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| GENERAL POLICIES & FORMS  Image result for clipboard clipart    **General Policies**  **15 PASSENGER VAN USE POLICY**  In 2001 and 2002, the National Highway Traffic Safety Administration issued two consumer advisory reports regarding the safety risks associated with operating 15-passenger vans following several serious rollover accidents.  After considering this information, the U.S. Risk Management Insurance Task Force (RMITF) mandated that all U.S. Programs had to discontinue the use of 15-passenger vans to transport athletes, volunteers, and employees effective December 31, 2003. This policy does not apply to the use of 15-passenger vans by other organizations that transport Special Olympics athletes to Special Olympics activities if those other organizations meet the following conditions: (i) operate the vans using the precautions recommended by NHTSA; (ii)understand that the Special Olympics Program is not responsible for any injuries sustained to the driver or passengers if an accident occurs; and (iii) it is clear that the driver is acting on behalf of the third party and not in the capacity of Special Olympics volunteer or staff.  Agencies should not plan on the use of 15-passenger vans for any future events and be aware that any 15-passenger vans which are used will not be covered by Special Olympics insurance.  **LOCAL PROGRAM REQUEST FOR MERCHANDISE PROCEDURES**  Delegations that desire souvenir merchandise from the State Office for fundraisers, giveaways, etc., are required to contact the state office for an official request form. This form must then be completed and returned to the state office. Please allow a minimum of 6 weeks for your request to be processed.  **INTERPRETERS FOR ATHLETES**  If an athlete needs an interpreter, their delegation is responsible for providing this service for all events, including their practices, Area Games and State Games. Please contact Darryl Nordquist, CEO, if further clarification is desired.  **ATHLETE HOUSING POLICY**   |  |  |  |  | | --- | --- | --- | --- | | 1) | **Gender** – Athletes and volunteers may not share a room with an athlete or volunteer of the opposite sex. The following exceptions are allowable: | | | |  |  |  | | |  | a. | Married athletes who are both attending the event as members of a registered delegation. This exception does not apply to the spouse of an athlete who is not participating in the event, but attending solely as a spectator. | | |  |  |  | | |  | b. | Married volunteers who are both attending the event as members of a registered delegation. This exception does not apply if one of the volunteers is required to share a room with an athlete (other than the married couple’s child), if this scenario will create a situation whereby an athlete is housed with a volunteer of the opposite sex. | | |  |  |  | | |  | c. | Family members of the opposite sex who serve as a one-to-one chaperone for the related athlete. | | |  |  |  | | |  | d. | Housing in a facility that has multiple private rooms in addition to living space (such as a condominium or dormitory). Both males and females may be assigned to one condominium, if necessary, but private rooms may not be shared by individuals of the opposite sex. Chaperones must also be housed in the condominium and the chaperone/athlete ratio (as outlined in the supervision section of the policy) must be maintained. | | |  |  |  | | |  | e. | Use of barracks or other facility (such as a gym) where a large number of individuals are assigned to one room. Athletes and volunteers must be separated as much as possible by gender (for example, females on one side of the gym and males on the other side). | | |  |  |  | | | 2) | **Supervision** – The chaperone/athlete ratio of at least one properly registered chaperone to every four athletes must be maintained during overnight events. Proper supervision can be maintained without always having a chaperone present in the room. All chaperones must be screened in accordance with the Special Olympics U.S. Volunteer Screening Policy. | | | |  |  |  | | | 3) | **Young Athletes** – Young Athletes events that involve overnight activities require increased supervision and therefore, Young Athletes participants must be accompanied by a properly registered and screened parent, guardian or an individual designated by a parent or guardian at all overnight activities. Rooming assignments for Young Athletes should be separate from the remainder of the delegation, whenever possible (for example, separate hotel rooms). | | | |  |  |  | | | 4) | **Acknowledgment** – Parent’s/guardian’s must sign Form A (Application for Participation in Special Olympics South Dakota) acknowledging the possibility for overnight activities and that additional information about the rooming assignments or the Program’s housing policy should be directed to SOSD. Athletes who are legally responsible for themselves are permitted to provide acknowledgment on their own behalf.  - New athletes (athletes registering for the first time on or after January 1, 2014) must acknowledge (as outlined above) the possibility of overnight stays at the time of their initial registration with the U.S. Program.  - Existing athletes (athletes registered prior to January 1, 2014 must acknowledge (as outlined above) the possibility of overnight stays no later than three years or the due date of each athlete’s next athlete medical (whichever comes first) This notification will be provided via the athlete medical. | | | |  |  |  | | | 5) | **Policy Implementation** – The Head of Delegation (HOD) is required to read, understand, and implement this policy. The HOD is required to verify this by signing Form C: Certificate of Training / Acknowledgment of Policies document before attending each State event. | | | |  |  |  | | | **BEST PRACTICES**. | | | | |  |  |  | | | 1) | **Rooming Assignments** – If athletes will be sharing a room, following is a list of items to consider when making room assignments: | | | |  |  |  | | |  | a. | Consider matching athletes based on size, level of maturity, ability and age. | | |  |  |  | | |  | b. | Assign connecting rooms to those athletes who require additional assistance or supervision if the chaperone will not be in the same room. | | |  |  |  | | | 2) | **Sleeping Arrangements** – Whenever possible, each member of the delegation should be assigned his/her own bed. If bed sharing is required, an athlete may not share a bed with a chaperone unless the chaperone is a parent or sibling of the athlete and has been screened in compliance with the Special Olympics U.S. Volunteer Screening Policy. The following techniques should be considered to help reduce the number of athletes required to share beds: | | | |  |  |  | | |  | a. | Request cots from the facility to increase the number of beds available. | | |  |  |  | | |  | b. | Use air mattresses to increase the number of beds available (check with facility to ensure there is not a policy against the use of air mattresses). | | |  |  |  | | |  | If bed sharing is required, Programs may consider having athletes pack sleeping bags and require athletes to sleep in his/her sleeping bag on top of the linens that are provided. | | | |  |  |  | | | 3) | **Supervision** – The following includes suggestions for providing athlete housing supervision: | | | |  |  |  | | |  | a. | **Hotels** – Whenever possible, reserve connecting rooms so that chaperones have direct access to the athletes’ room(s). If connecting rooms are not available and the chaperone is in a room separate from the athletes for which he/she is responsible: | | |  |  |  |  | |  |  | i. | Ensure that the chaperone has a key to the athletes’ room(s) | |  |  |  |  | |  |  | ii. | Ensure that the athletes know how to reach the chaperone at all times | |  |  |  |  | |  |  | iii. | Consider using hall monitors | |  |  |  |  | |  | b. | Condo/Dorm (or other facility with multiple private rooms) – Whenever possible, leave the doors to private rooms open so that chaperones can monitor each room. | | |  |  |  |  | |  | c. | Barracks (or other facility with a large number of beds in one room) – Whenever possible, chaperones should be assigned to a location in close proximity to the athletes he/she is supervising. | | |  |  |  |  | | 4) | **Family Members** – Family members are prohibited from staying in athlete housing unless the family member is an official member of the registered delegation and is screened in compliance with the Special Olympics U.S. Volunteer Screening Policy. | | | |  |  | | | | **ATHLETE HOUSING POLICY/GUIDELINES CHECKLIST**  Following is a checklist that can be used by individuals responsible for making the housing arrangements for overnight events. The checklist is a tool to help ensure compliance with SOSD’s written housing policy. | | | | |  |  | | | | **GENDER** Are individuals separated by gender?  Yes  No | | | | | -*If no, one of the following must apply. Check the box or boxes representing the permissible exceptions that apply:* | | | | |  | Athlete is sharing a room with a family member who is serving as a one-to-one chaperone for the related athlete (note: housing accommodations for these individuals must be separate from the standard athlete housing arrangements) | | | |  | Facility has multiple private rooms (condominium or dormitory) and the procedures as outlined in the U.S. Program’s housing policy are being followed | | | |  | Housing involves barracks or other facility where a large number of individuals are assigned to one room (note: individuals should be separated by gender to the extent possible) | | | |  |  | | | | **SUPERVISION** Housing plan ensures chaperone/athlete ratio of at least one properly registered chaperone to every four athletes is maintained?  Yes  No  *-If no, housing plan must be revised accordingly* | | | | |  |  | | | | **ACKNOWLDGEMENT** Parents/guardians have acknowledged they are aware that Special Olympics activities may involve overnight housing accommodations and have been told how to obtain additional information?  Yes  No  *-This is a part of release section on Form A (Application for Participation)* | | | |   **INSURANCE INFORMATION**  Special Olympics, Inc., and all Special Olympics Accredited U.S. Programs are covered by a common insurance policy administered by American Specialty Insurance & Risk Services, Inc. (“American Specialty”).  COMMERCIAL GENERAL LIABILITY  Description of Coverage: The general liability coverage protects insured Special Olympics organizations, athletes and registered volunteers from third-party claims of bodily injury, property damage, and personal and advertising injury due to alleged negligence arising from the conduct of a Special Olympics activity by Special Olympics. Under the policy, the insurer has a “duty to defend” until such time as legal liability has been established, and therefore, defense costs associated with the aforementioned general liability claims are paid regardless of legal liability.  In addition, the general liability policy has been endorsed to provide coverage for losses resulting from damage to property in the care, custody, or control of Special Olympics, excluding watercraft, aircraft, autos, and Special Olympics owned property. The loss must occur during a Special Olympics conducted/sponsored event and Special Olympics must be found legally liable for the loss. The limit of liability is $100,000 subject to a $2,500 deductible per claim for such property losses.  PARTICIPANT ACCIDENT MEDICAL POLICY  Description of Coverage: This policy responds when injuries resulting from an accident occur during a Covered Event or during Covered Travel. This is an accident medical policy, not a sickness or illness medical policy. For example, it may cover the medical expenses caused by a broken leg, but not those caused by appendicitis. An accident must occur in order for coverage to apply.  The accident medical insurance policy is excess of any other valid and collectible insurance or medical plan applicable to the injured participant.  Injuries are defined as accidental bodily injuries received while insured under this coverage and resulting independently of sickness and all other causes. A covered loss, for purposes of this insurance, will include: a) the repair or replacement of existing prosthetic devices such as artificial limbs, glass eyes, and artificial dental work; and b) bodily injuries arising as a result of a seizure (including epileptic seizures). To be covered, the injury must occur while:  (a) participating in activities sponsored and supervised by Special Olympics; or  (b) traveling to, during, or after such activities as a member of a group in transportation furnished or arranged by Special Olympics.  Covered Event is defined as any scheduled activity authorized, organized, and supervised by Special Olympics. With respect to competition activities, this includes pre-competition activities and practice sessions. Covered Event also includes activities authorized by Special Olympics that are Directly Supervised by Registered Class A Volunteers, but only when participation is part of the Special Olympics athlete’s overall sports training for Special Olympics, or for the purpose of qualifying for Special Olympics competition.  Directly Supervised is defined as supervised in person by a Registered Class A Volunteer.  Registered Class A Volunteer is defined as an individual currently registered in accordance with the Official Special Olympics General Rules or other Special Olympics policies in effect during the policy period.  Covered Travel is defined as travel that is traveling to, during, or after such activities as a member of a group in transportation furnished or arranged by Special Olympics.  Insured Persons are defined as United States Special Olympics athletes, unified partners, managers, coaches, officials, chaperones, supervisors, fundraising participants, and other volunteers, whose names are on file with Special Olympics, while participating in a Covered Event.  STEPS TO FOLLOW IN THE CASE OF AN ACCIDENT / INCIDENT  1) As soon as possible, contact your HOD. 2) In conjunction with your HOD, complete FORM I - First Report of Accident / Incident. Submit completed form to the State Office.  A “Certificate of Insurance” form can be provided by the state office if requested by your practice and/or event facility administrator.  **SOCIAL MEDIA POLICY**  Today, social media encompasses a broad sweep of online activity, and social media can be a valuable tool for local organizations to advance our mission and attract new constituents. We are also aware that there are basic risks involved in online content in that it is immediate, easily viewed and shared by many people at the same time, and all online activities are trackable and traceable.  Social networking sites include, but are not limited to: Facebook, Twitter, Linkedin, Pinterest and MySpace.  Here are the guidelines we will follow regarding the creation of social network pages representing Special Olympics South Dakota (SOSD) and any of its local programs. All local websites must also adhere to the following guidelines, where applicable:   1. Each local program’s head of delegation should designate one approved volunteer to oversee the creation and maintenance of their social network site. That person may enlist the services of another approved volunteer to aid with the maintenance of the site but will be responsible for all posts and content. 2. Any images used on the site must be supported by approval from the subject(s) featured in the photograph. Any requests to remove images from the subject(s) must be met promptly. By default, athletes’ parents/guardians have given permission to use their athlete’s image when they sign their medical release; however, requests to NOT use a particular athlete’s photo should ALWAYS be honored. 3. All Special Olympics language guidelines should always be followed. 4. All Special Olympics graphic standards must be met when placing logos on the pages. Contact the State office if you have questions regarding graphic guidelines. 5. No profanity shall be allowed on any Special Olympics South Dakota pages. 6. For Facebook, the settings should be set up so that others are invited to “Like” a page, not be added as “Friends”. 7. The page should be updated at a minimum of once a week. 8. Any questions regarding content or posts should be cleared through the SOSD State Office BEFORE being posted to the site. 9. All content should be spell-checked and edited for proper grammar BEFORE being posted. Any errors should be corrected immediately. 10. Respect the privacy of SOSD staff, volunteers, members, and program participants. No private information should be posted to the site for any reason. 11. Comments on the site should be restricted to matters related to Special Olympics, such as reminders about upcoming events or registration dates, announcements about new programs, congratulations of athletes on their performances, etc. Personal commentaries, political discussions or non-Special Olympics matters should be avoided. Any questions regarding the nature or content of a post should be avoided. Any questions regarding the nature of content of a post should be directed to the SOSD State Office for approval BEFORE being posted. 12. It is entirely appropriate to thank businesses who support our cause and our organization, but we should be careful that sites set up to promote Special Olympics programs don’t become overly commercial enterprises. If a business that supports your local program has its own social media site it is also appropriate and allowable to link to, friend, Like or follow their page. 13. Local Program personnel **SHOULD NOT** create Event pages, Fan Pages, Web sites, etc. for **STATE LEVEL** competitive or fundraising events. Do not respond to a negative comment, post, or email without prior approval from the SOSD State Office. 14. Posts may not include discussions of the use of alcohol and drugs, sexual behavior or bullying. 15. Posts may not contain comments that are derogatory with respect to race, religion, gender, sexual orientation, color or disability. Sexually suggestive, humiliating, or demeaning comments are not permitted. 16. Any media requests generated from posts on the site should be directed to the SOSD State Office. 17. All Special Olympics South Dakota local program sites or pages must link to the Special Olympics South Dakota pages and are subject to review by the SOSD State Office. 18. SOSD local programs are not allowed to use social media pages or program web sites for local program fundraising. This violates other organization contracts.   Local programs that do not follow these guidelines will be asked to comply. Continued non-compliance will result in the local program being asked to discontinue their accounts.  **SERVICE ANIMAL POLICY**  Special Olympics South Dakota (SOSD) has outlined a policy as it pertains to service animals to ensure that all participants understand the rules as they pertain to service animals at SOSD events and the actions that may be taken in the event those rules are violated.[[1]](#footnote-1)  A “service animal” is a dog (and in certain cases, a miniature horse) that has been individually trained to do work or perform tasks for the benefit of an individual with a disability.  Dogs that are not trained to perform tasks that mitigate the effects of a disability, including dogs that are used purely for emotional support, are not service animals.  A person with a disability using a service animal is called a “partner.”  A person without a disability with a service animal is called a “handler.”  Sometimes partners and handlers work together with service animals, while other times partners work solely with service animals.  A partner, or a handler, and his/her service animal are called a “team.”  The two works as a cohesive unit in accomplishing the tasks of everyday living. SOSD considers the “handler” of a service animal for a Special Olympics Athlete to be considered a Class A Volunteer and therefore must pass a background check. 2    Service animals are to be allowed in all areas of a facility where people are allowed unless the animal poses a direct threat, results in a fundamental alteration, is not housebroken or is not under the control of the person with the disability.  SOSD may impose some restrictions on service animals for safety reasons or if the use of the service animal would fundamentally alter its program or event.   A person requesting the use of a service animal in a SOSD program or event should make the request to the SOSD State Office as soon as possible before the beginning of the season for that program or event.  If an athlete requests the use of a service animal in a SOSD program or event, then the SOSD State Office, including the Sports Director and CEO, will make an individual assessment of the athlete and the use of the service animal in an event-like environment to determine if the use of the service animal in the event or program, as requested, poses a direct threat to others or changes the fundamental nature of the event or program at issue and, if it does, whether other reasonable modifications can be provided before the athlete is allowed to use the service animal in the event or program.  Requested modifications that pose a direct threat to others or change the fundamental nature of the event or program are not reasonable.  Regardless of whether a service animal is being used by an athlete in a SOSD program or event, or is accompanying a person or athlete on the premises where a SOSD program or event is being conducted, the partner/handler must ensure that the animal is in a harness or on a leash or tether at all times (though exceptions may be considered individually)[[2]](#footnote-2) and the partner/handler must ensure that the animal is under full control and behaves properly at all times.  Overall, it is the partner / handler’s responsibility to ensure the safety of the animal and the team.  In addition, the supervision of the animal is solely the responsibility of its partner/handler.  While access rights are afforded to users of service animals, with that comes responsibility of ensuring that the animal is under control, that is, behaving and  always responding appropriately in public, and that the partner/handler, as a team, adhere to the same socially acceptable standards as any individual in the community. These standards require that:   * The animal must not be allowed to sniff people, tables or containers with food, or the personal belongings of others. * The animal must not initiate contact with someone without the handler’s direct permission. * The animal must not display any behaviors or noises that are disruptive to others such as barking, whining, or rubbing against people. * The animal must not display aggressive behavior including barking at others, bearing of teeth, growling, or biting. * The animal must not defecate or urinate on the premises and all local ordinances or other laws regarding cleaning up after animals that defecate are to be strictly adhered to. * The animal must avoid personal grooming in public settings such as excessive scratching or licking its genital areas. * The animal must not block an aisle or passageway. * The animal must never be more than twelve inches from the handler’s leg or side of the chair. * The animal must be trained to not be attracted to food that may be present on the premises. * The animal must meet any local licensing requirements, including maintenance of required immunizations for that type of animal and must always wear a dog license tag.   An athlete, participant, employee, spectator, or any other person at a SOSD event or program may report a concern regarding a service animal to SOSD staff.  A service animal may be excluded by SOSD staff from an event or program or from the premises in or on which an event or program takes place if SOSD staff determines that the animal’s behavior poses a direct threat to the health and safety of others, the animal is not under the full control of the partner/handler, the animal’s use in an event or program fundamentally alters the nature of the event or program, or the animal is not housebroken.  Further, service animals that are ill may be required to be removed from the premises.  Although SOSD may exclude any service animal for the above-noted reasons, it will give the person with a disability who uses the service animal the option of continuing to enjoy its event or program without having the service animal on the premises.  If a service animal is temporarily excluded from an event or program, SOSD may investigate all reported concerns or incidents involving the service animal to determine whether the service animal should be excluded from SOSD events or programs for an extended period or permanently.  If it is appropriate for the service animal to be excluded permanently, SOSD will work with the partner to determine whether there is a reasonable modification that can take the place of the service animal.  Individuals with medical issues (such as respiratory diseases) who are affected by animals should contact SOSD staff if they have a concern about exposure to a service animal.  The individual will be asked to provide medical documentation that identifies the disability and need for accommodation.  The appropriate SOSD staff will facilitate a process to resolve the conflict that considers the needs and conditions of all persons involved.  Last updated: December, 2012  **CONCUSSION AWARENESS AND SAFETY RECOGNITION POLICY**  The Special Olympics U.S. Risk Management & Insurance Task Force (RMITF), with input from the Medical Advisory Committee (MAC), has created the following concussion awareness and safety recognition policy that must be implemented by all U.S. Programs.  Both the MAC and the RMITF have discussed the need for a concussion management policy to ensure the health and safety of all Special Olympics participants. Additionally, insurance requirements and state law have driven many sports organizations to implement concussion management policies. Special Olympics’ insurer, Philadelphia Insurance Company, is requiring Special Olympics to have a concussion awareness and safety recognition policy in place.  The primary focus of this policy is the well-being of Special Olympics participants, and all decisions should be made in the best interest of the participants. “When in doubt, sit them out!”  **Objective**  It is Special Olympics’ intent to take steps to help ensure the health and safety of all Special Olympics participants. All Special Olympics participants should remember that safety comes first and should take reasonable steps to help minimize the risks for concussion or other serious brain injuries.  **Defining a Concussion**  A concussion is defined by the Centers for Disease Control as a type of traumatic brain injury caused by a bump, blow, or jolt to the head as well as serial, cumulative hits to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth causing the brain to bounce around or twist within the skull. Although concussions are usually not life-threatening, their effects can be serious and therefore proper attention must be paid to individuals suspected of sustaining a concussion.  **Suspected or Confirmed Concussion**  Effective September 15, 2015, a participant who is suspected of sustaining a concussion in a practice, game or competition shall be removed from practice, play or competition at that time. If a qualified medical professional is available on-site to render an evaluation, that person shall have final authority as to whether a concussion is suspected. If applicable, the participant’s parent or guardian should be made aware that the participant is suspected of sustaining a concussion.  **Return to Play**  A participant who has been removed from practice, play or competition due to a suspected concussion may not participate in Special Olympics sports activities until either of the following occurs (i) at least seven (7) consecutive days have passed since the participant was removed from play and a currently licensed, qualified medical professional\* provides written clearance for the participant to return to practice, play and competition or (ii) a currently licensed, qualified medical professional determines that the participant did not suffer a concussion and provides written clearance for the participant to return to practice play immediately. Written clearance in either of the scenarios above shall become a permanent record.  \*A qualified medical professional is defined as a person who is registered, certified, licensed, or otherwise recognized in law, by the State of South Dakota, to provide medical treatment and is trained and experienced in the evaluation, management, and care of concussions  **Required Training and Timeline**  All Coaches are required to complete a concussion awareness training course. Contact the State Office for further instructions. Confirmation of completed training must be provided to the State Office prior to the individual beginning volunteer duties.  **Frequency of Training**  Concussion awareness training must be completed by all Coaches at least once every three years.  **Communication with Parents and Guardians**  U.S. Programs are required to communicate in writing to all participants and/or parents/guardians, the concussion awareness and safety recognition program, as outlined in the Suspected or Confirmed Concussion and Return to Play sections of this policy.  The Centers for Disease Control website [www.cdc.gov/concussion](http://www.cdc.gov/concussion) provides additional resources relative to concussions that may be of interest to participants and their families.  **DELEGATION FINANCIAL ACCOUNTS & ASSETS**  All delegation accounts and assets are required to be included on the Special Olympics South Dakota (SOSD) financial statements, better known as centralized accounting.  Please communicate with the SOSD State office when opening any new accounts or acquiring any new assets (ie: trailers, vehicles, building structures, etc.)  A few things to note:  1) All accounts need to have a signature card with SOSD staff only on them. The delegation funds/account will remain at your bank, and you will still be able to deposit into the account.  NO withdrawals will be allowed without approval from SOSD.  2) All Checkbooks will be kept at the SOSD State office and check-writing procedures will occur from there continuing to use the dual signature policy.  3) Any payments will only be made with your delegation’s approval and will be made from the SOSD Office using your account.  4) We will get you a credit card with a $500 limit for your usage. Keep receipts for monthly reconciliation. We ask that you initial the receipts and mail or scan/email the receipts to SOSD 800 E I-90 Lane Sioux Falls SD 57104 or to [THansen@sosd.org](mailto:THansen@sosd.org). Your email or initials will be used as approval for reimbursement from your account.  5) All Bank statements will be forwarded to you monthly for approval. All local delegations should reconcile their accounts for dual accountability.  Questions, concerns, or comments can be directed to:  Darryl Nordquist, President/CEO  Special Olympics South Dakota  800 E. I-90 Lane  Sioux Falls, SD  57104 USA  Tel +1 605 331 4117 (local) +1 800 585 2114 (toll free)  Fax +1 605 331 4328  Cell: 605-376-8613  Email: Dnordquist@sosd.org  **OUT OF STATE DELEGATION PARTICIPATION**  All out of state delegations wishing to participate in SOSD area and state events must adhere to these parameters:   * Written permission must be received from the home state prior to our registration deadline. * Athlete medicals and approved background checks must be shared with us by the guest delegation by our registration deadline. * Participation in an SOSD area event is required to be eligible for participation in a state event. * SOSD Sports Management Teams will review and rule on each request for participation. |

**FORM G**

**2023 Special Olympics Award Nomination Form**

Any and all supporters of SOSD are encouraged to submit nominations. Please help us honor those who have dedicated countless hours and resources to Special Olympics South Dakota by submitting your nominations.

**Check the category for this nomination:**

***Spirit of a Champion Award:*** Presented to the Special Olympics athlete who has demonstrated the true spirit, courage, sharing, and joy of Special Olympics. The nominated Athlete must have attended at least one competition during the year. Each nomination will be reviewed for individual effort, enthusiasm, sportsmanship, and achievement.

***Don Baker Award:*** The “Don Baker Award” is the highest honor presented by Special Olympics South Dakota. It is given in honor of Don Baker who was a volunteer and official starter for Special Olympics events for many years. The award is given annually to an individual, organization, business, or agency that has given outstanding support to Special Olympics South Dakota.

***Family of the Year:*** Presented to a family – including parents, siblings; etc. who have demonstrated unique and outstanding support of Special Olympics athletes, have fostered the athlete’s physical and personal development through their participation in Special Olympics, and have demonstrated outstanding support for Special Olympics. Each nomination will be reviewed for the effort, enthusiasm, and support shown for the athlete.

***Coach of the Year (Ron Stewart Award):*** Presented to a Special Olympics Coach who best demonstrates a high degree of technical skill and personal commitment to their program. Criteria for selection include training, enthusiasm, attendance at competitions and the amount of effort put into coaching.

***Volunteer of the Year (Lyle Farrand Award):*** Presented to the person who has exhibited the best example of voluntary action to improve the quality of Special Olympics. The nominee should have provided a full year of service to Special Olympics. Members of local programs, area committees and the State Board of Directors may be nominated. Length of service and the quality and amount of participation in SO will be used as selection criteria.

***Champion Award (DJ Mertens Award):*** Presented to any business, organization, or media outlet which has made a major contribution to Special Olympics South Dakota.

***Unity Award:*** Presented to a Unified Partner, individual or entity that promotes inclusion for people with an intellectual disability. The nominee should actively promote acceptance and understanding for all.

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| 1. Only one nomination per form. Please copy for each additional nomination. 2. Feel free to include letters of support, press clippings, or any other materials that you believe will be helpful to the Awards Selection Committee. 3. Winner will be notified via mail. 4. The Awards Selection Committee reserves the right not to present every award. 5. An individual should not make more than one nomination per category. 6. **Mail or E-mail this form to SOSD by May 25, 2023.** | | | | | | | | | | | | | | | **SOSD**  **800 E. I-90 Lane**  **Sioux Falls, SD 57104**  **jthum@sosd.org** | |
|  |  | | | | | | |  | | | | | | | |  |
|  |  | | | | | | | | | | | | | | |
| **Nominee Information** | **Name:** | | |  | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **City:** |  | | | | | | | | | **Zip:** | | |  | |
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| **Telephone:** | | | | |  | | | | **E-Mail:** | | |  | | |
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| **Your Contact**  **Information** | **Name:** | |  | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | |
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| **City:** |  | | | | | | | | | | **Zip:** | |  | |
|  | | | | | | | | | | | | | | |  |
| **Telephone:** | | | | | |  | | | **E-Mail:** | | |  | | |
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| **FORM H**  **Life Enhancement Assistance Program**  **(Leap) Application Form**  **“Take a LEAP!! Join your fellow participants at our next Special Olympics event”**  **Instructions:** LEAP will be used to reimburse struggling or new start-up Local Programs for lodging expenses related to specific events. To receive funding from LEAP, a Local Program must be outside of a 30 mile radius of the site of the state competition. The Local Program is required to submit this LEAP Application Form with proper documentation (copies of receipts) of lodging expenses incurred related to the approved event. Participants and chaperones (at a 1 chaperone to 4 athlete ratio) will qualify for reimbursement. Upon receipt of documentation, SOSD will reimburse Local Programs at a rate of $10 per athlete and chaperone per night. All documentation must be submitted to SOSD within 30 days of the completion of the state event.  **State Summer Games is exempt from “LEAP” reimbursement since SOSD provides housing to delegations at no cost.** | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Delegation:** | | | | |  | | | | | | | | | | **Date:** | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Head of Delegation (HOD):** | | | | | |  | | | | | | | | | **Phone:** | |  | | | | | |
|  | | | | | | **please print** | | | | | | | | |  | | | | | | | |
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| **Mailing Address:** | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Event:** | |  | | | | | | **Host City:** | | |  | | | | | | | | **Date:** | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Number of athletes for reimbursement:** | | | | | | | | |  | |  | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | | | | | | | | | | |
| **Number of chaperones for reimbursement:** | | | | | | | | |  | |  | | | | | | | | | | | |
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|  | | | | | | | | | **Box A** | |  | | | | | | |  | | | |  |
| **Total number for reimbursement:** | | | | | | | | |  | |  | | | | | | |  | | | |  |
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| **Box A** |  | | **X Total # of nights stayed by delegation** | | | | | | | | |  | | **X $10 =** | | **$** | | | | **Total expenses requested\*\*** | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **\*\*Reimbursements of any amount are based upon available LEAP funds** | | | | | | | | | | | | | | | | | | | | | | |
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| **SIGNATURE of HOD completing submission:** | | | | | | | | | |  | | | | | | | | | | | | |
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| **Please attach room rosters and paid receipts to this Application Form and mail to:** | | | | | | | | | | | | | | | | | | | | | | |
| Special Olympics South Dakota  Attn: LEAP Program  800 E. I-90 Lane  Sioux Falls, SD 57104 | | | | | | | | | | | | | | | | | | | | | | |
| For Office Use Only: Approved Amount | | | | | | | $ | | | | | | Date check sent: | | | |  | | | | | |
| If denied, reason: | | | | | | |  | | | | | | | | | | | | | | | |

SPECIAL OLYMPICS

**FORM I**





**FIRST REPORT OF ACCIDENT/INCIDENT**

# U.S. Program/Area:

South Dakota

**Date of Incident**:

**TYPE OF INJURY/ACCIDENT:**

 Bodily Injury

**Injured Person/Party Information** Date of Birth: / \_/\_\_ \_ Age:

Name: \_ \_

(Last) (First) (MI)

Address:

(Street) (City) (State) (Zip)

Home Phone: ( )\_ -\_ \_ Work Phone: ( ) \_ -\_ \_

Gender: Male Female Social Security Number: \_-

 Property Damage  Automobile

Other:



**INJURED PARTY:**

 Athlete  Spectator

 Volunteer  Unified Partner

 Coach  Property Owner  Employee

Other:



**Description of Accident** (If automobile accident occurred, please attach a copy of the police report). Describe how the accident occurred (attach a separate sheet if necessary):

**Site/event where accident occurred:**

**ACCIDENT OCCURRED DURING:**

Training/Practice Competition

Traveling to or from SO event Other:

**TYPE OF INJURY:**

Severe cut w/ bleeding Less serious bruise or cut Break/fracture Concussion

Paralysis Fatality

Other:

**DISPOSITION:**

Released to parent Refusal of care Refer to doctor

Refer to hospital or clinic Medical attention

EMS transport

Patient requested EMS transport

Released to personal vehicle Police

Ambulance Report only

Other:

(L / R)

(L / R)

(L / R)

(L / R)

(L / R)

(L / R)

(L / R)

(L / R)

(L / R)

Other: \_

**SPORT: SPORT cont.**

Alpine Skiing Power Lifting

Aquatics Relay Game

Athletics Roller Skating

Badminton Sailing

Baseball Snowboarding

Basketball Snowshoe

Bocce Soccer

Bowling Softball

Cheerleading Speed Skating Cross Country Ski Swimming Cycling Table Tennis

Equestrian Team Handball

Figure Skating Tennis

Floor Hockey Track & Field

Golf Volleyball

Gymnastics Other:

Kickball

**DISPOSITION:**

Head

Neck

Torso

Back

Hand

Finger

Elbow

Shoulder

Leg

Knee

Thigh

Shin

Toe

**Contact/Care Provider Information** If an athlete or underage volunteer was injured, please identify care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: Employer Name: Name: Employer Address: Address:



Work Phone: ( ) \_ -

Home Phone: ( )\_ - Does the injured person have medical insurance? Yes No

If yes, insurance is provided by: Injured Person Care Provider/Responsible Party

Please provide name of Company and Policy Number:

**Witness Information** (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: Daytime Phone: ( ) - Witness #2 Name: Daytime Phone: ( ) -

**Special Olympics Official / Representative** (other than claimant)

Name: Daytime Phone: ( ) - Signature:

|  |  |
| --- | --- |
| **SUBMIT ACCIDENT MEDICAL CLAIMS TO:**  **HEALTH SPECIAL RISK, INC. (HSR)**  HSR Plaza II, 4100 Medical Parkway, Carrollton, TX 75007  Toll Free: 800.328.1114 Fax: 972.512.5820  Email: claims@hsri.com | **SUBMIT LIABILITY CLAIMS TO:**  **AMERICAN SPECIALTY INSURANCE**  7609 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804  Toll Free: 800.566.7941 Fax: 260.969.4729  Email: [claims@americanspecialty.com](mailto:claims@americanspecialty.com)    **IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY**  AMERICAN SPECIALTY at 800.566.7941.  We provide 24/7 Emergency Claims Phone Coverage. |

**FORM J**

**LAW ENFORCEMENT TORCH RUN**

**ATHLETE NOMINATION APPLICATION FORM**

800 E. I-90 Lane ● Sioux Falls, SD 57104 ● 605.331.4117 ● 1.800.585.2114 ● Fax 605.331.4328

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Athlete** | Name: |  | | | | | | | | | | Sex: M F | | | | | | | | | E-mail: | | | | |  | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Mailing Address: | | | | |  | | | | | | | | | | | | City: | |  | | | | | | | | | Zip: | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Phone: | |  | | | | | | | | | | | DOB: | | | |  | | | | | Age: | |  | | | Yrs in SO: | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Insurance Company: | | | | | | | |  | | | | | | | | | | | | | Policy #: | | | | |  | | | | | | |  |
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| **Parent/Guardian** | Name: |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Mailing Address: | | | | | |  | | | | | | | | | | | | City: | | | | |  | | | | | | Zip: | |  | |  |
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| Phone: | |  | | | | | | | | | | | | E-mail: | | | |  | | | | | | | | | | | | | | |  |
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| **Self Help Skills** | Provide a sentence regarding this athlete’s level of independence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Meals: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Dressing: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Personal Hygiene: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Traveling: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Does this athlete do the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | Yes | No | |  | | |  | | | | | | | | | | | | | | | | | |  |
| Swim | | | | | | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | | |  |
| Smoke | | | | | | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | | |  |
| Express self verbally | | | | | | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | | |  |
| Follow instructions | | | | | | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | | |  |
| Speak in front of people | | | | | | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | | |  |
| Take medication independently | | | | | | | | |  |  | |  | | |  | | | | | | | | | | | | | | | | | |  |
| If no, describe amount of assistance needed:      ­­ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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| **Phys. Assess.** |  | **Poor** | **Average** | **Above Average** | |  |  |
| Strength: |  |  |  | |
| Speed: |  |  |  | |
| Coordination: |  |  |  | |
| General Fitness: |  |  |  | |
|  |  | | | | | |  |
| **Recommendation** | **Parent / Guardian** | | | | | |  |
|  | | | | | |  |
| Tell us why this athlete would be a good candidate to participate in the Torch Run: | | | | | |  |
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|  | | | | Parent / Guardian Signature Date | |  |
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| **Recommendation** | **Coach** | | | |  | |  |
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| Tell us why this athlete would be a good candidate to participate in the Torch Run: | | | | | |  |
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|  | | | | Coach Signature Date | |  |
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| **Recommendation** | **Torch Run Officer** | | | |  | |  |
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| Tell us why this athlete would be a good candidate to participate in the Torch Run: | | | | | |  |
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|  | | | |  | |  |
|  | | | | Officer Signature Date | |  |
|  | | | |  | |  |

Turner Gaines

800 E. I-90 Lane

Sioux Falls, SD 57104

E-Mail: [tgaines@sosd.org](mailto:tgaines@sosd.org)

Fax: 605.331.43

**FORM K**

**Event Information / Notification Form**

|  |
| --- |
| Reporting the requested information to the State Office serves two purposes:   1. It keeps us in the know to events occurring across the state using the Special Olympics name. 2. It alerts us to situations and events which may require us to request a certificate of insurance form. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Delegation: | | | | |  | | | | | |
|  | | | | | | | | | | |
| Type of Event: | | | | | | | | | | |
| Competition | | | | | | | | | | |
| Demonstration/Clinic | | | | | | | | | | |
| Fundraiser | | | | | | | | | | |
| Appreciation | | | | | | | | | | |
| Other: |  | | | | | | | | | |
|  | | | | | | | | | | |
| Description of Event: | | | | | |  | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Contact Person: | | |  | | | | | | | |
|  | | | | | | | | | | |
| Event Location: | |  | | | | | | | | |
|  | | | | | | | | | | |
| Date(s) of Event: | | | |  | | | | | | |
|  | | | | | | | | | | |
| Approximate # of Athletes/Coaches Attending: | | | | | | | |  | |  |
|  | | | | | | | | | | |
| Approximate # of Public Attending: | | | | | | |  | |  | |
|  | | | | | | |  | |  | |
|  | | | | | | |  | |  | |
| Directions: Please complete and return this form prior to scheduling or advertising your event to Johna Fax: 1.601.331.4328 or e-mail: jthum@sosd.org | | | | | | | | | | |

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| **Volunteer Roster** | | | | | | | | | | | **FORM L**  **Revised 12/2022** | |
|  | | | | | | | | | | | | |
| **School/Agency:** | |  | | | | **Event:** | | |  | | | |
|  | | | | | | | | | | | | |
| 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. |  | |  | |  |
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| 7. |  | |  |  |  | | 9. |  | |  | |  |
| 8. |  | |  |  |  | | 10. |  | |  | |  |
| 9. |  | |  |  |  | | 11. |  | |  | |  |
| 10. |  | |  |  |  | | 12. |  | |  | |  |
| 11. |  | |  |  |  | | 13. |  | |  | |  |
| 12. |  | |  |  |  | | 14. |  | |  | |  |
| ***Coach (Level 1 certified)*** | | | **CUSC** | **Area** | **State** | | 15. |  | |  | |  |
| 1. |  | |  |  |  | | 16. |  | |  | |  |
| 2. |  | |  |  |  | | 17. |  | |  | |  |
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| 12. |  | |  |  |  | | 27. |  | |  | |  |
| 13. |  | |  |  |  | | 28. |  | |  | |  |

FORM M

Revised 12/2022

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: |  | | | | | | |
|  | | | | | | | |
| 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 |

1. Special Olympics South Dakota understands that legal precedent exists for the proposition that sports sanctioning bodies, like SOSD, are not Title II or Title III entities that come under the auspices of the ADA or the Rehabilitation Act.  By instituting policies with respect to the use of service dogs, SOSD is not conceding application of the ADA or the Rehabilitation Act to SOSD; rather, SOSD promulgates these policies in order to promote greater participation in, and access to, its events and programs while, at the same time, protecting the safety of all participants and the integrity of said events and programs by ensuring that they are not being fundamentally altered or changed. [↑](#footnote-ref-1)
2. If, for instance, the handler is unable, because of a disability to use a harness, leash or other tether, or the use of the harness, leash, or other tether would interfere with the service animal’s safe, effective performance of work or tasks, then the service animal must otherwise be under the handler’s control by use of voice control, signals, or other effective means. [↑](#footnote-ref-2)