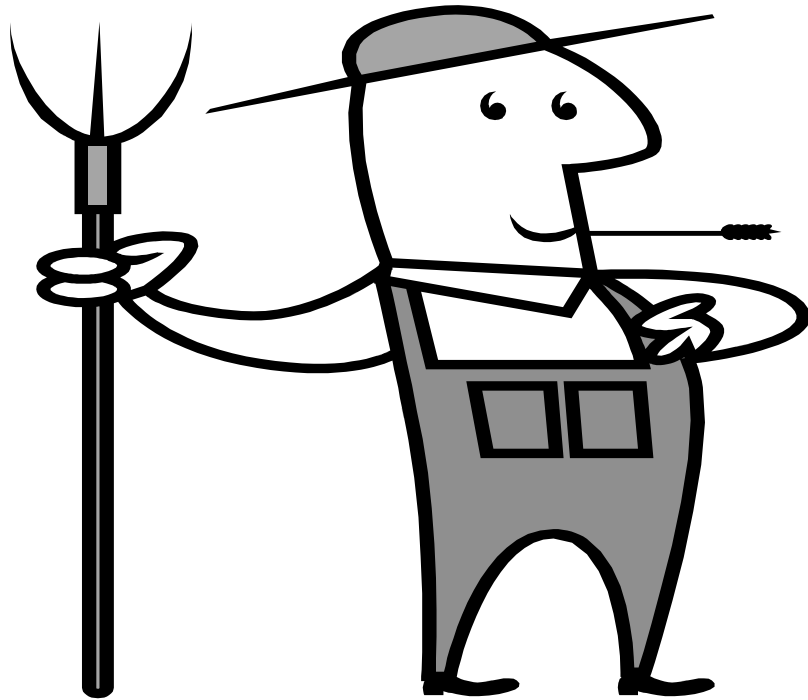


# 2024

## State Equestrian Competition



# STATE EQUESTRIAN COMPETITION

July 15 & 16, 2024  
State Fairgrounds, Huron

## EVENTS OFFERED:

English Equitation  
Western Equitation  
Flat Surface Equitation  
Working Trails  
Barrel Racing  
Showmanship at Halter  
Showmanship at Bridle Classes

## MATP EVENTS OFFERED:

Working trail  
Showmanship at either halter or bridle (can only choose one)

## COST:

\$25.00 per campsite per night. Pay SOSD.  
\$7.00 per bag of woodchips.

## DIVISIONING:

Age Divisions: 8-11, 12-15, 16-21, 22-29, 30+

Divisions may be combined or subdivided according to the number of riders. Divisions will have a maximum of 8 riders.

## AWARDS:

Individual medals will be awarded to the first 3 places in each division. Ribbons will be awarded to the remainder.

## LODGING:

Camping will be available to athletes, coaches, and family members at a rate of \$25 per night, per campsite. Pay SOSD.

Delegations staying in hotels are responsible for making your own reservations and payment.

## EQUESTRIAN COMPETITION:

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

# 2024 State Equestrian Competition *TENTATIVE*

## Schedule of Events

### Huron, South Dakota

#### **SUNDAY, JULY 14**

2:00 pm Hippodrome Opened for Riding  
Trail Course Set

#### **MONDAY, JULY 15**

8:00 am Delegation Check-In

8:15 am Line-up for Opening Ceremony

8:30 am Opening Ceremony

9:00 am - 5:00 pm Working Trail (All warm-ups must be completed on  
Sunday)  
English Equitation  
Western Equitation

1:00 pm - 1:30 pm Break for lunch

6:30 pm - 9:00 pm Pizza & Dance – National Guard Armory

#### **TUESDAY, JULY 16**

7:00 am - 8:30 am Kiwanis Pancake Breakfast

9:00 am - 4:00 pm Flat Surface Showmanship  
Showmanship @ Halter  
Showmanship @ Bridle  
Barrel Racing

11:30 am - 1:00 pm Lunch Available

12:00 pm - 12:30 pm Lunch Break

# REGISTRATION INSTRUCTIONS

## 2024 STATE EQUESTRIAN COMPETITION

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

1. **State Equestrian Form 1: Delegation Summary Form**
  2. **State Equestrian Form 2: Equestrian Sports Rider Profile**  
One per rider - Athletes may be entered in three (3) events. They may enter only one level of an event. MATP athletes can only enter (2) events.
  3. **Form L: Volunteer Roster**  
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.
  4. **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](http://www.sosd.org) under the "Competition" Tab***

5. **Form A: Athlete Registration**  
For new athletes and those who have expired forms.
6. **Form B: Athlete Release**  
For new athletes and those who have expired forms.
7. **Form C: Community Reinvestment Act (CRA)**  
For new athletes and those who have expired forms.
8. **FORM N: Communicable Disease waiver**  
For new athletes and those who have expired forms.
9. **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.
10. **FORM Z: Medical Physical Information**  
For new athletes and those who have expired forms. The Doctor will document the physical exam on this form.
11. **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 EQUESTRIAN COMPETITION  
DELEGATION SUMMARY FORM  
DUE: JUNE 24, 2024**

Name of Delegation: \_\_\_\_\_

Head of Delegation (Level 2 Certified): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell # During The Games: \_\_\_\_\_

NUMBER IN DELEGATION:

Coaches/Chaperones: \_\_\_\_\_

Athletes: \_\_\_\_\_

Total # in delegation: \_\_\_\_\_

Total # of horses: \_\_\_\_\_

Total # of stalls: \_\_\_\_\_

Woodchips needed: \_\_\_\_\_ X \$7.00 \_\_\_\_\_

# of campsites needed on Saturday: \_\_\_\_\_ X \$25.00 \_\_\_\_\_

# of campsites needed on Sunday: \_\_\_\_\_ X \$25.00 \_\_\_\_\_

# of campsites needed on Monday: \_\_\_\_\_ X \$25.00 \_\_\_\_\_

# of campsites needed on Tuesday: \_\_\_\_\_ X \$25.00 \_\_\_\_\_

Total amount to be reimbursed to SOSD \_\_\_\_\_

MEALS: Total number of coaches and athletes to attend the following meals:

Monday Lunch: \_\_\_\_\_

Monday Dinner: \_\_\_\_\_

Tuesday Breakfast: \_\_\_\_\_

Tuesday Lunch: \_\_\_\_\_

## 2024 Equestrian Sports Rider Profile

**Athlete Information**

Name: \_\_\_\_\_ Tack Style: \_\_\_\_\_

Gender: \_\_\_\_\_ Horse: \_\_\_\_\_

Program/Stable: \_\_\_\_\_

Indicate the events (maximum of 3) by placing an "X" in the box(es) under the appropriate Division.

Events	MATP	CS	CI	B-S	B-SP	B-I	B-IP	A	AP
English Equitation									
Western Equitation									
Flat Surface Equitation									
Working Trails									
Barrel Racing									
Showmanship at Halter									
Showmanship at Bridle									

If registering for MATP, you MUST choose between Showmanship at Halter or Showmanship at Bridle. You cannot do both.

*Instructors must bring SEI-ASTM or BHS approved safety stirrups and leathers, and any specially adapted tackle equipment which is required by the rider. Adaptive equipment must be approved by the Venue Management. All athletes will use the ramp to minimize stress on the horses' backs.*

# Volunteer Roster

**FORM L**  
Revised 12/2022

**School/Agency:** \_\_\_\_\_ **Event:** State Equestrian

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

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

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