



Athlete / Unified Partner Application
USA Games Minnesota 2026
June 20-26, 2026
Minneapolis



NOTE: Applicants for these Games must 1. Be 16 years or older on the date of the Games 2. Have competed in the sport(s) you are applying for a minimum of 2 years

APPLICANT CONTACT INFORMATION

Applicant Name: _____ Delegation: _____
Role: [] Athlete [] Unified Partner Date of Birth: _____ Age: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

PARENT/LEGAL GUARDIAN CONTACT INFORMATION (if applicable)

Unified Partners must complete this section if you are under the age of 18

Parent Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

APPLICANT INFORMATION

Have you attended a previous USA Games or World Games? [] Yes [] No List: _____

How many years have you participated in Special Olympics? _____

Rank the sport(s) you are applying to participate in at the 2026 USA Games? (You can select more than one if eligible)

_____ Softball _____ Athletics _____ Unified Bocce _____ Swimming
_____ Unified Champion Schools-Unified Basketball _____ Unified Bowling _____ Powerlifting

- [] Yes [] No Have you traveled overnight without family members?
[] Yes [] No Are you able to sit and reasonably occupy yourself?
[] Yes [] No Are you able to spend 7 days away from home with very limited contact with your family?
[] Yes [] No Are you able to commit to a training program in the months leading up to the Games?
[] Yes [] No Are you able to carry and be responsible for your own luggage?
[] Yes [] No Are you able to walk long distances? (5 - 10 miles per day)
[] Yes [] No Are you comfortable with sharing a room?
[] Yes [] No Do you have a hard time if you do not win?
[] Yes [] No Are you able to follow instructions from coaches and staff?

Yes No Are you able to refrain from using tobacco products and consuming alcohol throughout training camp and the Games?

Yes No If you take medications, can you do this independently or with minimal help?

Please mark the following based on a scale of 1-5 meaning: 1 = Needs Assistance 5 = Totally Independent

	1	2	3	4	5	Comments:
Toileting (day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting (night)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Picking out clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing and undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Serving food to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Handling money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Getting up in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ATHLETE/UNIFIED PARTNER REFERENCES

This must be a current Special Olympics Coach

Name: _____ Delegation: _____

Cell Phone: _____ Email Address: _____

SIGNATURE OF AGREEMENT

The information presented in this application is true and accurate to the best of my knowledge.

If selected to attend these Games, this applicant:

1. Understands and agrees to adhere to the USA Games and SOSD Code of Conduct at all times leading up to and during the Games, and understands you could be removed from the Team for a breach of conduct at any time.
2. Understands and agrees to attend all scheduled practices and meetings, as well as adhere to the training plan outlined by the coach in preparation for the Games.
3. Understands and agrees to travel and stay with Team South Dakota at all times during the Games. I also understand that family members will not be traveling or staying in the same location as Team South Dakota.
4. Understands there will be a more comprehensive registration/application process and may include a new/updated physical with a physician.

Person completing form: _____ Relationship to Athlete: _____

Signature of Athlete (if 18 or older)

Date

Signature of Parent/Guardian (if applicable)

Date

Email to: Forms@sosd.org -or-
Mail to: 800 E. I-90 Lane, Sioux Falls, SD 57104

Must be received by November 13, 2024