FORM M

Revised 12/2022

Certificate of Training / Acknowledgment of Policies

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| Certificate of Training |
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| 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:  |       |
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| Sport: |       |
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| 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
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| Minimum Training Requirements |
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| 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 |
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| **Sports Specific Handbooks** |
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| By signing below, I acknowledge I have read and understand the rules of the sport(s) being contested. |
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| **Acknowledgment of Policies** |
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| By signing below, I acknowledge I have read, understand, and am abiding by the following policies set forth by Special Olympics South Dakota: |
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| ***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
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|       |  |       |
| Head of Delegation Signature |  | Date |