

State Games Registration Paperwork

Accommodation Type: Hotel

Please complete this registration form in its entirety and be as accurate as possible when submitting meal counts and housing accommodations. Contact information is <u>required</u> for both the Head Coach and the Program Coordinator unless the individual has taken on both roles.

Team Name: Region: Area: Sport:	Find your Area Find your Area RING COUNTY CAPITOL VALLEY TRI-CITIES WALLA WALLA WALLA TRI-CITIES WALLA WALLA WALLA TRI-CITIES W
Head Coach Contact Information:	Program Coordinator Contact Information:
Cell:	Cell:
Email:	Email:
Address:	
City, State, Zip Code:	

Team Summary: Please insert appropriate numbers on each line relating to your team's needs. Be sure to include athletes, coaches, and chaperones in your numbers and be as accurate as possible. These numbers will be used for meal counts and housing.

Meal Counts

#'s	Breakfast	Lunch	Dinner
Saturday			
Sunday			X

<u>IMPORTANT</u> as you move onto Housing: Background checks should have already been completed for Head Coaches, Assistant Coaches, Chaperones or Unified Partners (18 years and older) listed above. If you list someone who does not have background check through Special Olympics Washington, please have them register as soon as possible using the following link and good deed code:

https://app.sterlingvolunteers.com/en/Candidates/Account/Register Good Deed Code: e45cri8

Housing Requirements

Please place the numbers of athletes, coaches, and chaperones who require housing accommodations in the appropriate box below. The top boxes show the number of beds needed for wheelchair and non-wheelchair athletes, and the bottom box shows the total numbers of people traveling in your group. Note: Please complete all boxes and be as accurate as possible so we are able to accommodate all other teams and athletes.

Non-ADA/Wheelchair Housing

Tron / LD / If trineerchan Troubing			
#'s	Male	Female	
Friday			
Saturday			

ADA or Wheelchair Accessible Housing

#'s	Male	Female
Friday		
Saturday		

Totals:

Coaches	
Chaperones	
Athletes	
Unified Partners	
Total:	

Housing Assignment Instructions: Please complete all information in the housing roster below for those who will be traveling with the delegation. Room assignments are based on 2 and 4 occupants per hotel room, and will be done by gender. Due to the limited number of rooms available try to max out 4 to a room as best you can. Under role, please list one of the following abbreviations to identify the occupant in the room: A - Athlete, P - Partner, C - Coach, CH - Chaperone. Under gender, please list the gender of the occupant in the room: F - Female, M - Male. Under the W/C-ADA column, please circle yes (Y) or no (N) if the athlete uses a wheelchair and/or needs ADA accessible housing.

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Name	Role	Gender	W/C-ADA

Total beds needed:	Doul	ole
	Sing	le
	W/C	

Additional Room Blocks below: Please be sure to add in any additional room to the total beds needed on page 2. You may use more than one of these pages just be sure to attach them when you submit .

Role	Gender	W/C-ADA	Name	Role	Gender	W
Role	Gender	W/C-ADA	Name	Role	Gender	W
Role	Gender	W/C-ADA	Name	Role	Gender	W/
	Role	Role Gender	Role Gender W/C-ADA	Role Gender W/C-ADA Name	Role Gender W/C-ADA Name Role	Role Gender W/C-ADA Name Role Gender



1-on-1 Request Form

Please submit this form with your State Registration and Housing Paperwork.

The usual athlete to coach ratio is 4:1. This ratio will be enforced at all times to promote safety and care of all participants. Athletes with increased support or behavioral requirements may qualify for increased ratio limit to provide proper supervision. There is limited space available, please reserve this request for participants who truly require this service and support. Athletes may qualify for 1-on-1 caregiver support under the following conditions:

- 1) Behavioral, emotional, or medical support requires constant supervision to remain safe for self or others.
- 2) Physical support-participants in a wheelchair, help with toileting, transferring, managing equipment, etc.
- 3) Minors under the age of 14 may qualify for 1-on-1 support for overnight events or competitions if requested by the parent/guardian. If the minor is participating in Unified Champion Schools programming, please make specific request to UCS event manager as the school programs have a different policy for 1-on-1 supports.

1-on-1 support will not be provided for sport related needs unless otherwise stated. If additional support is needed by coaches for sport related support that does not meet the requirements above, the program will be expected to plan and cover those expenses.

Athlete Name	1-on1 Name	Class A/Background Check on File	Reason for 1-on-1