

2026 AREA ATHLETICS & SWIMMING DELEGATION SUMMARY FORM

Check the Area Event in which you will be participating

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Southeast Area <p style="text-align: center;">Return all Area & State forms to: Forms@SOSD.org</p> | <input type="checkbox"/> Northeast Area <p style="text-align: center;">Return all Area & State forms to: Forms@SOSD.org</p> | <input type="checkbox"/> Black Hills Area <p style="text-align: center;">Return all Area & State forms to Area Director: Carrie Gerdeman CGerdeman@SOSD.org</p> | <input type="checkbox"/> Central Area <p style="text-align: center;">Return all Area & State forms to Area Director: Carrie Gerdeman CGerdeman@SOSD.org</p> |
|---|---|---|---|

AREA ATHLETICS DELEGATION TOTALS:

Name of Delegation: _____
 Head of Delegation: _____
 E-Mail: _____
 Cell Phone: _____

Athletes: _____
 Unified Partners: _____
 Delegation Total: _____
 Total # Eating Lunch
 (if provided by SOSD): _____

AREA SWIMMING DELEGATION TOTALS:

Name of Delegation: _____
 Head of Delegation: _____
 E-Mail: _____
 Cell Phone: _____

Athletes: _____
 Unified Partners: _____
 Delegation Total: _____

Delegations will be charged for meals if an excessive number are requested but not eaten

2026 STATE SUMMER GAMES DELEGATION SUMMARY FORM

Name of Delegation: _____

DELEGATION TOTALS

of Coaches & Chaperones: _____

of Athletes: _____

of Unified Partners: _____

Delegation Total: _____

HOUSING

Staying in the residence halls: Yes No

*A fee of approximately \$35 per guest will be assessed if you utilize campus housing. This exact amount will be communicated with you before the event.

MEALS

Estimate the number of people in your delegation eating the following meals

Friday Breakfast* _____

Friday Lunch _____

Friday Dinner _____

Saturday Breakfast* _____

Saturday Lunch _____

NOTE*: Breakfast is ONLY for those staying in campus housing

Delegations will be charged for meals if an excessive number are requested but not eaten.

Attending Opening Ceremony on Thursday evening: Yes No

Delegation Registration Time: Date: _____ Time: _____

Certificate of Training / Acknowledgment of Policies (Form M): Enclosed

Volunteer Roster (Form L): Enclosed

Volunteer Roster

FORM L
Revised 12/2025

School/Agency: _____

Event: Area Spring Games (Athletics/Swimming)
State Summer Games

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

Area / State: Put an X in the box indicating which event(s) each volunteer will be attending

| HOD (Level 2 certified) | | | | Chaperone (Include Minors) | | |
|---------------------------------------|-------------|--------------|--|-------------------------------------|------|-------|
| Area | State | | | DO NOT List Unified Partners | Area | State |
| 1. | | | | 1. | | |
| Head Coach (Level 2 certified) | Area | State | | 2. | | |
| 1. | | | | 3. | | |
| 2. | | | | 4. | | |
| 3. | | | | 5. | | |
| 4. | | | | 6. | | |
| 5. | | | | 7. | | |
| 6. | | | | 8. | | |
| 7. | | | | 9. | | |
| 8. | | | | 10. | | |
| 9. | | | | 11. | | |
| 10. | | | | 12. | | |
| 11. | | | | 13. | | |
| 12. | | | | 14. | | |
| Coach (Level 1 certified) | Area | State | | 15. | | |
| 1. | | | | 16. | | |
| 2. | | | | 17. | | |
| 3. | | | | 18. | | |
| 4. | | | | 19. | | |
| 5. | | | | 20. | | |
| 6. | | | | 21. | | |
| 7. | | | | 22. | | |
| 8. | | | | 23. | | |
| 9. | | | | 24. | | |
| 10. | | | | 25. | | |
| 11. | | | | 26. | | |
| 12. | | | | 27. | | |
| 13. | | | | | | |

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: State Summer Games

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. |
| Powerlifting | 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