Form (completed by HOD or A Head Coach)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Athlete Support Form (Completed by someone that knows the athlete closely)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preliminary Uniform Information Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Information for Interviews	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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/all sport(s) in which they are eligible.

Please include this cover form with your completed documents. Submit by 5:00 p.m. on April 16 to:

Kelly Monicatti-Director of Program
Special Olympics Minnesota
900 2nd Ave. S., Suite 300
Minneapolis, MN 55402
kelly.monicatti@somn.org
FAX: 612-333-8782

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Athlete Selection Criteria

Athletes selected to represent Team USA at the 2019 Special Olympics World Summer Games must 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 World Games activities as determined by their respective US Program. In addition, the athlete must meet all the individual criteria for selection to the Delegation:

- Athletes must be from an accredited U.S. Special Olympics Program.
- It is recommended that athletes be at least 14 years of age.
- Athlete must have participated in an accredited U.S. Program Summer Sports Training Program. This training must be conducted in regular conditions for the sport, if at all possible. The Training Program is defined as at least an eight week course as outlined in the SOI Article I.
- Whenever possible, a selection criteria should include the athlete winning a gold medal in the sport in which they are qualifying at the state level of competition, with 25% of the state's areas offering training and competition in the sport.
- Athletes must be enrolled and compete in their respective sport in the year preceding the World Summer Games.
- Each athlete selected must attend all training sessions as outlined by his/her U.S. Program. This may include weekend training camps that will require athletes to be away from home and work.
- Athletes must attend the National Team Training Camp in September, 2018 (this training will NOT be in MN)
- Athletes must have a local coach identified to work in coordination with the Team U.S.A. sport specific coach to train the athlete, but the athlete's local coach would NOT be attending World Games.
- Family/legal guardian or Local Program contact must be present at all required meetings and orientations as outlined by his/her U.S. Program.
- Each athlete is subject to pre-delegation selection screening (Athlete Selection Criteria, Athlete Information Form and Team U.S.A. Training Camp) to be conducted by the Management Team.
- Athletes must be able to obtain a physical/physician's signature on a World Games medical.
- Athletes must be able to handle independently and/or under Team U.S.A. supervision a 12-18 hour travel day (primarily air travel).
- Athletes must adhere to the Special Olympics Team U.S.A. Code of Conduct.
- Athletes must be able to be assigned to a Team U.S.A. coach for the duration of their travel to/from the Games, during the Games, including in the housing site and competition venues and during the Delegation training camp prior to the Games.
- Athletes must be able to be away from their families and jobs for approximately a three (3) week period to attend the Games (exact travel dates will be available at a later date).
- Athletes must be able to independently manage the activities and skills of daily living, such as toileting, showering, personal hygiene, etc.
- Athletes must be able to take care of themselves during the course of the World Games with minimal contact from family members.
- Athletes selected to Team U.S.A. must commit to a Team U.S.A. Training Program in advance of the World Games.
- An athlete 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 U.S.A. Management Team and/or Special Olympics North America. An athlete may also be removed from the Delegation for health and safety issues.
- All athletes selected to Team U.S.A. will be under the direction of a Delegation medical staff person who will supervise and assist the athletes in taking their medication, including self-medicating athletes.

NOTE: Non-Delegation members, such as family members, Special Olympics staff, other athletes, will not be allowed to travel with the Special Olympics Team U.S.A. Delegation to World Summer Games.

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Special Olympics Athlete’s Code of Conduct

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.

- We have read and understand the Athlete Selection Criteria and expectations of athletes selected to Team USA, and believe this athlete meets the requirements as outlined and wants to be a part of Team USA. The information we have provided is true and complete.
- We understand an athlete may be traveling and/or coached by an individual from another state.
- We understand the Team USA 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.

Signature of Athlete

Date

Signature of Parent/Legal Guardian

Date

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Athlete Information *(please print or type)*

Full Legal Name:	<i>(First):</i> _____	<i>(Middle):</i> _____	<i>(Last):</i> _____
Has this athlete been selected as a competing athlete or an alternate?			<input type="checkbox"/> Athlete <input type="checkbox"/> Alternate
In which sport is the athlete applying to compete at the 2019 Games?	_____		
Is there a different first name you prefer to go by?	_____		
Mailing Address:	_____		
City, State, Zip:	_____	Email:	_____ @ _____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	____ / ____ / ____
Preferred Phone:	(____) _____	Best Time to Call:	_____
Languages other than English spoken fluently <i>(please list):</i>	_____		

Additional Contact Information

Parent/Legal Guardian

First Name:	_____	Last Name:	_____
Mailing Address:	_____	City, State, Zip:	_____
Day Phone:	(____) _____	Eve. Phone:	(____) _____
Cell Phone:	(____) _____	Fax:	(____) _____
Best Time to Call:	_____	Email Address:	_____ @ _____
		Required*	

Emergency Contact *(if different from above)*

First Name:	_____	Last Name:	_____
Mailing Address:	_____	City, State, Zip:	_____
Day Phone:	(____) _____	Eve. Phone:	(____) _____
Cell Phone:	(____) _____	Fax:	(____) _____
Best Time to Call:	_____	Email Address:	_____ @ _____
Relationship to Athlete:	_____		

Local Coach *(person who will train athlete locally to prepare for 2019 Games)*

First Name:	_____	Last Name:	_____
Mailing Address:	_____	City, State, Zip:	_____
Day Phone:	(____) _____	Eve. Phone:	(____) _____
Cell Phone:	(____) _____	Fax:	(____) _____
Best Time to Call:	_____	Email Address:	_____ @ _____

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Medical Overview

This section will be supplemented by physician's information on the World Games Medical Form if selected.

Please check all that apply to this athlete:

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Depression | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Joint Instabilities |
| <input type="checkbox"/> Medical Device/Implants | <input type="checkbox"/> Non-verbal | <input type="checkbox"/> Recent Fractures | |
| <input type="checkbox"/> Special Diet | <input type="checkbox"/> Surgery | <input type="checkbox"/> Travel/Motion Sickness | <input type="checkbox"/> Cane/Walker/Wheelchair |

Please provide details for any item checked above:

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

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

Is this athlete self-medicating? Yes No

Is this athlete susceptible to colds, infections, etc? Yes No

If female, has this athlete ever menstruated? Yes No

If yes, is her cycle consistent? Yes No

Behavior

Please indicate the most accurate response to ensure Team USA has the most the most complete knowledge and understanding in order to provide a successful experience for the athlete. Check any boxes listing behavior exhibited by the 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 or 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: _____

Do you think this athlete will relate and respond successfully to an unfamiliar coach and environment? Yes No

If no, please explain: _____

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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.

Travel Experience

- | | | |
|---|------------------------------|-----------------------------|
| Has this athlete ever traveled by bus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has this athlete ever traveled by airplane? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has this athlete ever traveled by train? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this athlete claustrophobic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does this athlete have physical discomfort when traveling (motion sickness, cramps, headaches)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain: _____

- | | | |
|--|------------------------------|-----------------------------|
| Does this athlete have emotional discomfort when traveling (homesickness, anxiety, mood swings)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If yes, please explain: _____

- | | | |
|---|------------------------------|-----------------------------|
| Has this athlete taken a long trip without a family member/legal guardian present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the athlete able to carry/move their own luggage (suitcase and carry-on) and equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this athlete able to sit and reasonably occupy oneself (movies, music, electronic games, puzzle books, etc) for an extended period of time such as a flight to/from training camp and Games? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Team USA will more than likely have early morning and late evening travel for training camp and Summer Games. Are there any concerns with this athlete being required to be up and moving early in the morning and/or active (ie. moving luggage) late at night? _____

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Uniform Information Form (for help in uniform sizing, if selected)

Please fill in measurements or check the size that would best fit. Fulfillment of size request is based on availability. Uniform information will be provided to Team USA coaches and uniform/apparel providers.

First Name: _____	Last Name: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ / _____ / _____
Height: _____ feet _____ inches	State: _____
Waist: _____ inches	Weight: _____ pounds
Chest: _____ inches	Inseam: _____ inches
Shoe Size: _____ Left _____ Right	Hips: _____ inches

Female Size Requests

Please mark requests for all size variations, as we do not yet know how sizes will be offered.

Females must also complete section below for any Unisex uniform pieces; or if all Unisex sizes are preferred, complete that section only.

Shirt:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
Shirt:	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> Other: _____
Short/Pant:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
Short/Pant:	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> Other: _____
Warm-up Suit:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
Jacket:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL

Unisex/Male Size Requests

Shirt:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
Short/Pant:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
Warm-up Suit:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
Jacket:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
Hat:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL		

Youth Size Requests

Youth sizes are not guaranteed. Depending on gender, please fill out one or both of the boxes above.

Shirt:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL
Short/Pant:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL
Warm-up Suit:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL
Jacket:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL

Please list any additional information that would be helpful in uniforming this athlete: _____

Does this athlete own their all of their sports equipment? If no, what items do they not own personally? _____

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What happens next? Steps in the process:

1. Complete and submit this application by April 16, 2018 to the SOMN State Office.
2. SOMN staff will reach out to set up an interview.
3. Athletes will be selected from MN to move forward in the selection process.
4. Additional forms and Registration will be required to be completed (as well as a Team USA Medical Form)
5. Athletes endorsed for selection from MN will attend the Team USA Training Camp in September (held outside the State of MN, but in the United States).
6. **The FINAL Special Olympics U.S.A. Delegation is not selected until AFTER the Training Camp is held and the team is officially announced by the U.S.A. Head of Delegation.**