



Coach / Medical Application
 USA Games Minnesota 2026
 June 20-26, 2026
 Minneapolis

Special Olympics
 South Dakota



APPLICANT CONTACT INFORMATION

Applicant Name: _____ Delegation: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email Address: _____

APPLICANT

How many years have you been a Special Olympics coach? _____

What is your highest level of Special Olympics Certification? _____

Have you coached at a previous USA Games or World Games? Yes No

If yes, list:

1. _____
2. _____
3. _____
4. _____

Have you ever coached outside of Special Olympics? Yes No

List Sport	Level (example: High School)	# of years
_____	_____	_____
_____	_____	_____
_____	_____	_____

What sport(s) are you applying to coach at the 2026 USA Games? (You can mark more than one if eligible)

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

I am applying as Medical Staff. Check your certification: Physician RN Physical Therapist Athletic Trainer

Other: _____

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

Yes No Are you able to walk 5 – 10 miles per day?

SIGNATURE OF AGREEMENT

If selected to coach at 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.
2. Understands and agrees to attend all Zoom meetings, training camps, and the entirety of the Games.
3. Understands and agrees to travel and stay with Team South Dakota at all times during the Games.
4. Understands you will be responsible for developing a training regimen for your athletes.
5. Understands you will serve as both a sport-specific coach and an athlete chaperone for all activities leading up to and during the Games.

Signature

Date

Email to: Forms@sosd.org -or-

Mail to: 800 E. I-90 Lane, Sioux Falls, SD 57104

Must be received by November 8, 2024