

2024

Unified Area Bowling

Unified State Bowling



UNIFIED BOWLING TOURNAMENTS

- All rules will be the same for Area and State.
- Participation in an Area Unified Tournament qualifies an athlete to bowl in the State Unified Tournament.

Northeast Area Unified Tournament

Date: October 11, 2024

Location: Tommy Lanes, Watertown

Time: 9:00am-11:30am

Registration Deadline: September 30, 2024

Send registration to State Office

Black Hills Area Unified Tournament

Date: October 12, 2024

Location: Meadowood Lanes, Rapid City

Registration Deadline: September 30, 2024

Time: 1:00pm-3:30pm

Send registration to Black Hills Area Director Cathy Grubb

Southeast Area Unified Tournament

Date: October 13, 2024

Location: Eastway Bowl, Sioux Falls Tentative

Registration Deadline: September 30, 2024

Time: 9:00am-11:30am / 11:30am-2:00pm / 2:00pm-4:30pm

Send registration to State Office

State Unified Tournament

Date: November 9 & 10, 2024

Location: Meadowood Lanes, Rapid City

Competition: Doubles, Team

Registration Deadline: October 23, 2024

- Athletes must choose between participating in Traditional Bowling or Unified Bowling. You cannot participate in both.
- Athletes bowling in the State Unified Tournament must have registered and participated in their respective Area Unified Tournament.
- Athletes may participate in one or both events offered at the State Unified Tournament: Doubles and Team.

NE/SE Area send registration to State Office

BH Area send registrations to Cathy Grubb

REGISTRATION INSTRUCTIONS AREA UNIFIED BOWLING TOURNAMENT

The following forms must be included for your registration to be complete:

1. **Area Unified Bowling Form 1: Delegation Summary Form** Section 11 page 4
2. **Area Unified Bowling Form 2: Area Registration For Unified Doubles** Section 11 page 5
3. **Form L: Volunteer Rosters (Area Unified Bowling Tournament)** Section 11 page 7
Please list all chaperones, coaches and Unified Partners who will accompany your group.
Each person on this list must have the appropriate applications on file with the State Office.

These forms must be included if not already on file at the State Office. Forms can be found at www.sosd.org under the "Competition" Tab

4. **Form A: Athlete Registration**
For new athletes and those who have expired forms.
5. **Form B: Athlete Release**
For new athletes and those who have expired forms.
6. **Form C: Community Reinvestment Act (CRA)**
For new athletes and those who have expired forms.
7. **FORM N: Communicable Disease waiver**
For new athletes and those who have expired forms.
8. **FORM Y: Athlete Medical Form**
For new athletes and those who have expired forms. The completed form to be brought to the athlete's physical exam.
9. **FORM Z: Medical Physical Information**
For new athletes and those who have expired forms. The Doctor will document the physical exam on this form.
10. **Form D: Class A Volunteer & Unified Partner Registration**
One per coach/chaperone must be on file with the State Office.

<p>Ramp bowlers can participate ONLY in the Traditional Area and State Tournaments. In other words, they can not participate in the Area and State Unified Tournaments.</p>
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***YOU WILL BE RECEIVING YOUR REGISTRATION CONFIRMATION AND
TOURNAMENT/COMPETITION UPDATES VIA YOUR E-MAIL.
PLEASE CHECK YOUR E-MAIL OFTEN.***

See individual forms for mailing instructions

DELEGATION SUMMARY FORM

2024 AREA UNIFIED BOWLING TOURNAMENT

Check the Area Tournament in which you will be participating

<input type="checkbox"/> Southeast Area Send all Area forms to: <div style="text-align: center;">SOSD 800 E. I-90 Lane Sioux Falls, SD 57104</div>	<input type="checkbox"/> Northeast Area Send all Area forms to: <div style="text-align: center;">SOSD 800 E. I-90 Lane Sioux Falls, SD 57104</div>	<input type="checkbox"/> Black Hills Area Send all Area forms to: <div style="text-align: center;">Cathy Grubb 821 Stanley St. Belle Fourche, SD 57717</div>
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Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____

Total Number of Athletes: _____

Total Number of Unified Partners: _____

Total Number of Athletes and Unified Partners: _____

2024 AREA REGISTRATION UNIFIED DOUBLES

(If you Bowl in the Area Unified Tournament you would bowl in the State Unified Tournament)

Check the Area Tournament in which you will be participating: NE ☐ SE ☐ BH ☐

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Team ID: Assign a 2-digit number for each Team beginning with 01.

A = Athlete UP = Unified Partner

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	A				TOTAL:
	2.	UP				<input type="text"/>

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	A				TOTAL:
	2.	UP				<input type="text"/>

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	A				TOTAL:
	2.	UP				<input type="text"/>

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	A				TOTAL:
	2.	UP				<input type="text"/>

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	A				TOTAL:
	2.	UP				<input type="text"/>

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	A				TOTAL:
	2.	UP				<input type="text"/>

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	A				TOTAL:
	2.	UP				<input type="text"/>

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	A				TOTAL:
	2.	UP				<input type="text"/>

Volunteer Roster

FORM L
Revised 12/2022

School/Agency: _____

Event: Area Unified Bowling

This form is required for all Local, Area, and State Games. All Special Olympics volunteer applicants (Class A) who have regular, close physical contact with athletes; are in a position of authority or supervision of athletes; are in a position of trust of athletes; and/or handle substantial amounts of cash or other assets of athletes, are subject to mandatory background / motor vehicle checks initiated and paid for by SOSD. **Form E (Class A Volunteer Application) must be on file at the State Office.** Examples of Class A volunteers includes, but are not limited to Coaches, Chaperones, and adult Unified Partners.

All volunteers appearing on this roster must be at least 16 years of age and cleared by SOSD before attending an event.

- DO NOT LIST UNIFIED PARTNERS ON THIS FORM
- ONLY LIST EACH PERSON ONCE

HOD: This describes a person over seeing an entire delegation and has completed Level 1 and 2 Coaches Training Courses (**One person per delegation**).

Head Coach: This describes a person who trains athletes, leads teams and has completed Level 1 and 2 Coaches Training Courses. (**Unified Head Coaches must complete these plus Coaching Unified Sports**).

Coach: This describes a person who trains athletes, leads teams and has completed Level 1 Coaches Training Course. (**Unified Coaches must complete these plus Coaching Unified Sports**).

Chaperone: This describes someone who supervises athletes. A Chaperone CANNOT coach athletes.

The maximum Coach/Chaperone: Athlete ratio is 1:1
The minimum Coach/Chaperone: Athlete ratio is 1:4

CUSC: Put an X in the box if Coaching Unified Sports Certified

Area / State: Put an X in the box indicating which event(s) each volunteer will be attending

HOD (Level 2 certified)	CUSC	Area	State	Chaperone (Include Minors)	Area	State
1.				1.		
Head Coach (Level 2 certified)	CUSC	Area	State	2.		
1.				3.		
2.				4.		
3.				5.		
4.				6.		
5.				7.		
6.				8.		
7.				9.		
8.				10.		
9.				11.		
10.				12.		
11.				13.		
12.				14.		
Coach (Level 1 certified)	CUSC	Area	State	15.		
1.				16.		
2.				17.		
3.				18.		
4.				19.		
5.				20.		
6.				21.		
7.				22.		
8.				23.		
9.				24.		
10.				25.		
11.				26.		
12.				27.		
13.				28.		

STATE UNIFIED BOWLING TOURNAMENT

November 9 & 10, 2024
Meadowood Lanes, Rapid City

TYPE OF COMPETITION:

All doubles will be bowled on Saturday and all team will be bowled on Sunday. You can bowl on either one or both days.

PARTICIPATION REQUIREMENT:

- 1) Complete required training hours
- 2) Participate in Area Unified Bowling Tournament.

DIVISIONS:

Doubles and Team: Male, Female, Mixed – Age groups 8-15, 16+

Divisions may be combined or subdivided according to the number of bowlers. Unified doubles must be comprised of 1 athlete and 1 Unified partner. A unified team must be comprised of 2 athletes and 2 Unified Partners.

MEALS:

Lunch is on your own.

AWARDS:

Individual medals will be awarded to the first 3 places in each division. Ribbons will be awarded to the remainder. Athletes will receive awards on the lanes immediately after the completion of their division.

CORRESPONDENCE:

You will be receiving your registration confirmation and tournament/competition updates via your e-mail. PLEASE CHECK YOUR E-MAIL OFTEN.

Ramp bowlers can participate ONLY in the Traditional Area and State Tournaments. They can not participate in the Area and State Unified Tournaments.

UNIFIED BOWLING COMPETITION:

See “Special Olympics South Dakota Bowling Handbook Version 1.3 Dec 2023”

2024 State Unified Bowling Tournament Tentative Schedule of Events

Unified Doubles Saturday, November 9, 2024

8:15 am	Opening Ceremony
8:30 am – 11:00 am	Shift 1 Doubles
11:00 pm – 1:30 pm	Shift 2 Doubles
1:30 pm – 4:00 pm	Shift 3 Doubles
5:00 pm – 8:00 pm	Dinner and entertainment TBD

Unified Team Sunday, November 10, 2024

8:30 am – 11:00 am	Shift 1 Team
11:00 pm – 1:30 pm	Shift 2 Team

Awards will be presented on the lanes following each division's completion.

REGISTRATION INSTRUCTIONS

2024 STATE UNIFIED BOWLING TOURNAMENT

The following forms must be included for your registration to be complete:

1. **State Unified Bowling Form 1: Delegation Summary Form**
2. **State Unified Bowling Forms 2: State Unified Doubles**
 - > Do not send incomplete registrations.
 - > An athlete must be entered on **each** registration form for **each** event they are entering
3. **State Unified Bowling Form 3: State Unified Team**
 - > Do not send incomplete registrations.
 - > An athlete must be entered on **each** registration form for **each** event they are entering
5. **Form L: Volunteer Rosters**

Please list all chaperones, coaches and Unified Partners who will accompany your group. Each person on this list must have the appropriate applications on file with the State Office.
6. **Form M: Certificate of Training / Acknowledgment of Policies**

A number of minimum training hours have been established for each sport. Please be sure your athletes have met the minimum training requirements.

These forms must be included if not already on file at the State Office. Forms can be found at www.sosd.org under the "Competition" Tab

7. **Form A: Athlete Registration**

For new athletes and those who have expired forms.
8. **Form B: Athlete Release**

For new athletes and those who have expired forms.
9. **Form C: Community Reinvestment Act (CRA)**

For new athletes and those who have expired forms.
10. **FORM N: Communicable Disease waiver**

For new athletes and those who have expired forms.
11. **FORM Y: Athlete Medical Form**

For new athletes and those who have expired forms. The completed form to be brought to the athlete's physical exam.
12. **FORM Z: Medical Physical Information**

For new athletes and those who have expired forms. The Doctor will document the physical exam on this form.
13. **Form D: Class A Volunteer & Unified Partner Registration**

One per coach/chaperone must be on file with the State Office.

RETURN REGISTRATION FORMS TO:
Special Olympics South Dakota 800 E. I-90 Lane Sioux Falls, SD 57104
Or Email to your event contact at the State Office
To contact the State Office: (605)331-4117

**YOU WILL RECEIVE REGISTRATION CONFIRMATION AND TOURNAMENT/COMPETITION
UPDATES VIA EMAIL. PLEASE CHECK OFTEN.**

**2024 STATE UNIFIED BOWLING TOURNAMENT
DELEGATION SUMMARY FORM****Name of Delegation:** _____**Head of Delegation:** _____**Address:** _____**Home Phone:** _____ **Work Phone:** _____**E-Mail:** _____**Cell # During The Games:** _____

Total Number of Athletes Participating in Doubles: _____

Total Number of Unified Partners Participating in Doubles: _____

Total Number of Athletes Participating in Team: _____

Total Number of Unified Partners Participating in Team: _____

Total Number of Athletes and Unified Partners: _____

Total Number of Registered Coaches/Chaperones: _____

Delegation Total: _____

Send Registration to the State Office

2024 STATE UNIFIED BOWLING TOURNAMENT REGISTRATION FOR DOUBLES COMPETITION

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Team ID: Assign a 2-digit number for each Team beginning with 01.

A = Athlete UP = Unified Partner

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	TOTAL: <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div>
	2. UP	_____	_____	_____	

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. A _____	_____	_____	_____	TOTAL:
	2. UP _____	_____	_____	_____	<input type="text"/>

2024 STATE UNIFIED BOWLING TOURNAMENT REGISTRATION FOR TEAM COMPETITION

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Note (Team ID): Assign a 2-digit number for each team beginning with 01 or if you have doubles teams, begin where you left off.

	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. A	_____	_____	_____	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
	2. A	_____	_____	_____	
	3. UP	_____	_____	_____	
	4. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. A	_____	_____	_____	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
	2. A	_____	_____	_____	
	3. UP	_____	_____	_____	
	4. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. A	_____	_____	_____	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
	2. A	_____	_____	_____	
	3. UP	_____	_____	_____	
	4. UP	_____	_____	_____	

	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. A	_____	_____	_____	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
	2. A	_____	_____	_____	
	3. UP	_____	_____	_____	
	4. UP	_____	_____	_____	

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A _____	_____	_____	_____	<input type="text"/>
	2.	A _____	_____	_____	_____	
	3.	UP _____	_____	_____	_____	
	4.	UP _____	_____	_____	_____	

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A _____	_____	_____	_____	<input type="text"/>
	2.	A _____	_____	_____	_____	
	3.	UP _____	_____	_____	_____	
	4.	UP _____	_____	_____	_____	

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A _____	_____	_____	_____	<input type="text"/>
	2.	A _____	_____	_____	_____	
	3.	UP _____	_____	_____	_____	
	4.	UP _____	_____	_____	_____	

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A _____	_____	_____	_____	<input type="text"/>
	2.	A _____	_____	_____	_____	
	3.	UP _____	_____	_____	_____	
	4.	UP _____	_____	_____	_____	

		TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1.	A _____	_____	_____	_____	<input type="text"/>
	2.	A _____	_____	_____	_____	
	3.	UP _____	_____	_____	_____	
	4.	UP _____	_____	_____	_____	

Volunteer Roster

FORM L
Revised 12/2022

School/Agency: _____

Event: State Unified Bowling

This form is required for all Local, Area, and State Games. All Special Olympics volunteer applicants (Class A) who have regular, close physical contact with athletes; are in a position of authority or supervision of athletes; are in a position of trust of athletes; and/or handle substantial amounts of cash or other assets of athletes, are subject to mandatory background / motor vehicle checks initiated and paid for by SOSD. **Form E (Class A Volunteer Application) must be on file at the State Office.** Examples of Class A volunteers includes, but are not limited to Coaches, Chaperones, and adult Unified Partners.

All volunteers appearing on this roster must be at least 16 years of age and cleared by SOSD before attending an event.

- DO NOT LIST UNIFIED PARTNERS ON THIS FORM
- ONLY LIST EACH PERSON ONCE

HOD: This describes a person over seeing an entire delegation and has completed Level 1 and 2 Coaches Training Courses (**One person per delegation**).

Head Coach: This describes a person who trains athletes, leads teams and has completed Level 1 and 2 Coaches Training Courses. (**Unified Head Coaches must complete these plus Coaching Unified Sports**).

Coach: This describes a person who trains athletes, leads teams and has completed Level 1 Coaches Training Course. (**Unified Coaches must complete these plus Coaching Unified Sports**).

Chaperone: This describes someone who supervises athletes. A Chaperone CANNOT coach athletes.

The maximum Coach/Chaperone: Athlete ratio is 1:1
The minimum Coach/Chaperone: Athlete ratio is 1:4

CUSC: Put an X in the box if Coaching Unified Sports Certified

Area / State: Put an X in the box indicating which event(s) each volunteer will be attending

HOD (Level 2 certified)		CUSC	Area	State	Chaperone (Include Minors)		Area	State
1.					1.			
Head Coach (Level 2 certified)		CUSC	Area	State	2.			
1.					3.			
2.					4.			
3.					5.			
4.					6.			
5.					7.			
6.					8.			
7.					9.			
8.					10.			
9.					11.			
10.					12.			
11.					13.			
12.					14.			
Coach (Level 1 certified)		CUSC	Area	State	15.			
1.					16.			
2.					17.			
3.					18.			
4.					19.			
5.					20.			
6.					21.			
7.					22.			
8.					23.			
9.					24.			
10.					25.			
11.					26.			
12.					27.			
13.					28.			

Certificate of Training / Acknowledgment of Policies

Certificate of Training

One copy of this form is required for each State Event in which you are registering, i.e. one for Basketball, one for the Fall Classic, one for Summer Games.

Date of Event: _____

Sport: State Unified Bowling

I confirm that the athletes from: _____

- Have fulfilled the minimum hours of training for the above sport
- Began training at least 8 (eight) weeks prior to this competition
- Have met all requirements of Special Olympics South Dakota

Minimum Training Requirements

Bowling	Bowl a minimum of five (5) 3-game series or a total of 15 games over a minimum of 8 weeks.
Basketball	A minimum of 15 hours over a minimum of 8 weeks.
Summer Games	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 3 sports - 5 hours per sport / 2 sports - 7.5 hours per sport / 1 sport - 15 hours
Equestrian	A minimum of 15 hours over a minimum of 8 weeks.
Fall Classic	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 2 sports - 7.5 hours per sport / 1 sport - 15 hours

Sports Specific Handbooks

By signing below, I acknowledge I have read and understand the rules of the sport(s) being contested.

Acknowledgment of Policies

By signing below, I acknowledge I have read, understand, and am abiding by the following policies set forth by Special Olympics South Dakota:

These policies can be found in Section A of the Competition Guide:

- 15 Passenger Van Use Policy
- Sub Program Request for Merchandise Procedures
- Volunteer Screening Policy
- Athlete Housing Policy
- Insurance Information
- Social Media Policy
- Service Animal Policy
- Concussion Awareness and Safety Recognition Policy
- Coaches Education
- Delegation Financial Accounts & Assets
- Interpreter Policy

Head of Delegation Signature

Date