Program Information Guide

History, volunteer, program start-up, forms - including policies and procedures.

UPDATED November 2019
ATHLETE, COACH AND VOLUNTEER OF THE YEAR

The Athlete, Coach and Volunteer of the Year awards will be presented annually at the end of each year.

Paperwork requesting nominations will be sent out to all coaches and contacts by SOKY staff via email prior to the end of the year.

If you have an athlete or coach that you feel is deserving of this honor, please send all nominations to Director of Sports and Competition, Hunter Brislin at hbrislin@soky.org.
“Let me win, But if I cannot win, Let me be brave in the attempt”
Special Olympics Athlete Oath

Special Olympics Kentucky
www.soky.org

State Office
105 Lakeview Court
Frankfort, KY 40601
O. 502.695.8222
F. 502.695.0496

Louisville Office
1230 Liberty Bank Suite 140
Louisville, KY 40222
O. 502.326.5002
F. 502.326.3971

Year-Round Partners
Proud Member

TOYOTA
Table of Contents

Section 1 – Just the Facts
- Mission, SOKY Reach, Quick Facts & Purpose 5-6
- Principles 6-7
- Special Olympics Values 7-8
- Facts about Intellectual Disabilities 8-10
- SOKY Staff 11

Section 2 – SOKY Programs
- Sports Training and Competition 12-14
- National Governing Bodies 15
- Coach Education Program 16-18
- Healthy Athletes / Medfest 19
- Health Partners Program 20
- Athlete Leadership Program 21
- Unified Champion Schools 22
- Unified Sports 23
- Young Athletes Program 23
- Law Enforcement for SOKY 24

Section 3 – Policy and Procedures
- Local Program Start-up and Accreditation 25
- Participation, Athlete Eligibility, & Divisioning 26-29
- Volunteers, Coaches, and Training 30-32
- Planning, Training and Community Activities 32-33
- Area/Regional and State Competition Registration 33
- Branding Guidelines – Public Relations – Social Media Policy 33-38
- Money, Bookkeeping and Fundraising 39-42
- Establishing Ongoing Relationships 42
- Expand and Evaluate your Program 43
- Athlete Housing Policy 43-44
- Transgender Policy 44-47
- Conducts, Families, Spectator Guidelines, Policies 47-56
- Insurance and Risk Management 57-60

Section 4 – Forms
- Class A Volunteer Application 61-62
- Athlete Medical Form 63-68
- New Local Team/Program Registration Form 69-70
- First Report of Accident/Incident Form 71-72
- Request for Certificate of Insurance 73
- Intent to Open a Special Olympics Checking Account 74
- Fundraising Application 75-76
- Fundraising Report 77

Section 5 - Competition Maps
- Individual and Team Sports Area/Regional Maps 78
Special Olympics (SO) is a global organization that unleashes the human spirit through the transformative power and joy of sport, everyday around the world. Through programming in sports, health, education and community building, SO is changing the lives of people with intellectual disabilities solving the global injustice, isolation, intolerance and inactivity they face. SO is providing opportunities for more than 4 million athletes, 1 million volunteers and millions more people worldwide through 229 Accredited SO Programs in more than 170 countries.

MISSION
The mission of SO is to provide year-round sports training and athletic competitions in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other SO athletes and the community.

HISTORY
SO began in 1968 when Eunice Kennedy Shriver organized the First International SO Games at Soldier Field, Chicago, Illinois, USA. The concept was born in the early 1960’s when Mrs. Shriver started a day camp for people with intellectual disabilities. She saw that people with intellectual disabilities were far more capable in sports and physical activities than many experts thought. Since 1968, millions of children and adults with intellectual disabilities have participated in SO.

PURPOSE
SO is a worldwide program of Sports Training and Athletic Competition open to individuals with intellectual disabilities regardless of their abilities. The International Olympic Committee (IOC) has granted its’ Official recognition to Special Olympics International, Inc. (SOI).

OUTREACH
Involving more athletes in SO is the goal of this worldwide effort. Kentucky is committed to this goal by way of development of community and school-based programs throughout the state.

VOLUNTEERS
SO is an organization that is run almost entirely by volunteers. More than 8,678 volunteers contributed to more than 641 competitions in 2019.

SUPPORT
Special Olympics Kentucky (SOKY) is a nonprofit organization funded through private donations, sponsorships, grants and fundraising projects across the state.

SCHEDULE
SO athletes train year-round to compete in a variety of local, area/regional, state, national and world competitions. Ten state competitions per year highlight this seasonal schedule. Every two years SOKY sends athletes to SO World Games. These World events alternate between winter and summer sports. In addition, every four years Team Kentucky Competes in the USA Games.
SOKY REACH

- 10,223 athletes
- 2,538 Coaches and 8,678 Volunteers
- 641 Competitions at the local, area, and state levels each year.
- 15 Olympic-type sports
- Dynamic sports and corporate partnerships
- Through Healthy Athletes at State events and MedFest located in Lexington and Louisville – 1304 screenings were provided in 2018

QUICK FACTS

- SO athletes are employed at 5 times the rate of other people with intellectual disabilities – 52% of SO athletes have at least one job.
- People with intellectual disabilities have a 40% higher risk for several health conditions and often are denied health care altogether. Yet, 2/3 of the public think people with intellectual disabilities receive the same or better health care than people without a disability.
- With Healthy Athletes, SO has become the largest public health organization specifically for people with intellectual disabilities.
- SO athletes in the U.S. are twice as likely to exercise for fun as the general public. Only 25% of the U.S. public exercise more than 3 hours per week, but half of SO athlete’s exercise more than 3 hours per week in addition to their involvement in SO.
- Children participating in the SO Young Athletes program develop motor skills at more than twice the rate of other children with ID.
- More than 90% of people with ID have increased self-esteem, sports skills, and social skills after participating in SO.

PRINCIPLES

- That the goal of SO is to help bring all persons with intellectual disabilities into the larger society under conditions whereby they are accepted, respected and given a chance to become productive citizens.

- That all SO activities at the local, state/provincial, national and international levels reflect the values, standards, traditions, ceremonies and events embodied in the modern Olympic movement. These Olympic-type activities have been broadened and enriched to celebrate the moral and spiritual qualities of persons with intellectual disabilities to enhance their dignity and self-esteem.

- That comprehensive, year-round sports training is available to every SO athlete, conducted by well-qualified coaches in accordance with the standardized Sports Rules formulated and adopted by SO, and that each athlete who participates in SO will be trained in their sport.

- That SO provides full participation for every athlete regardless of economic circumstance and conducts training and competition under the most favorable conditions possible, including facilities, administration, training, coaching, officiating and events.
• That at every Awards Ceremony, in addition to the traditional medals for first, second and third places, athletes finishing from fourth to last place are presented a suitable place ribbon with appropriate ceremony.

• That, to the greatest extent possible, SO activities will be run by and involve local volunteers, from school and college-age individuals to senior citizens, in order to foster greater understanding of intellectual disabilities.

• That, although SO is primarily a program of sports training and competition, efforts are made to offer athletes a full range of artistic, social and cultural experiences through activities such as dances, art exhibits, concerts, visits to historic sites, clinics, theatrical performances and similar events.

• That the "Spirit of Special Olympics" skill, courage, sharing and joy incorporates universal values that transcend all boundaries of geography, nationality, political philosophy, gender, age, race or religion.

SPECIAL OLYMPICS VALUES

SPORTSMANSHIP WITH JOY
We believe in the transformative power of sports. We embrace the purity of sports at all levels as we witness incredible personal athletic triumphs that shatter stereotypes.

ATHLETE LEADERSHIP
We empower athletes to be contributing and respected members of SO and society. We support athlete-leaders on and off the playing field.

UNITY
We are united in our commitment to inclusion, respect, and dignity. We build communities of acceptance: loving families, inspired employees, coaches, volunteers, and fans. We are one movement, across every community and every country.

BRAVERY
We live our athlete oath: “Let me win. But if I cannot win, let me be brave in the attempt.”

PERSERVERANCE
We are capable, tenacious and resilient. We don’t give up on ourselves or each other.

OUR SOLUTION
• REAL SPORTS: Deliver, high-quality training and competition in an inclusive culture that stresses athletic excellence, rewards determination, emphasizes health and celebrates personal achievement.

• ATHLETE HEALTH: Promote the overall well-being of people with intellectual disabilities via programs that ensure ongoing access to quality, community-based healthcare services, highlighted by free health screenings at SO competitions, games and other venues.
• **TRANSFORMATIVE EDUCATION:** Equip young people and adult influencers with effective tools and training to create sports, classroom and community actions that produce friendships and acceptance, driving positive attitude and behavioral change.

• **BUILD COMMUNITIES:** Marshal resources, implement diverse programming and act as a convening power of stakeholders to drive positive attitudinal and behavioral change toward people with intellectual disabilities in communities worldwide, strengthening the fabric of society.

**FACTS ON INTELLECTUAL DISABILITIES**

**What Is an Intellectual Disability?**
According to the American Association on Intellectual and Developmental Disabilities (AAIDD) an intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.

**Intellectual functioning** – also called intelligence – refers to general mental capacity, such as learning, reasoning, problem solving, and so on.

One criterion to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.

Standardized tests can also determine limitations in adaptive behavior, which comprises three skill types:

- Conceptual skills – language and literacy; money, time, and number concepts; and self-direction.
- Social skills – interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- Practical skills – activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

Based on such many-sided evaluations, professionals can determine whether an individual has an intellectual disability and can tailor a support plan for everyone.

But in defining and assessing intellectual disability, the AAIDD stresses that professionals must take additional factors into account, such as the community environment typical of the individual’s peers and culture. Professionals should also consider linguistic diversity and cultural differences in the way people communicate, move, and behave.

Finally, assessments must also assume that limitations in individuals often coexist with strengths, and that a person’s level of life functioning will improve if appropriate personalized supports are provided over a sustained period.

**Causes of an Intellectual Disability**
Some disabling conditions classified as developmental disabilities – such as autism or cerebral palsy – might include intellectual disabilities. Other developmental disabilities, such as Down Syndrome, fetal alcohol syndrome, and fragile X syndrome, could well include intellectual disabilities. Intellectual disabilities could also be cause by social factors, such as the level of child
stimulation and adult responsiveness, and educational factors, such as the availability of family and educational supports that can promote mental development and greater adaptive skills.

Nevertheless, according to the AAIDD manual, approximately 40-50 percent of the causes of intellectual disabilities currently have no identifiable origin.

**Is intellectual disability the same as mental retardation?**
Mental retardation and intellectual disability are two names for the same thing. But intellectual disability has gained currency as the preferred term. In 2012, the Kentucky government passed HB 485 placing law into effect to remove the word mental retardation and replace it with intellectual disability. Kentucky joins currently only nine other states making this change.

**How are intellectual disability and developmental disability different?**
Intellectual disability forms a subset within the larger universe of developmental disability, but the boundaries often blur as many individuals fall into both categories to differing degrees and for several reasons.

Developmental disabilities are defined as severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong.

Intellectual disabilities encompass the “cognitive” part of this definition, that is, those disabilities that are broadly related to thought processes. Because intellectual and other developmental disabilities often co-occur, intellectual disability professionals often work with people who have both types of disabilities.

Some developmental disabilities are purely physical, such as congenital deafness or visual impairment. These are not intellectual disabilities. Other developmental disabilities can be caused by cerebral palsy, epilepsy, autism, or other disabbling conditions. These conditions might or might not include intellectual disabilities.

Still other developmental disabilities can result from chromosomal disorders, such as Down Syndrome, fetal alcohol syndrome, and fragile X syndrome. These instances could well include intellectual disabilities – buy not always. For example, according to the Centers for Disease Control, males with fragile X syndrome generally have mild to severe intellectual disabilities, whereas females can have average intelligence.

On the other hand, some causes of intellectual disabilities are not physical. These include social factors such as the level of child stimulation and adult responsiveness, and educational factors, such as the availability of family and educational supports that can promote mental development and greater adaptive skills.

**Is intellectual disability just determined by an IQ test?**
No, but the IQ test is a major tool in measuring intellectual functioning, that is, mental capacity for learning, reasoning, problem solving, and so on. A test score of around 70 – or as high as 75 – indicates a limitation in intellectual functioning.

**In the United States**
According to the President's Committee for People with Intellectual Disabilities, an estimated 7 to 8 million Americans of all ages, or three percent of the general population, experience intellectual disabilities. Nearly 30 million, or one in ten families in the United States, are directly affected by a person with intellectual disabilities at some point in their lifetime.
In the world
Nearly 200 million people, or three percent of the world's population, have an intellectual disability, making it the largest disability population in the world.
SOKY Staff Contact Quick List

Karen Michalak-Parsley  
Director of Unified Champion Schools  
kparsley@soky.org

Taylor Ballinger  
Special Events Director  
tballinger@soky.org

Mark Buerger  
Director of Communications and External Affairs  
mbuerger@soky.org

Leigh Ann Fallis  
Receptionist  
lfallis@soky.org

Hayden Redmon  
Office Assistant  
hredmon@soky.org

Trish Mazzoni  
President/CEO  
tmazzoni@soky.org

Jennifer McMahon  
Development Director  
jmcmahon@soky.org

Kim Satterwhite  
Vice President Field & Athlete Services  
ksatterwhite@soky.org

Francie Ueltschi  
Office Operations Manager  
fueeltschi@soky.org

Amanda Davis  
Part-time Data Entry Specialist  
adavis@soky.org

Hannah Truax  
Development Events Coordinator  
htruax@soky.org

Renee Moss  
Part-time Data Entry Clerk

Nick McKenzie  
Program Manager, Individual Sports  
nmckenzie@soky.org

Hunter Brislin  
Director of Sports and Competition  
hbrislin@soky.org

Teresa Capps-McGill  
Vice President of Finance  
tcapps-mcgill@soky.org

Mel Vogt  
Data Entry Manager  
mvogt@soky.org

Kathy Marshall  
Sports Program Coordinator  
kmarshall@soky.org

Laura Miller  
West KY Regional Director  
lmiller@soky.org

Angela Vest  
Part-time Data Entry Specialist  
avest@soky.org

Kelli Firquin  
Volunteer Services Manager  
kfirquin@soky.org

Samantha Stephenson  
Development and Program Events Manager  
sstephenson@soky.org

Chelsea Wilder  
Development Manager and Executive Assistant  
cwilder@soky.org

Ben Bailey  
Part-time Data Entry Clerk

Peggy Stoner  
Part-Time Custodian
SPORTS OFFERED

SOKY offers training and competition opportunities in 15 sports. Sports are listed below with the corresponding SOKY Sport Season.

**FALL SEASON (August – December)**
- Bowling
- Equestrian
- Gymnastics - Artistic
- Flag Football

**WINTER SEASON (November – March)**
- Alpine Skiing
- Basketball
- Cheerleading
- Snowshoeing

**SPRING SEASON (February – June)**
- Swimming
- Bocce
- Soccer
- Gymnastics - Rhythmic
- Track & Field

**SUMMER SEASON (June-September)**
- Golf
- Softball

Athletes MUST participate in at least one sanctioned event held within the respective sport season to qualify for the State Level competition. SOKY recognizes and supports those athletes who train year-round in their respective sport(s).

Within the state of Kentucky, competitive opportunities are offered on many levels; Local, Regional, Area and State. In the sports of Bowling and Track & Field, athletes must qualify at the Area level to qualify for the State Competition. In all other sports, athletes must participate in at least one sanctioned Regional or Invitational to qualify for State competition.

**USA Games – Previously National Games:** SO offers National level competition on a sport by sport basis and now on a multi-sport level. Not all sports have National level competition but, for the sports that do, an event is held on an annual basis. As of right now, participation at the National level is not mandatory for advancement to World Games, but that could change in the near future. However, a quota system is used and each state may be limited to the number of athletes allowed to participate. Therefore, registration for National events will be done through the State Office in Frankfort.

**World Games:** World Games is the highest level of competition for SO. There are World Winter Games held every four years and World Summer Games held every four years. They are on a schedule so that every two years there is a World Games. Athletes selected for World Games are done so by nomination. A nomination process generally starts approximately 12-15 months prior to the start of the Games.
CLASSIFICATION OF SO SPORTS

1. There are three classifications of sports in SO:
   a. Official Sports
   b. Recognized Sports
   c. Locally Popular Sports

2. Accredited Programs may offer sports that are locally popular and are not currently considered Official or Recognized Sports.

3. Locally Popular Sports that Require Pre-Approval from Special Olympics International (SOI) Headquarters:
   These are sports that SOI has determined might expose SO athletes to unreasonable risks to their health or safety. SOI has presently classified combative sports, martial arts (other than Judo), sledding sports, motor sports, aerial sports, shooting and archery as Locally Popular Sports that require pre-approval from SOI.

ATHLETE TRAINING

Athlete training is an integral part of the SO program! One of the founding principles of the SO movement states that “People with intellectual disabilities can, with proper instruction and encouragement, enjoy, learn and benefit from participation in individual and team sports. Consistent training under the guidance of qualified coaches, with emphasis on physical conditioning, is essential to the development of sports skills”.

Every SO athlete should be a part of a local training program that practices no less than 6-8 weeks within the respective sport season. It is proven at every SO Tournament, Event or Competition that the athletes who trained and who are prepared are those who perform to the best of their ability. Training is also important as it not only prepares athletes for competition but allows them the opportunity to socialize and be with friends.

Sample training sessions are available for most sports through the SO Quick Start Guides. A Quick Start Guide can be obtained visiting [www.specialolympics.org](http://www.specialolympics.org)

SOKY also offers online sport certification trainings. Coaches, family members and even athletes may become sport certified by completing the one of the offered online sport certification trainings at [http://soky.org/online_coachcertification/](http://soky.org/online_coachcertification/).
SO RULES
SO competition is based on the principle that the enforcement of the Official rules is essential for athletes to develop to their full potential. When we enforce the rules of the sport, we do the following:

- Protect the rights of the athletes to fair and equal competition.
- Uphold the integrity of the sport AND the worldwide SO movement.
- Provide athletes with a safe competition environment.
- Provide a critical foundation for setting goals and standards.
- Prepare athletes for other community sports programs.
- Prepare our athletes for everyday life!

OFFICIAL RULES
SOKY offers 15 sports and there are Governing Body Rules for each one of the sports. These are not SO rules but are sport-specific rules developed from each National Governing Body, (NGB). NGB rules are used at all SO events, (i.e. SO softball games are run according to ASA, Amateur Softball Assoc. rules, SO swim meets are run using, United States Swimming Rules, etc.) The only SO rules used are ones used as a modification or adaptation to a NGB rule. This only happens to make the participation of lower ability athletes possible. There are SOKY sport-specific manuals available for most sports offered that would detail adaptive/modified rules.

WHY PLAY BY RULES?
Most SO athletes will never be recognized for their great finesse and skill on the playing field. But that's not the purpose or mission of SO. SO provides sports training and competition to individuals with intellectual disabilities, providing them the opportunity to grow physically, mentally, socially and spiritually.

SO competition is based on the principle that the enforcement of rules is essential for athletes to develop their full potential. Learning to accept the challenges AND to live by the rules are valuable lessons. For many SO athletes, learning to line-up correctly for a free throw, staying in their lane during a track race, using proper throwing techniques, etc., provides the challenge. It is proven everyday that persons with intellectual disabilities, with proper instruction and encouragement, can learn to play by the rules.

As a parent, an event volunteer, a volunteer coach or games official, you have a unique opportunity to play a role in the development of SO athletes. By teaching the rules of the game and by enforcing rules, you assure that the basic integrity of the sport is not lost AND you become a part of the teaching process.
THE UNITED STATES
NATIONAL GOVERNING BODIES BY SPORT

SWIMMING
USA Swimming
1 Olympic Plaza
Colorado Springs, CO 80909
719-866-4578
www.usaswimming.org

GOLF
The U. S. Golf Association
PO Box 708
Fair Hill, NJ 07931
908-234-2300/www.usga.org

BASKETBALL
National Federation of State High School Associations (NFHS)
PO Box 690
Indianapolis, IN 46206
317-972-6900/www.nfhs.org

TRACK & FIELD
USA Track & Field
132 E Washington St., Suite 800
Indianapolis, IN 46204
317-261-0500/www.usatf.org

GYMNASTICS
Special Olympics & FIG
www.fig-gymnastics.com

SOCcer (FOOTBALL)
US Soccer Federation (USSF/FIFA)
1801 South Prairie Avenue
Chicago, IL 60616
312-808-1300/www.ussoccer.com

BOWLING
World Tenpin Bowling Association (WTBA)
5301 South 76th St.
Greendale, WI 53129
www.bowl.com
800-514-BOWL (2695)

BOCCe
Special Olympics, Inc.
www.specialolympics.org

SOFTball
Amateur Softball Association of America (ASA)
2801 NE 50th Street
Oklahoma City, OK 73111
405-424-5266/www.softball.org

EQUESTRIAN
United States Equestrian Federation, Inc. (USEF)
4047 Iron Works Parkway
Lexington, KY 40511
859-258-2472
www.usef.org

SKiING(ALPINE/NORDIC)
Federation Internationale de Ski (FIS)
www.fis-ski.com

SNOWSHOEING
International Racing Standards for Snowshoeing
Special Olympics Snowshoeing

FLAG FOOTBALL
National Flag Football Organization
www.specialolympics.org

It should be noted that rule of the United States National Governing Bodies will be used for year-round competition in Kentucky. International Sports Rules will govern all International Sports Competitions.
COACH EDUCATION PROGRAM

Coaches have the greatest opportunity to create positive change in SO athletes, because they are the ones who work with athletes on a consistent basis. Good coaches know that learning to play a sport is more than just mastering skills associated with the sport – it takes teamwork, commitment, sacrifice, and dedication. These are qualities that SO coaches work to instill in their athletes, with the understanding that these lessons can have a positive impact on the athletes’ lives outside of sports. The second reason is that it is a requirement.

SO coaches become role models and character builders. Coaches help our athletes discover their physical skills, their self-worth, their human courage, and their capacity to grow. Being a SO coach is one of the most important and rewarding volunteer roles.

Responsibilities:
- Assist athletes in learning sports skills and applying them in competitions.
- Encourage confidence and self-esteem through sport.
- Obtain equipment for athletic training.
- Help to recruit athletes and assistant coaches.
- Register athletes for competitions.
- Know and share the mission of SO in the community.
- Most importantly HAVE FUN!

COACH RESOURCES

SO Coach Oath – “In the name of all coaches, we shall follow written and verbal instructions of Special Olympics officials at all times, have our athletes at the appropriate events and activities at the proper time and abide by the rules and policies, in the spirit of sportsmanship.”

COACH CODE OF CONDUCT

SO Coaches are role models whose behavior should serve as a positive example for their athletes. Their behavior should reflect a concern that the fairest and most positive competitive experience is equally available to every SO athlete in a competition. The Coach has the unique opportunity to influence the development and personal growth of many individuals. For this reason, it is important that the coach adhere to the standards of ethical decision making and teaching. (Please reference Full Code of Conduct on page: 51)

COACH CERTIFICATION

Interested or looking to become a Coach for SOKY? We welcome ages as young as 16 for Assistant Coaching positions, and as young as 18 years of age for Head Coaching positions. Please see the Coach Certification process below to see how you can become a SO Coach today!

Completely new to SO? Not sure what sports you would like to coach? To become connected with coaches in your area, please visit our Local Program Contact List. You can also fill out the New Volunteer Interest Form – This form will be submitted to the state office providing your interest areas and office staff will assist you in connecting with a local area program.
COACH CERTIFICATION PROCESS

1. Become a Class A Volunteer
   - Complete and Submit Class “A” Volunteer Application.  
     *Required every three years*
   - Complete the online Volunteer Orientation Training and submit its quiz.  
     *Only required once during continued involvement with SOKY*
   - Complete the online SOI Protective Behaviors course.  
     *Required every three years for those over the age of 18*
   - Complete the online CDC’s “Heads Up” Concussion Training for SOKY and submit its quiz.  
     *Required every three years for those over the age of 18*

2. Complete one of the following:
   - “Coaching Special Olympics Athletes” – This course is provided to SO by the American Sport Education Program online. Coaches will develop a better understanding of how people with intellectual disabilities learn and how they participate in sports. The course offers an overview of the coaching principles and successful techniques involved in working with SO athletes, as well as practical ideas that can be used during coaching. This course is offered at the cost of $16.95 paid directly to the American Sport Education Program website, which is cheaper than driving to a location for the course.
   - Complete an online sport certification training and quiz
   OR
   - Attend an in-person sport-specific coaches’ clinic held at various locations around the state for all SOKY sports. Please visit our Coaches’ Digest page for upcoming sports clinics.

3. To maintain SOKY Coach Certification status, coaches must recertify their status by completing one of the following:
   - An Introduction to Autism and Instructional Strategies for Coaching
   - Coaches Clinic: Special Olympics Skills Course
   - Principles of Coaching Course
   - Coaching Special Olympics Athletes Course
   - Unified Sports Course
   - Special Olympics Tactics Course
   - Special Olympics Comprehensive Mentoring
   - First-Aid and CPR Course
   - Officials Training or Rules Updates
   - Education updates (New Training Techniques, Safety Issues, Appropriate Techniques, etc.,)
   - National Governing Body Courses, National or Kentucky High School Athletic Association.
   - Attend Bi-Annual Leadership Conference
THINGS TO KNOW

- To become a certified coach, a coach must achieve certification by the conclusion of his/her second season of coaching SO athletes.
- Each SOKY coach must become certified under each sport they coach by way of completing the SOKY Sport-Specific Course or providing achieved sport-specific credentials.
- Any coach who coaches Unified Sports must complete the Unified Sports Course. This course is also available online at: https://nfhslearn.com/courses/36000/coaching-unified-sports
- Head and Assistant Coaches will be required to complete the Level 2 Principles of Coaching Course to renew their certifications once level one certification has been achieved and the Coaching Special Olympics Athlete course is completed.
- To learn more about advancing as a coach in our program please see the “Coaches Timeline for Certification Completion.”

Additional information and explanation can be found on our website at http://soky.org/coachcertification/ or by contacting the Director of Sports and Competition, Hunter Brislin at hbrislin@soky.org

### SPORT ASSISTANT
(Entry Level Requirements)
- Class A Form / Complete Background Check
- Special Olympics General Orientation
- Protective Behaviors Training
- Concussion Course

### LEVEL 1 – CERTIFIED COACH
(Core Coaching Knowledge)

<table>
<thead>
<tr>
<th>Traditional Special Olympics</th>
<th>Unified Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Sport Assistant requirements</td>
<td>All Sport Assistant requirements</td>
</tr>
<tr>
<td>Coaching Special Olympics Athletes – online course via Human Kinetics Coach Education (formerly ASEP) or in person training conducted by certified trainer</td>
<td>Coaching Unified Sports – online course via NFHS or in person training conducted by a certified trainer</td>
</tr>
</tbody>
</table>

### LEVEL 2 – CERTIFIED COACH*
(Sports Specific Knowledge)

<table>
<thead>
<tr>
<th>Traditional Special Olympics</th>
<th>Unified Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Level 1 requirements</td>
<td>All Level 1 requirements</td>
</tr>
<tr>
<td>Sports Specific Course – online for those sports where online courses have been develop or in-person sport specific training</td>
<td>Sport Specific Course – online for those sports where online courses have been developed or in-person sport specific training</td>
</tr>
</tbody>
</table>

* NOTE: Level required of Head Coaches attending USA National Games in the specific sport being coached.

** Fitness Coach Course – online or in person training conducted by certified trainer**

**NOTE:** Option to become a certified Fitness Coach is not sport specific, but general knowledge applicable to all sports. Also, being certified as a Fitness Coach is not a requirement to coach at the USA National Games.

### LEVEL 3 – CERTIFIED COACH**
(Advanced Coaching Knowledge)

- All Level 2 requirements
- Principles of Coaching Course – online via WVU or in person training conducted by a certified trainer

**NOTE:** Level required of Head Coaches attending World Games.
HEALTHY ATHLETES & MEDFEST

SOI began the Healthy Athletes Initiative in 1996. The mission is to improve, through better health and fitness, the athlete’s ability to train and compete. To reach this goal programs involving dentistry, optometry, audiology, health promotion and physical therapy came together to provide services at SO events. The program provides training for health care professionals and students about the special needs of patients with mental disabilities. SOKY now offers four healthy athlete programs: Special Smiles, Opening Eyes, Healthy Hearing, FUNfitness, Fit Feet and Strong Minds. The programs are conducted at the SOKY Summer Games each June.

Healthy Hearing made its first appearance at the State Summer Games in 2009. SO Healthy Hearing program is a free hearing screening designed to ensure proper auditory care for participating SO athletes. Led by volunteer professionals, Healthy Hearing also provides tests for cerumen (ear wax) and otoacoustics emissions tests.

Fit Feet was added to the SOKY Healthy Athletes lineup in 2004. The program, developed through SO’s collaboration with the American Academy of Podiatric Sports Medicine, provides podiatric screenings for SO athletes, many of whom suffer from foot and ankle pain or deformities that hinder their performance. The screeners check for deformities and help to recommend the best shoes and socks for a sport.

FUNfitness came aboard in 2003. It is a physical therapy screening program developed by the American Physical Therapy Association to work in partnership with the Healthy Athletes Program created by SO. The screening consists of tests for flexibility of hamstrings, calf muscle group, anterior hip muscle group and functional shoulder rotation. It is the goal of FUNfitness to provide screening that identifies how athletes can improve their performance in their sport(s) and prevent injuries.

Special Smiles began seeing athletes in 1997 with the help of the Kentucky Dental Health Coalition. The Coalition strives to provide a positive dental experience to the athletes. Instruction on proper brushing and flossing techniques along with dental sealants are provided.

Opening Eyes first saw athletes in 2001. Athletes are screened by volunteers to identify if the athlete needs additional care or may benefit from new glasses. Prescription Sports goggles are also made available to the athletes.

Strong Minds is the newest addition to the SOKY Healthy Athletes Preprogram. It made its first appearance at the State Basketball Tournament in 2018. It is an interactive learning activity focused on developing adaptive coping skills. Competition provides a natural opportunity to develop active strategies for maintaining emotional wellness under stress, such as: thinking positive thoughts, releasing stress and connecting with others. Athletes learn about and try a few different active coping strategies as they move through the stations. Before exiting, athletes identify the strategies they like best and volunteers provide them with visual reminders to use these tools in competition and in daily life. For more information about the Healthy Athletes Program, please contact: Kim Satterwhite, VP of Field & Athlete Services at ksatterwhite@soky.org
HEALTH PARTNERS PROGRAM

Healthy Lifestyles for People of All Abilities

What is it?

This workshop is designed for people with disabilities and a health partner that they choose. It contains a lot of ideas that from people living with disabilities. This workshop will help individuals develop the confidence and skills to stay on a journey towards a healthy and happy lifestyle. So, what is a health lifestyle? It is living your own unique life, staying active, having a job that you like, spending time with your family and friends, doing what you want to do, and having fun with others. These are just a few of the ideas that people have shared with us. There are many ways to live a healthy lifestyle. What is most important is that it is your way and it helps give you meaning and happiness in life.

Why have these workshops?

We face many stresses and challenges in our lives because of today’s fast-paced way of living. We get sick and have ups and downs, and we all have unique and different health concerns. We need to know who we are and how to take care of ourselves. For example, when we get sick could it be because we’re not eating well or not getting enough sleep? We all have numerous strengths that can help us when we are sick, but when we are unable to use these strengths, we may need the support of others. We need to know our own strengths and obtain other’s support to help us be healthier. We will look at areas you do well in and talk about how to strengthen those you may need help with.

How will we learn about being healthy?

Over several sessions we will explore the elements of a healthy lifestyle: physical, social, emotional, work/activity, and spiritual and learn from each other about making healthy choices within each of these areas in order to live a healthy lifestyle. We will have the opportunity to learn more about ourselves and connect with others in the workshop while examining the behavior changes, we would want to make to be healthier. Will then use what we’ve learned about ourselves and create personal goals related to health. We will choose our three most important goals and to make a plan on how to achieve these goals. Everyone will be asked to think about: What needs to happen first? What supports do I need? What kind of environment will help me be successful? When we finish, each person will have a written plan for their three goals.

For questions on the Health Partners Program, please contact us at 502-695-8222.
ATHLETE LEADERSHIP PROGRAM

Goal of Special Olympics
The goal of SO is to help persons with intellectual disabilities participate as productive and respected members of society at large, by offering them a fair opportunity to develop and demonstrate their skills and talents through sports training and competition, and by increasing the public's awareness of their capabilities and needs.

Value Statement – Athlete Leadership
SO empowers athletes to be contributing and respected members of SO and society. We support athlete-leaders on and off the playing field.

Purpose of Athlete Leadership Programs (ALPs)
The purpose of ALPs is empowering athletes to develop leadership skills and utilize their voices and abilities to undertake meaningful leadership roles, influence change in the SO movement and create inclusive communities around the world.

Definition of Athlete Leadership Programs
Through organized training and practical experiences, ALPs prepare athletes to undertake meaningful positions of influence and leadership throughout the SO organization, both on and off the playing field.

Basic Concepts of Athlete Leadership:
1) Athlete leadership is fundamental to SO being an athlete-centered organization.
2) Every SO athlete has leadership abilities that can contribute to the movement.
3) Athlete leadership starts with an athlete making an informed choice of leadership role(s).
4) Athlete leadership has a powerful effect on athletes' self-esteem and self-confidence.
5) Athletes require education in leadership skills before being placed in positions of responsibility.
6) ALPs include classes that guide athletes toward a variety of roles, including: board/committee membership, games management, public speaking, coaching, officiating, and youth leadership.
7) After attending classes, athletes need both immediate and real opportunities to practice newly-learned leadership skills.
8) Most athletes benefit from the support of a committed athlete-centered mentor whose role evolves as the athlete leader becomes more capable in their leadership role.
9) SO staff, volunteers and families must be educated to ensure they value and support the involvement of athletes in meaningful roles.
10) Skills learned in ALPs enrich athletes' abilities to become more involved and respected in the community.

For more information or have questions about the ALP, please contact Trish Mazzoni, President / CEO at tmazzoni@soky.org
UNIFIED CHAMPION SCHOOLS

The Special Olympics Unified Champion Schools program is aimed at promoting social inclusion through intentionally planned and implemented activities affecting systems-wide change. With sports as the foundation, the three-component model: Whole School Engagement, Inclusive Youth Leadership and Unified Sports offers a unique combination of effective activities that equip young people with tools and training to create sports, classroom and school climates of acceptance. These are school climates where students with disabilities feel welcome and are routinely included in, and feel a part of, all activities, opportunities and functions.

Unified Champion Schools promote a school climate that:
• is free from bullying and exclusion,
• combats stereotypes and negative attitudes,
• eliminates hurtful language,
• promotes healthy activity and interactions, and
• is welcoming and values the engagement of all students.

Within Unified Champion Schools:
• Students with and without intellectual disabilities are provided opportunities for physical activity and for building positive peer relationships across the school setting – in hallways and lunchrooms, in classrooms and gymnasiums, and on athletic fields of play.
• Students with and without intellectual disabilities are provided opportunities to interact with their peers and to personally learn and grow.
• At its core, the Unified Schools strategy is not just about including students with disabilities but unifying all students; moving from adult-led programming to student-led mobilization and action; and transitioning from sport as recreation to sports as a catalyst for social inclusion and change.
UNIFIED SPORTS

What is Unified Sports?
Unified Sports is a program that combines approximately equal number of SO athletes with athletes without intellectual disabilities (partners) on sports teams for training and competition. Age and ability of athletes and partners is specifically defined on a sport by sport basis. partners seeking new challenges. In addition, Unified Sports dramatically increases inclusion in the community be helping to break down barriers that have historically kept people with and without intellectual disabilities.

SOKY offers Unified in the following Sports:
• Swimming (Relay Events-must have equal number of athletes & partners)
• Bowling (Team—one athlete and one partner)
• Golf (Team—one athlete and one partner)
• Cheerleading (A maximum of 11 athletes and 10 Unified Partners for a total of 21 per squad - SOKY Athletes must exceed or be equal to the number of Unified Partners)
• Track & Field (Relay Events-must have equal number of athletes & partners)
• Bocce (Team—one athlete and one partner)
• Basketball – School Based – (Team – 3 athletes and two partners or 4 athletes and one partner)

YOUNG ATHLETES PROGRAM
Young Athletes is a non-competitive inclusive sports play program for children with and without intellectual disabilities, ages 2 to 7, designed to introduce them to the world of sports prior to SO. Young Athletes is designed to meet the physical and developmental needs of children in the areas of physical activity and play. This program is loaded with opportunities for language development, social interaction and learning numbers, colors, shapes, and more. Young Athletes is a versatile program that can work in various learning situations. The program is designed to be simple enough for families to play with their young athletes at home in a fun atmosphere and it is also appropriate for preschools, schools, and playgroups to use with small groups of young children with and without intellectual disabilities.

Parents
• The Young Athletes Program offers fun and fitness for the whole family!
• Parent/Child activity group where the whole family can exercise together.
• Groups meet weekly for one hour.
• Locations throughout Kentucky.
• Siblings are welcome to attend.
• Families make meaningful connections and exchange valuable resources.

Special Education Teachers
• The Young Athletes Program is a great addition to your classroom!
• Available to Developmental Preschool and classrooms Kindergarten through 2nd grade
• The Young Athletes Program includes:
  o Activity guide
  o Equipment kit with balls, cones, balance beam, etc.
  o Instructional DVD
• Training provided by Special Olympics Kentucky Staff
• All students participate, regardless of diagnosis
What is the Kentucky Law Enforcement Torch Run®?
The mission of the Kentucky Law Enforcement Torch Run® (LETR) for SO is to raise funds for and awareness of SOKY. Law enforcement officers from throughout the state, carry the Flame of Hope in honor of the SO athletes at local area games, summer games, USA Games, and at World Games.

The History: The LETR began in 1981 when Wichita, Kansas Police Chief Richard LaMunyon saw an urgent need to raise funds and increase awareness of Special Olympics. The Torch Run was quickly adopted by the International Association of Chiefs of Police and is now recognized as the founding law enforcement organization of the Law Enforcement Torch Run for Special Olympics. The Torch Run is Special Olympics largest grass-roots fundraiser and public awareness vehicle.

Kentucky: The Torch Run began in Kentucky in 1986 with law enforcement personnel from federal, military, state, county and local agencies participating in a year-long fundraising campaign.

Today, the Torch Run is more than just a run. Involvement in the LETR unites departments, agencies and military bases throughout the state and extends beyond the annual Final Leg run. It encompasses a variety of fundraising events and an opportunity to be part of competitions by awarding medals, coaching, helping with logistics or setup.

Funds are raised through a variety of activities, including Cops On Top of Doughnut Shops, Tip-A-Cops, Polar Plunges®, Truck/Plane Pulls, Trivia Nights and many other events created by local law enforcement personnel and Special Olympics staff.
LOCAL PROGRAM START-UP GUIDE & GENERAL PROGRAM INFORMATION

STEP 1. MAKE CONTACT:

SOKY is divided into nine different “areas” across the state. (Three regions – used for team sports) Each area has at least one volunteer serving as a Local Coordinator (LC). The Local Coordinator’s role is to serve as a “point of contact” for local teams/delegations or anyone inquiring about the SOKY Program. The LC is the person who can assist you with most of your needs. Please contact your LC to get more local information.

To find the Local Coordinator nearest to you, simply go to our website www.soky.org, click on the Local Programs tab located on the side of the home page and then click on Local Coordinators. Here you will find a complete list of contact information or you may call our office, and someone can assist you! It is essential that you keep on-going contact with your Local Coordinator.

STEP 2. KNOW THE FACTS:

It is important that you know the mission, facts, purpose, and principles of SO.

STEP 3. CONDUCT ATHLETE RECRUITMENT AND REGISTRATIONS:

There are many people who will want to be involved in your SO program. You will have some that will want to participate as either an athlete or a Unified Partner. Athletes can be recruited through organizations that provide services for individuals with intellectual disabilities in your area. They may include: schools, group homes, supported employment agencies, supported living agencies, adult daycare programs, associations for individuals with disabilities (Down Syndrome Associations, etc.) Creating a contact list of these people will help you organize and communicate with everyone.

Statement of Eligibility

To be eligible to participate in Special Olympics, an athlete must be at least eight years old and:

• Have been identified by an agency or professional as having an intellectual disability; or
• Have a cognitive delay (learn slower than their peers) as determined by standardized measures; or
• Have significant learning or vocational problems** due to cognitive delays which require or have required specially-designed instruction***.

**Significant learning or vocational problems refer to those learning problems resulting from cognitive delays (intellectual impairment). These do not include physical disability, emotional or behavioral difficulties or specific disabilities such as dyslexia or speech or language impairment.

***Specially-designed instruction refers to time when a person is receiving supportive education or remedial instruction directed at the cognitive delay. In the case of adults, specially-designed instruction is usually replaced with specially-designed programs in the workplace, or in the support work place, or in supported work or at home.
To be eligible for participation in SO, a competitor must agree to observe and abide by the Official SO Sports Rules.

Age Requirements
There is no maximum age limitation for participation in SO. The minimum age requirement for participation in SO competition is eight years of age. For children with intellectual disabilities ages 2 through 7, the Young Athletes Program strengthens physical development and self-esteem by building skills for future sports participation and socialization.

Degree of Disability
Participation in SO training and competition is open to all persons with intellectual disabilities who meet the age requirements, regardless of the level or degree of that person’s disability, and whether that person also has other mental or physical disabilities, so long as that person registers to participate in SO as required by the general rules.

QUESTIONS AND ANSWERS ON THE ELIGIBILITY STATEMENT
Does the statement of eligibility for participation in SO make the following people eligible?

1) **All special education students in the schools?**
   No. It will include only those who have been identified as having an intellectual disability OR cognitive delays, whether they are in special education classes all OR part of the day or in regular classes receiving support services.

2) **All developmentally disabled people living and working independently in the community?**
   It will include them only if they are identified as having an intellectual disability, OR cognitive delays as determined by standardized measure or which result in special assistance for employment or independent living.

3) **Those students integrated into the regular classroom with support services?**
   Yes, if they are classified as intellectually disabled or if they have an identified cognitive delay as determined by standardized measure or which requires specialized instruction.

4) **All children or adults classified as learning disabled?**
   No. Only those identified as having significant learning or vocational problems resulting from cognitive delays and requiring special instruction or assistance are eligible.

5) **Those children or adults with learning problems because of emotional disturbance?**
   No.

6) **Those students or adults with physical or sensory disabilities who require specialized instruction, or special assistance for employment or independent living?**
   It will include them ONLY if they ALSO are identified as having an intellectual disability OR cognitive delays.

7) **Adults in group homes but working independently in the community?**
   Yes, if they have an intellectual disability OR an identified cognitive delay.

8) **Those adults in supported employment settings?**
   Yes, if they have an intellectual disability OR a cognitive delay.
Eligibility Chart

Person: 8 years of age or older?

YES

Identified by an agency or professional as having an intellectual disability?

YES

Eligible for Special Olympics

NO

Not Eligible for Special Olympics

NO

Have significant learning or vocational problems due to cognitive delays which require or have required specially-designed instruction?

YES

Does your athlete only have a physical disability, emotional disturbance, behavior disorder, specific learning disability, visual impairment, or sensory disability?

YES

Not Eligible for Special Olympics

NO

Eligible for Special Olympics
SPECIAL OLYMPICS DIVISIONING & AGE GROUPS

Athletes MUST be at least eight (8) years of age to participate in the traditional SO program.

DIVISIONING

The fundamental difference, which sets SO competitions apart from those of other sports organizations, is that athletes of all ability levels are encouraged to participate, and every athlete is recognized for his or her performance.

Competitions are structured, so those athletes compete with other athletes of similar ability in equitable divisions. Historically, SO has recommended that divisions be created where the variance between the highest and lowest scores within that division differs by no more than 15%. This is NOT a rule but should be used as a guideline for establishing equitable divisions when there is the appropriate number of athletes.

All SO competitions are governed by National Governing Body Rules, (i.e. USA Track & Field, High School Basketball Association, etc.). To help ensure that all ability levels can compete and experience successful participation, SO has modified some of the NGB rules.

PROCEDURES FOR DIVISIONING

ABILITY is the primary divisioning factor in SO. An entry score from a prior competition or a preliminary event determines the ability of an athlete or team. The other 2 criteria used for divisioning are, age and sex.

Competition is enhanced when divisions have at least two (2) and no more than eight (8) competitors or teams. In some cases, the number of athletes or teams within a competition will be insufficient to achieve this goal.

WHO IS RESPONSIBLE FOR PROPER DIVISIONING?

As stated above, SO is unique from other sports organizations because we strive to include all ability levels of athletes and to make everyone’s involvement meaningful. Best efforts are made to create competitive divisions that are evenly matched. The responsibility for proper divisioning falls on several shoulders;

1. Tournament / Event Directors are responsible for utilizing the SO procedures for divisioning when creating heats and/or divisions for competition.
2. Coaches should ensure that athletes compete in events within their sport which challenge their potential and are appropriate for the athlete’s ability. Coaches shall be honest of his/her athlete’s/team’s ability and instruct athletes to compete with maximum effort in all preliminary events and/or finals.
3. Athletes should participate honestly and with maximum effort in all preliminary events and/or finals.
THE FOLLOWING AGE GROUPS WILL BE USED FOR ALL SOKY GAMES & COMPETITIONS:

**Individual Sports**
8-11, 12-15, 16-21, 22-29, 30 & over  
An athlete's age group is determined by the athlete's age on the opening date of the Games or Competition.

**Team Sports**
Junior – 15 & under  
Open – 16 & over

The age of the oldest athlete on a team shall be used to determine the age group in which that team will compete.

For team sports, there are specific cut-off dates used to determine an athlete's age to be used for age grouping. Please direct questions to the SOKY Team Sports Director.

**Open Age Group**
Open Age Groups can be used in both Individual and Team Sports. They can be created when there is the need to meet the required minimum number of competitors or teams in a division.

**Combining Age Groups:** In situations where there are not enough competitors to hold competition in a certain age group, athletes can be moved up to the next oldest age group. If there are not enough athletes within that division, an Open Age Group can be created.

ATHLETE REGISTRATION AND MEDICAL FORM

All SO athletes must have an Athlete Medical-Release Form completed and signed by a parent or guardian and when required a physician, physician’s assistant or a registered nurse practitioner prior to beginning their sports training. Faxed forms are accepted, but please call to confirm that the State Office received your fax and that it is legible. Also, in addition to faxing the forms it is best practice to mail the original form to the State Office.

All athletes will be treated with dignity and respect regardless of sexual orientation or gender identification or modification. This will be handled on a case by case basis.
PARTICIPATION BY INDIVIDUALS WITH DOWN SYNDROME WHO HAVE ATLANTOAXIAL INSTABILITY

1. There is evidence from medical research that up to 15 percent of individuals with Down Syndrome suffer from a malalignment of the cervical vertebrae C-1 and C-2 in the neck. This condition exposes Down Syndrome individuals to the possibility of injury if they participate in activities that hyper-extend or radically flex the neck or upper spine.

2. Temporary restriction of individuals with Down Syndrome to participate in certain activities:
   a) National and State programs may allow all individuals with Down Syndrome to continue in most SO sports training and competition activities. However, such individuals shall be temporarily restricted from participating in sports training and competition activities which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine. Such sports training and competition activities include: artistic gymnastics, diving, equestrian, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, soccer, snowboarding, judo, and any warm-up exercise placing undue stress on the head and neck.
   b) Restriction from participation in these activities of each individual with Down Syndrome shall continue until he or she has been examined (including x-ray views of full extension and flexion of neck) by a physician who has been briefed on the nature of the Atlantoaxial Instability condition, and the results of such an examination demonstrate that the individual does not have the Atlantoaxial Instability condition.
   c) Any individual diagnosed as having Atlantoaxial Instability, shall not be allowed to participate in the activities listed above. An exception to this is allowed only if the athlete submits written certifications from two physicians, on forms prescribed by SO, combined with an acknowledgment of risks signed by an adult athlete or his/her parent or guardian if the athlete is a minor.

STEP 4. RECRUIT & REGISTER COACHES AND SUPPORT VOLUNTEERS:

- Calculate your needs based on athlete interest.
- Identify available recruitment channels (athletic clubs, sports federations, governing bodies, schools, parks and recreation staff, teachers, service providers, parents and family members, etc.).
- Ensure that a Volunteer Application is completed for all individuals who will be involved with your program and is turned in to the State Office prior to the first day of volunteering.

Volunteers increase integration and socialization opportunities for SO athletes. The dedication of SO volunteers provides positive mainstreaming experiences for athletes. Not to mention, when a volunteer leaves a Special Olympics event, they will have touched the heart of another person and will be moved in a meaningful way that uplifts the spirit and touches the heart.

Coaches ultimately convey the ideals of SO and should always exhibit respect for athletes, other coaches, volunteers, families and officials. Coaches should always reflect a positive and
constructive attitude toward all individuals that they work with to provide a fair and positive competitive experience for all SO athletes and volunteers.

**VOLUNTEER OPPORTUNITIES SHORT LIST**

SOKY depends on volunteers to run programs at the Local, Area, Regional and State Levels. Volunteers are the life-blood of SO as they enable sports training and competition opportunities to be offered to over 10,000 athletes throughout the state. SOKY would not exist today without the time, energy, dedication and commitment of thousands of volunteers.

Volunteers are the backbone of SO, and we need you! SOKY welcomes anyone wanting to help make a difference in the lives of our athletes. Volunteering for SOKY can create a lifetime of friendships and rewards of immeasurable value, both for you and the athletes inspired by your time and dedication. Volunteers include students, senior citizens, teachers, business people, family members, etc. Individuals can get involved in many capacities from one-day events to all season coaching.

**Volunteer Code of Conduct**

This is the code of conduct for Special Olympics Volunteers.

**Volunteer Agreement**

As a Special Olympics volunteer, I agree that while serving as a volunteer, I will:

- Provide for the general welfare, health and safety of all Special Olympics athletes and volunteers.
- Dress and Act in an appropriate manner at all times.
- Follow the established rules and guidelines of Special Olympics and/or any agency involved with Special Olympics.
- Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- Abstain from the consumption or use of all alcohol, tobacco products and illegal substances while involved with any Special Olympics event, competition or training school.
- Not engage in any inappropriate contact or relationship with athletes, volunteers or other participants of Special Olympics.

**THE BELOW LIST INCLUDES TWO CLASSES OF VOLUNTEERS:**

**Class A Volunteers Include:**

- Volunteers who have regular, close physical contact with athletes such as coaches, chaperones, ALP’s mentors, local coordinators, heads of delegation, drivers for athletes and volunteers who have administrative and/or fiscal authority.
- Fundraising event committee members, bookkeepers, games management team members, law enforcement volunteers.
- Parents and siblings of athletes are subject to a criminal background check when they are serving in a Class A Volunteer capacity. Please note that a parent who serves as a SO coach for his/her child or provides transportation for the delegation will be considered a
Class A Volunteer and is subject to the required criminal background check – even if the only child who is being coached/transported is the parent’s own child.

- The completion of a Volunteer Application is required releasing SOKY to conduct a criminal background check. This form can be found on page 61-62 of this guide.

**Class B Volunteers Include:**

- Volunteers who have a role that is short-term, day of event, or under direct supervision by a Class A volunteer.
- Volunteers who will not have close routine contact with athletes.
- These volunteers include timers at track, lane workers for bowling, health professionals providing screenings at summer games, or helpers at practices on occasion.
- Pre-requisites for these volunteers are asked but not required to complete the Special Olympics Kentucky Volunteer Orientation and Protective Behaviors online trainings and signing of a release waiver the day of the event to allow the use of photo, voice, etc., for marketing and publication purposes.

*Time commitments will vary for each volunteer opportunity, specific age and paperwork requirements may also be required pending the role of the volunteer position. Any questions concerning volunteers should be directed to the Director of Volunteers and Program Services.*

**STEP 5. TRAIN COACHES:**

Being a SO coach is a lot of fun and has many rewards. A coach refers to an individual who assumes responsibility for athletes, actively trains athletes, and works directly with the athletes on the field of play.

Coaches not only provide skills training for athletes, but they are also role models and character builders. Coaches give SO athletes the most immediate awareness of their own worth, ability, courage and capacity to grow and improve. Anyone who is interested can become a coach, if they fulfill the basic requirements/guidelines set by SOKY.

This program has been developed to further foster the SOKY mission of providing year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other SO athletes and the community. This program also adheres to the quality standards and competencies outlined by SOI that are necessary and essential for being a Special Olympics Coach.

**STEP 6. PLAN LOCAL PROGRAM ACTIVITIES:**

- Once you have identified your athletes and coaches, you can begin to plan your practice or training schedule.
- Assist your athletes in choosing one sport per season.
- Plan a weekly practice schedule and distribute it to the athletes and families involved with your program.
• Begin your practices at least eight weeks prior to the area/regional level competition. You can find out when your area/regional competitions are by calling your Local Coordinator, or by going to www.soky.org. There you will find a current calendar of events for the entire state.
• Determine where and when you will conduct sports training.
• Consider transportation options to and from training and competitions once you know who the athletes will be.
• It is imperative that the coaches for your program maintain records of athlete practice times/distances, etc. This information is crucial for registering athletes for competitions.

STEP 7: REGISTER FOR REGIONAL/AREA AND STATE LEVEL COMPETITIONS.

Area/Regional Level Competitions
If your team has trained for a minimum of 6-8 weeks they are eligible to compete at the area/regional level. Each season, if you are registered with the State Office, you should be sent competition information and a registration packet. If you have not registered or notified the State Office that you are starting a new sport, please do so. All area/regional level competitions have a deadline for registration entry. You must submit the proper entry forms by the deadline designated by the State Office for your athletes to compete at the area level.

State Level Competitions
If your team is interested in participating at state-level competitions, there are a few requirements that you must fulfill.

• Team or individual must have competed in the sport at the area/regional level competition to be eligible to compete at the state-level competition.
• All teams interested in attending state-level competitions must submit competition entry forms to the State Office by the entry deadline set by the State Office.
• An Athlete Medical-Release or Unified Partner form must be on file at the State Office prior to the registration entry deadline.
• Athletes must be chaperoned at the state competitions. You must have one coach or chaperone for every four athletes attending. When possible, it is important to match chaperones by athlete gender.

Questions /concerns should be directed to the appropriate Sports Director for a sport specific question.

STEP 8. PROMOTE PUBLIC AWARENESS:

One of the goals of SO is to increase the public’s awareness of individuals with intellectual disabilities and their capabilities and needs. To do this, the State Office publicizes several events. Let us know about the wonderful things that your athletes, volunteers, family members, etc. are doing for your program by filling out the Athlete Profile forms (available from the State Office or from your Local Coordinator) on your athletes and returning your Summer Games story forms to our office. These will give us information to use to add interest to stories about your program.
The State Office media relations efforts are as follows:

- All state-level competitions
- All area/regional competitions
- USA (previously National Games) and World Games efforts
- Other major localized events (MedFest)

What does that leave?

- Specific local volunteer needs
- Interesting stories about local athletes or volunteers
- All state-level competitions*
- All area/regional competitions*
- USA and World Games efforts*
- Local sports Sign-Ups
- Other major localized events *

*Even though the State Office publicizes these events, follow-up by someone in the local community is often more effective than a press release that comes from the state level. If you can include some information that adds local interest or provide more of a tie to your community, not only will the media be more likely to run your story, but the story will be that much more appealing.

Who should you contact?

*It depends on your media outlet(s).*

**Radio/Television**
- News Director
- Public Affairs Director
- Individual Reporter(s)
- Anchor

**Newspaper**
- Assignment Editor
- News Editor
- Sports Editor
- Features Editor
- Community Editor

How do I make contact?

- Designate one person to communicate with media (coach, local coordinator, etc.)
- Make initial call to introduce yourself to appropriate media contact(s).
- Call with story ideas/possibilities
- The Press Release

Sending Press Releases:

- Should only be done for specific needs (event, meeting, volunteers, etc.)
- Make sure the release contains all of the necessary information
- E-mail (Clear subject line, Short personal message, prominent contact information, release date, headline, body)
- In most cases, keep it brief.
- No attachments should be sent accompanying your press release.
- Follow up with a phone call
  - Make sure the release was received
  - Ask if the recipient has any questions
  - Let them know they can call you if they think of any
Helpful Hints:
- Ok to cultivate a personal relationship with media contacts.
- Don’t badger media outlets.
- If you do have to call the media outlet with a complaint, do so in a constructive way.
- Discourage parents, grandparents, care givers, etc. from making angry calls to media outlets regarding Special Olympics coverage/non-coverage.
- Follow through.

Sending the Right Message:
- Whenever you talk to the media you are an ambassador for the entire program.
- Think about what you want to say before you start talking to a media member and stay with your plan.
- Remember: Athletes of all ability levels with intellectual disabilities can compete in Special Olympics, and that Special Olympics is different from organizations like the Paralympics and the Miracle League.
- The right message starts with the right language.

HOW TO USE THE SO LOGO
SO has one of the most recognizable logos in the world. To visually identify SO as a global, unified movement, the logo is to be used at all levels of the program. The following is a summary of guidelines and restrictions that must be strictly adhered to in using this logo. The logo must be produced in its official form enlarged or reduced. It may not be added to or distorted in any way. The trademark symbol must appear as part of the logo at all times.

USAGE GUIDELINES
1) The colors for the logo are red (PMS 186) and gray (PMS 418). When reproduced in a two-color (or four color) usage, the logo MUST be in these colors. Black is an acceptable substitute for the gray.
2) When produced in one-color usages, the logo should be red, gray, black or white whenever possible.
3) The logo must be used as a whole. Do not separate type elements or the “people ball” from the rest of the logo

Where should I use the logo?
The logo should appear on all official SO materials at the local level as well as the state level. Again, to showcase SO as a unified global movement, templates with localization options have been set up for items like letterhead, envelopes, banners and business cards. Before ordering these items, please contact the Director of Communications and External Affairs to receive templates for the items you need.
The logo must also appear on ALL SO uniforms either in addition to or incorporated with a team or local program logo. Specific logo usage guidelines for uniforms can also be obtained from the SOKY Director of Communications and External Affairs. All uniform designs should be approved by the Director of Communications and External Affairs before going into production.

**Corporate Sponsorship and Commercial Messages:**

Advertising is not permitted on either equipment or t-shirts and uniforms used by SO athletes. Use of advertising will result in immediate disqualification of the athlete.

Volunteers or officials may wear jackets, t-shirts, etc. that do include advertising. Athletes not in competition and not at sports venues may wear apparel bearing sponsors' emblems. Opening and Closing Ceremonies sites are deemed the same as sports venues in this matter.

Corporations or organizations wishing to merge their logos with ours may do so after receiving approval from SOI.

Any questions regarding usage of the logo should be directed to Mark Buerger, the Director of Communications and External Affairs at the SOKY State Office. Should you have a question, please call before printing any materials, 502-695-8222.

**COMMERCIAL MESSAGES**

1. International Olympic Committee Rules state that advertising is not permitted on either the equipment used or the uniforms and/or numbers worn by contestants and officials in Olympic Games other than the normal commercial markings on retail goods. In fact, nothing may be worn on the uniforms of contestants, or on any person with an official function, except the flag or emblem of the National Olympic Committee as approved by the IOC.

2. IOC Rules also state that: "The display of any clothing or equipment, such as shoes, skis, handbag, hats, etc., marked conspicuously with something other than the normal commercial markings on retail goods, for the purpose of advertisement by participants (whether competitors, coaches, trainers or anyone else associated with an Olympic team in an official capacity), shall normally result in immediate disqualification from the Games and may result in a loss of eligibility for participating in other amateur sports competitions".

3. The above rules apply to SO Games and competitions because of the relationship that SO has with the Olympic movement. However, because of the voluntary nature of most SO Games Organizing Committees, the following rules of thumb regarding commercial messages may be followed at all SO competitions:

   a. Volunteers and officials may wear jackets, T-shirts, caps and other apparel bearing small and attractively designed identifications of corporate or organizational sponsors at sports venues.

   b. Athletes not in competition and not at sports venues (e.g., at training sessions, practices, trips, or away from competition sites) may wear apparel bearing small and attractively designed identification of corporate or organizational sponsors.
c. Athletes may carry and use non-apparel, non-sports equipment items, such as tote bags, bearing small and attractively designed identification of corporate or organizational sponsors.

d. Opening and Closing Ceremonies sites are deemed to have the same status as sports venues during the Games. Hence, team or delegation members and officials shall not wear warm-up suits, jackets, caps, etc., which bear corporate or organizational identification which might be considered as advertising.

SO SOCIAL NETWORK PAGE POLICIES

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.

We believe that it is important to establish an identity online with Facebook and other sites. As the web constantly changes and new tools are introduced, new challenges will emerge, and this document will change as needed.

Here are the guidelines we will follow regarding the creation of Facebook and other social network pages representing the SOKY and any of its local programs:

1. Each local program 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. The SOKY Director of Communications and External Affairs must be added as an administrator on any local program page (Facebook) or provided with the login information (Twitter, Instagram, etc.). Please contact Mark Buerger to let him know this has happened.

3. 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.

4. All SO language guidelines should be followed at all times.

5. All SOKY graphic standards must be used when placing logos on the pages.

6. No profanity shall be allowed on any SOKY pages.

7. For Facebook, the settings should be set up so that others are invited to “Like” a page, not be added as “Friends”. **They should also not be set up as Groups.**

8. The page should be updated at a minimum of once a week.

9. Any questions regarding content or posts should be cleared through the SOKY Director of Communications and External Affairs BEFORE being posted. Any errors should be corrected immediately.

10. All content should be spell-checked and edited for proper grammar BEFORE being posted. Any confidential information should be posted to the site for any reason.

11. Respect the privacy of SOKY staff, volunteers, members and program participants. No confidential information should be posted to the site for any reason.

12. Comments on the site should be restricted to matters related to SO, 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-SO
matters should be avoided. Any questions regarding the nature or content of a post should be directed to the SOKY Director of Communications and External Affairs for approval BEFORE being posted.

13. Local program pages are an extension of the statewide program and should be thought of as such. They represent not only your local group, but SO as a whole. As such, criticism of the state office or SOI is inappropriate on local program social media outlets. If you have a concern with anything happening at the state or national level, contact the state office directly to discuss the matter.

14. 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 SO 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.

15. Local Program personnel SHOULD NOT create Event pages, Fan Pages, Web sites, etc. for STATE LEVEL competitive or fundraising events. This will be handled by the State office. All State Event Pages will allow local programs to invite friends to that event.

16. Do not respond to a negative comment, post or email without prior approval from the SOKY Director of Communications and External Affairs.

17. Posts may not include discussions of the use of alcohol and drugs, sexual behavior or bullying.

18. 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.

19. Any media requests generated from posts on the site should be directed to the SOKY Director of Communications and External Affairs.

20. All SOKY local program sites or pages must link to the Special Olympics Kentucky pages and are subject to review by the SOKY Director of Communications and External Affairs.

21. SOKY local programs are not allowed to use social media pages or program web sites for direct local program fundraising (“donate now” buttons). 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 on-line presence.

**If you have any questions concerning public relations, branding, social media and uniform logos or if you are producing a new logo and printing new uniforms, please have it reviewed before production by contacting the Director of Communications and External Affairs.**
STEP 9. PROGRAM FINANCING & FUNDRAISING:

There are several things that you will need to do. One of the first things to ensure a quality experience for your athletes is to determine your team’s needs and the money or items that are required to meet those needs.

Some items you might need are:
- Uniforms or appropriate attire for any given sport.
- Sporting equipment
- Use of facilities for training or meetings.
- Transportation costs to area/regional competitions or state competitions.
- Meals or snacks for team travel.
- Housing costs
- Administrative costs: cost of printing, copying, postage and any office supplies

In order to do any fundraising for your local program, you must have an established SOKY checking account that has been set-up at the state level. An “Intent to Open a Checking Account” form must be completed to start the process. If you have any questions, your Local Coordinator has the form, or you may contact the Vice President of Finance at the State Office.

Special Olympics Kentucky (SOKY) is a non-profit tax-exempt 501(c) (3) organization. The IRS has provided SOKY a TIN (Tax Identification Number) for IRS tracking purposes. There are several things required of the organization to maintain this status.

- All sources of income for all programs accredited with SOKY (anyone benefiting from the TIN) must be recorded in the audited financial statements of SOKY.
- Identified local program accounts are available to new programs that want to conduct fundraising in the name of SO.
- Local programs are expected to send in monthly bank statements to the State Office in a timely manner.
- Local programs must follow all of the guidelines given to them from the State Office.
- Local programs are not authorized to open individual accounts outside of the SOKY protocol.
- At no time are programs permitted to fundraise in the name of SOKY for non-sports training or competition related expenses.

A successful fundraiser can help you reach your team’s goals.

Fundraising can take many forms:
- Bake sales, cake sales, or a cake walk
- Dinners or Breakfasts
- Golf tournaments
- Pre-paid car washes
- Dances, movie nights, roller-skating parties
- Holiday oriented events
- Talent shows
- Walk-a-thons
- Ice cream social
- Bowl-a-thons
• Car or bike shows
• Yard Sales
• Road Blocks
• Selling items
  o Pizza kits
  o Cookies
  o Candles
  o Asking local businesses to share proceeds from sales (Mary Kay, restaurants, photographers)
• 3rd party event (civic clubs, restaurants, et cetera that hold fundraising events to benefit your local program)
• Sell concessions at large events

Suggestions:
• Don’t pay for items upfront
• Avoid “high risk” fundraisers
• Have as little initial cost for expenses as possible
• Contact the SOKY Development Staff if you have any questions or need suggestions or advice on your local fundraiser.

Before you decide to conduct a fundraising activity, ask yourself:
• Will the event make the money you need?
• Is it efficient use of time, energy and money? You should plan to only spend 30% or less of the anticipated revenue on fundraising costs.
• Is the event timed well in your community? What logistics do you need to consider?
• Does the event provide a family atmosphere that promotes the mission and vision of the Special Olympics movement?
• Will the Local Coordinator and community support the event?
• Do you have enough volunteers, sponsors, and support people to make the event successful?

Local Fundraising Application Process:
You have a great fundraising idea, you think it will make tons of money for your local team/delegation; you have several volunteers that want to help…now what??
• A fundraising application should be filled out 30 days before the event and sent to Kim Satterwhite, VP of Field and Athlete Services. (Applications can be found on page 74-76 of this guide) This form is a necessary step in adhering to the SOKY 501 (c) (3) nonprofit organization status and for insurance liability requirements.
• SO Development staff will call you with any questions or concerns about your proposed fundraiser on an as needed basis.
• A fundraising report should be filed once the event or fundraising drive is completed.
• Fundraisers must comply with fundraising guidelines.
  o No “charitable gaming” events (raffles, casino nights, bingo, Texas Hold’ Em, etc.)
  o No direct mail or telephone solicitations
• Programs submitting applications must have an approved SO checking account and must have up to date financial records.
• Events that may have insurance liability issues must be approved by the Vice President of Finance and cleared by insurance company.
• When soliciting potential sponsors for your event, it is essential that you coordinate with the State Office to ensure that the potential sponsor is appropriate and does not conflict with sponsor solicitation made by the State Office. This ensures that we are not overlapping requests; you wouldn’t want to approach a sponsor for example that had just donated for another event, unless the state office felt that it was appropriate. This protects all parties involved.
• Be sure to plan a wrap up meeting to thank all the volunteers involved and report on the event earnings. You can also ask for ideas for future fundraising events and get feedback on ways to improve the event.

Share the Proceeds:
SOKY discovered when talking to new and existing teams/delegations that one of the most difficult aspects of keeping a local program active is funding. After discovering this, in 2004, the Share the Proceeds program was developed. This program allows local teams/delegations to participate in Special Olympics Kentucky’s statewide fundraising efforts with a portion of the proceeds distributed to the local programs that choose to participate.

The Share the Proceeds program takes a lot of the headache out of fundraising at the local level. Special Olympics Kentucky develops the concept, creates the printed materials, organizes the events, secures the locations, volunteers, etc. The local teams/delegations that participate are expected to raise funds for Special Olympics by selling raffle tickets, getting a team of new plungers together or organizing a Truck / Plane Pull team. A percentage of the money raised from these events is then distributed back to the local level. The events that are currently offered as part of the Share the Proceeds program are:

• Polar Plunges
• Seasonal Raffles
• Truck Pulls/Plane Pulls

Guidelines for all Share the Proceeds Events:
• All checks should be made out to Special Olympics Kentucky
• DO NOT deposit the money into your Local program account.
• Your program must have an approved Special Olympics checking account
• All money raised must be submitted during registration for the event or by the determined date for raffle tickets
• There are more guidelines specific to each Share the Proceeds event; if you choose to participate in these events you will be given this information when you register with the State Office.
POLICIES CONCERNING FUNDRAISING AND LOCAL PROGRAM CHECKING ACCOUNTS

Special Olympics International, Inc. policy mandates that any program raising funds in the name of Special Olympics must house that money in an approved Special Olympics checking account. Also, these accounts must be registered with the State Office and adhere to the bookkeeping guidelines established by SOKY.

A LOCAL PROGRAM THAT OPERATES AN UNAPPROVED CHECKING ACCOUNT OR FALLS BEHIND IN MONTHLY REPORTS MAY RISK HAVING A ‘HOLD’ PLACED ON THE ACCOUNT OR HAVING THE ACCOUNT CLOSED AND/OR INCUR LEGAL ACTION BY SOKY.

In addition, the State Office in Frankfort should approve all fundraisers prior to them happening. A SOKY Fundraising Application should be completed and submitted to the State Office at least 30 days prior to the event.

Here at SOKY, we often receive calls when solicitation/fundraising is being done for programs throughout the state. By maintaining an approved checking account and conducting approved fundraisers, we are able to verify that your fundraising attempts are legitimate, therefore increasing your chances of receiving the funds and at the same time protecting all programs from fraudulent actions.

For additional guidelines on how to establish a Special Olympics Local Program Checking Account, please contact the Vice President of Finance in Frankfort at 502-695-8222.

STEP 10. ESTABLISHING ONGOING RELATIONSHIPS:

Key partners of a Local Team/Delegation can include:

- **Schools** (for athlete recruitment, volunteers, transportation, facilities, coaches, and families)
  - Special Olympics Sports
  - Unified Sports
- **Park and Recreation Centers** (for athlete recruitment, volunteers, transportation, facilities, coaches, and families)
  - Special Olympics Sports
  - Unified Sports
- **Families** (for volunteers, transportation, athlete recruitment, and coaches)
  - Family Support/Participation
  - Family Committees
  - Unified Sports
- **Community** (facilities, fundraising, public awareness, volunteers and coaches, sponsors)
  - Other community organizations, religious institutions
  - General public
- **Residential Settings** (such as group homes, foster care, supported living facilities - for athlete recruitment, transportation, volunteers and coaches)
  - Peer involvement
  - Developmental athletes
STEP 11. EXPAND YOUR LOCAL PROGRAM:

- Recruit year round for athletes, volunteers and coaches.
- Conduct training for increased numbers of athletes (allow your group to grow).
- Expand partnerships, funding and media relations (form a committee, get people involved, continue to try new things, spread the word about Special Olympics and the key role that it plays in the lives of your athletes, families, and yourself.)
- Empower athletes to participate in new, meaningful roles (encourage athletes to try new sports or events, help them excel in their chosen sport, let existing athletes mentor new athletes, etc.).

STEP 12. EVALUATE YOUR PROGRAM:

- After each sport season evaluate how you did as a head person for your local program. Ask yourself:
  o Were there things that you could do better?
  o Were there areas that didn’t get much attention?
  o Were there people you wanted to get involved, but didn’t?
  o Were your fundraising events successful? Why or why not?
  o Did you have support from others?
  o Are you happy with how things are going?
  o Do you need help?
- Maintain data on program growth.
- Seek athlete input on how they enjoy participation in the program and ways to improve their experience.

ATHLETE HOUSING POLICY

1.) **Gender** – Athletes and volunteers may not share a room with an athlete or volunteer of the opposite sex. *Exceptions to this issue:*
   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 many 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 having a chaperone present in the room always. All chaperones must be Approved Class A Volunteers.

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.

4.) **Parent/Guardian Acknowledgment** – Parent/Guardian signatures must be secured acknowledging the possibility for overnight activities. Signatures/Release will be part of the Athlete Medical Form. Athletes who are legally responsible for themselves are permitted to provide acknowledgment on their own behalf.

5.) **Policy Implementation** – Local Programs and Head of Delegations will be responsible for implementing this policy at events

**POLICY FOR INCLUSION OF TRANSGENDER INDIVIDUALS IN SPECIAL OLYMPICS KENTUCKY**

Special Olympics is an athlete-centered movement that welcomes athletes with intellectual disabilities of all abilities to participate in sports training and competition. Special Olympics is open to persons with intellectual disabilities age eight and older and offers a Young Athletes program for individuals under the age of eight. The health and safety of everyone participating in Special Olympics is of paramount importance to the organization. Athletes, Unified Partners, Volunteers or others, should feel that Special Olympics is a safe, positive and inclusive environment. No participant should ever have to fear negative, threatening, discriminatory or adverse reactions or treatment by other athletes, coaches, or volunteers as a result of a participant’s differences, including gender expression or identity. Special Olympics will generally recognize individuals based on the individual’s gender identity. For the purposes of this document, “gender identity” is defined as a person’s deeply felt internal sense of being male or female. All transgender inquiries need to be evaluated on a case-by-case basis and carefully considered to ensure compliance with federal, state and local laws, rules and regulations.

Consistent with the above principles, the overarching goal of these guidelines is to provide a safe and inclusive environment for all individuals. Discrimination and/or any sort of retaliation against participants based on the participant’s gender identity is not acceptable.

For the purposes of this policy, the following definitions apply:

- **Transgender Person**: A person whose gender identity does not match the sex assigned to him or her at birth.
- **Gender Identity**: A person’s deeply-felt internal sense of being male or female.
- **Gender Expression**: A person’s external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns and social interactions.
Participant: Special Olympics athletes, Unified partners, coaches, volunteers, or any other official delegates of a Program

Guidelines:

1. **Awareness and Acceptance** – Special Olympics Kentucky in collaboration with our Local Programs will work proactively as needed to inform and educate coaches, volunteers, athletes, officials and the community to hopefully ensure that the spirit of acceptance and everyone’s value are the overarching principles that guide the involvement of a transgender athlete’s participation in Special Olympics and the community at large.

2. **Eligibility to Participate** – Eligible participants, those that meet all other requirements, are permitted to participate in a manner consistent with their gender identity.

3. **Notice to Special Olympics** – The participant and/or legal guardian should contact the President/Chief Executive Officer in writing indicating that the participant has a gender identity different than the sex listed on the athlete medical and/or registration records and that the participant desires to participate in a manner consistent with his/her gender identity. This notification must be received by the entry deadline before his/her first involvement as a transgender participant.

4. **Confidentiality** – With the exception of the notices required in #3 (Notice to Special Olympics) and Subpart #5 (Housing) of this document, participants affected by this policy have the right to confidentiality in all matters governed by Special Olympics Kentucky.

5. **Individual Preferences** – Using a case-by-case approach, Special Olympics Kentucky (when possible) will reach out to the participant and/or the participant’s parents/guardians to help define expectations relative to the participant’s involvement in Special Olympics as it relates to changing areas, restrooms, showers, and housing.

6. **Housing** – in events where an overnight stay is required, a transgender athlete may be housed individually per their gender identity or with a family member/caregiver as approved by the athlete and appropriately registered with Special Olympics Kentucky.

   Any athlete who needs extra privacy/supervision should be accommodated to the extent possible. Per Special Olympics Inc. housing policies, a transgender athlete **cannot** share a room with another Special Olympics athlete.

7. **Sports Participation** – In keeping with Special Olympics all-inclusive philosophy, Special Olympics will not require medical testing on a blanket basis as part of its divisioning process. Special Olympics Kentucky will adhere to the athlete divisioning protocol as outlined in the Special Olympics Sports Rules, which emphasizes ability and age more than gender in organizing competition.
For competition, a transgender athlete will be placed for competition per his/her gender identity and their ability according to either pre-event entry scores or preliminary round results. Same as for all Special Olympics athletes, if a transgender athlete’s performance is 15% better than all other competitors, he/she will be placed in a division of one for competition.

8. **Athlete Medical** – The Athlete Medical Form does not need to be updated based on gender identity unless the athlete is undergoing gender reassignment therapy under the direction of a licensed medical professional. The athlete’s preferred name should be noted on the Athlete Medical Form for administrative and emergency purposes, as this is the name that will be used when referencing or addressing the athlete.

9. **Facilities** – Special Olympics (as requested and to the extent possible) will allow the transgender participant access to the desired facility (i.e., locker-room, restroom, etc.) with as little disruption to other participants as possible. Special Olympics Kentucky will seek to provide gender-neutral restrooms and changing facilities open to all participants for all activities and will notify all participants of the location of the gender-neutral facilities.

10. **Dress code and team uniforms** – All participants should have uniforms as outlined in the Special Olympics Sports Rules. Participants should not be required to wear a gendered uniform that conflicts with the participant’s gender identity. With respect to gymnastics and aquatics, transgender athletes should be permitted to wear whatever uniform is most comfortable for them so long as the suit does not extend below the knee or past the shoulders.

11. **Applicability for Local and Area Events** – Special Olympics Kentucky events are held in a wide variety of facilities across the state. SOKY and local volunteers will work collaboratively to organize events where these guidelines are followed to provide for the needs of the transgender athlete just as we do for all Special Olympics athletes within the framework of the host site and the laws of Indiana.

**Appendix A: Team Sports**

With respect to team sports, it is important that teams are divisioned in the appropriate category at the initial level of competition in the advancement progression.

Per Special Olympics’ Sports Rules, Article 1, section 10.4.1.1: “mixed gender teams shall be divisioned with male teams unless there are sufficient mixed gender teams of similar ability to make a separate division.”
As such, if there were to be an individual who gender identifies as female on an all-female team, they should be placed in a female division and not inappropriately placed in a mixed division.

Special Olympics divisions in the following order: 1) by gender, 2) by age, 3) by ability. However, once divisioned, gender is the last reason for modifying the division that a team will compete in. Teams should be re-divisioned based on ability first, then age grouping and finally, gender.

So, while gender is considered in placing a team initially, it has the last priority on where a team/individual is actually placed to compete, as ability matching levels and ages are generally more important.

Additionally, in the Special Olympics Sports Rules it states that in team sports “when athletes or teams are divisioned with athletes or teams of the opposite gender, they shall receive awards in order of placement within that division.” [SR Article 1: 12.5.2]

Special Olympics Kentucky
Recreational Swimming Guidelines

Objective

It is always Special Olympics’ intent to take steps to ensure the health and safety of all Special Olympics participants. Special Olympics participants should always remember that safety comes first and should take reasonable steps to help minimize the risks for injury or accidental drowning related to recreational swimming.

By way of history, recreational swimming has been a leading cause of death or serious injury in Special Olympics, amongst athletes, dating back to the mid-1970’s. Recommendations were made in the early 1980’s to State Programs (by SOI) to examine this issue and take steps to address recreational swimming.

What is Considered Recreational Swimming?

Recreational swimming is any swimming or swimming-like activities that occurs outside of sanctioned Special Olympics swimming or water-based sports (sailing, kayaking, canoeing, stand up paddle boarding) training or competition.

Examples would include participating in swimming or swimming-like activities (Jacuzzis, hot tubs) at pools, lakes, oceans, rivers, water parks, or other bodies of water during an athlete, team or delegations’ “down time” during a Special Olympics training, competition, or activity. This includes but is not limited to housing and activity locations such as hotels, dormitories, military base housing, private residences, parks, and host town accommodations.

Safety Considerations for Swimming Training/Competition/Recreational

Special Olympics Kentucky has determined, for the health and welfare of its participants will restrict recreational swimming while under the auspices of Special Olympics. This applies not only to the time at Special Olympics competitions or activities, but also while in transit to/from
Special Olympics competitions or activities. Any Local Program/Delegation wanting an exception to this policy must comply with the Safety Considerations found in Section 5 of Special Olympics Swimming Rules or see Basic Rules, Emergency Action Plan and Personnel Requirements below.

All Special Olympics swimming training, recreational sessions and competition events shall be conducted in accordance with the following practices, rules and procedures in order to ensure the safety and well-being of all Special Olympics athletes, coaches and volunteers:

**Basic Rules**

There shall be at least one certified lifeguard on duty for every 25 swimmers in the water. Lifeguards must be able to present proof of certification if requested.

The sole function of the lifeguard shall be to guard. If no relief lifeguard is available, the pool must be cleared, even for a short duration, when a lifeguard must leave the pool side. The Event Director will review the Emergency Action Plan prior to each occasion. There shall be enough coaches in accordance with FINA or program NGB guidelines.

Athlete medical history forms shall be on site and relevant information shall be discussed with the lifeguard or medical personnel on duty in advance of the aquatic activity.

Pool depths must be marked and easily visible.

**Emergency Action Plan**

An Emergency Action Plan shall be in place prior to any Special Olympics participants entering the water for any reason, be it training, competition or recreation. The Emergency Action Plan should be written and reviewed by the staff on hand. The plan shall include the following:

The procedure for obtaining emergency medical support if a medical doctor, para-professional or medical support is not present.

The posts and areas of responsibilities for each lifeguard.

The procedure for obtaining weather information or weather watch information, particularly if the event is outside.

The procedure for reporting accidents.

The chain of command in case of a serious accident, including who is assigned to talk to the press.

The procedure for obtaining weather information particularly for Open Water swimming.

Other items as may be required by local Programs.

**Supervisory Personnel Requirements**
An adequate number of supervisory personnel shall be present at all swimming sessions, events or recreational activities. The type of personnel will vary in accordance with the following requirements:

Recreational/Training/Competition Events:

**Enough certified lifeguards to provide a minimum ratio of guards to swimmers of 1 per 25.**

**Note:** Special Olympics Kentucky programs must still adhere to the athlete/coach ratio of 4 to 1.

**Athletes who are prone to seizures should have a minimum ratio of observer to swimmers of 1 to 2.**

1. This policy is effective when a Local Program assumes responsibility of a Special Olympics Kentucky athlete or any member of the delegation that is included on the roster. This would pertain to practices, competitions or any activity that involves swimming. If a parent/family member/caregiver brings an athlete or any member of the delegation to a training, competition or other activity – they must adhere to this policy as the member on the roster is attending a Special Olympics event.

2. If an individual or program violates this policy, they will receive a written warning for the first offense. If an individual or Local Program violates the policy after the written warning – the second offense repercussions will be disqualification from the competition. If a third offense occurs the Local Program or individual’s repercussion will be banned from Special Olympics activities for 1 year. An individual who violates the second offense could potentially be sent home from training, competition, or activity at their or their legal guardian’s expense.

**USA Games/World Games/National Games**

Athletes will be allowed visits with family members (where they are removed from the delegation/team) but they will not be allowed to have overnight visits with the family members. While with family members recreational swimming **will not** be allowed during the time with a parent
GUIDELINES FOR OUTDOOR EVENTS
HEAT, COLD AND LIGHTNING WEATHER POLICIES

Heat Guidelines
- A heat index of 95-99 degrees Fahrenheit will result in a shortened event.
- A heat index of 100 degrees Fahrenheit and above will result in a cancelled or postponed event.

Cold Guidelines
- A wind chill of 10 degrees Fahrenheit and below will result in a cancelled event.

Lightning Guidelines
- Activity may not be resumed or started for 30 minutes after both the last sound of thunder and the last flash of lightning.

General Statement
As staff of Special Olympics Kentucky, our number one priority is the safety of our athletes, volunteers and spectators. It is to be understood that all cancellations will be decided as soon as possible, and to assume the event is still on if you have not heard anything from a staff member via email and/or by phone. You may also check for updates on our website and all our social media accounts; Facebook, Twitter and Instagram. In advance, we greatly appreciate your cooperation with this, and ask that you abide by the policies above for both competition and practice/training.
SPECIAL OLYMPICS KENTUCKY
COACH CODE OF CONDUCT

Special Olympics Kentucky is committed to the highest ideals of sport and expects all coaches to honor sport and the mission and vision of Special Olympics. All Coaches agree to observe the following:

Respect for Others
• I will respect the rights, dignity, and worth of athletes, coaches, volunteers, friends, and spectators in Special Olympics.
• I will treat everyone equally regardless of gender, ethnic origin, religion, or ability.

Ensure A Positive Experience
• I will ensure that for each athlete I coach, the time spent with Special Olympics Kentucky is positive.
• I will respect the talent, developmental stage, and goals of each athlete.
• I will ensure each athlete competes in events that challenge that athlete’s potential and are appropriate to that athlete’s ability.
• I will be fair, considerate, and honest with athletes.
• I will ensure that accurate scores are provided for entry of an athlete into any event.
• I will instruct each athlete to perform to the best of the athlete’s ability at all preliminary competitions and finals competition in accordance with the Special Olympics Kentucky Sports Rules.

Act Professionally and Take Responsibility for My Actions
• My language, manner, punctuality, preparation, and presentation will demonstrate high standards.
• I will display control, respect, dignity, and professionalism to all involved in the sport.
• I will encourage athletes to demonstrate the same qualities.
• I will not drink alcohol, smoke, or take illegal drugs while representing Special Olympics Kentucky at training sessions or during competition.
• I will refrain from any form of personal abuse towards athletes and other – including verbal, physical, and emotional abuse.
• I will be alert to any form of abuse from other sources directed towards athletes in my care.

Quality Service to The Athletes
• I will seek continual improvement through performance evaluations and ongoing coach education.
• I will be knowledgeable about the Sports Rules and skills of the sport(s) I coach.
• I will provide a planned training program for individual practices and the season.
• I will keep copies of the medical, training, and competition records for each athlete I coach.

____________________  _______________________________  ___________________
Name                      Head Coach or Asst. Coach                     Date
(Circle Role)
Special Olympics Kentucky
Athlete Code of Conduct

Participation in SO Kentucky is both an honor and a privilege. Special Olympics Kentucky is committed to the highest ideals of sport and expects all athletes to honor sport and the mission and vision of Special Olympics. All Special Olympics Kentucky athletes and Unified Sports partners agree to the following code:

Sportsmanship
• I will practice good sportsmanship.
• I will act in ways that bring respect to me, my coaches, my team, and Special Olympics.
• I will not use bad language.
• I will not swear or insult other persons.
• I will not fight with other athletes, coaches, volunteers, or staff.

Training & Competitions
• I will train regularly.
• I will learn and follow the rules of my sport.
• I will listen to my coaches and the officials and ask questions when I do not understand.
• I will always try my best during training, divisioning, and competitions.
• I will not hold back in preliminary competitions just to get into an easier final’s competition division.

Responsibility for My Actions
• I will not make inappropriate or unwanted physical, verbal, or sexual advances on others.
• I will not smoke in non-smoking areas.
• I will not drink alcohol or use illegal drugs at Special Olympics Kentucky events.
• I will not take drugs for the purpose of improving my performance.
• I will obey all laws and Special Olympics Kentucky rules, the International Federation, and the National Federation/Governing Body rules for my sport(s).

I understand that if I do not obey this Code of Conduct, I will be subject to a range of consequences by my Program or a Games Organizing Committee, up to and including not being allowed to participate.

__________________________________________  ________________________________________
Name                                             Athlete or Unified Sports Partner (Circle Role)

__________________________________________
Date
SPECTATOR GUIDELINES

As fans (family, friends and supporters) of SO Athletes, it is expected that you will play a positive role at SOKY events by following these guidelines:

1. Please refrain from using abusive or offensive language towards anyone; officials, coaches, opponents and fellow spectators.
2. Keep your emotions under control – Remember that the athletes are amateur athletes and the coaches and officials are all volunteers.
3. It may help if you understand the rules of the sport/event. If you need further information or clarification, ask your home program for a copy of the rules.
4. De-emphasize winning and losing!
5. Let the coaches coach the players – PLEASE refrain from shouting instructions.
6. Spectators and fans are prohibited in the competition areas. Only registered/approved coaches and athletes should be on the official playing field/area.
7. ALL CHEERS should stress the spirit of good sportsmanship. Derogatory comments directed to players, coaches or officials will not be tolerated.

Any spectator who fails to follow the above guidelines will be reprimanded. A reprimand could be one of the following:
   a. You will be escorted from the venue
   b. You will be banned from attending future events for the remainder of a season
   c. You will be banned from attending any SOKY event for lifetime

BE A FAN!
BE A GREAT FAN!
FAMILIES

Families are Special Olympics most powerful resource. Parents and family members can help coach, transport athletes, help fundraise, officiate and chaperone. It is critical that parents and family members take an active role in SO activities with their son or daughter.

SO provides an opportunity . . .
- For families to share in the accomplishments of their children
- For athletes to share the SO joy with other families
- For the extended family to be part of a sports program.

HOW YOU AS A FAMILY MEMBER CAN BE INVOLVED:

- **ATHLETE HOME TRAINING:** Family involvement in the training process is critical to the complete preparation of the SO athlete for competition. Therefore, there is a need to include parents and families in the athlete training process, as athletes along with family members can work on individual sports skills and participate in general fitness activities. For available Home Training Guides, contact the SOKY office.

- **COACHING:** Serve as a Head Coach or Assistant Coach in one or several of the 15 sports offered. Individuals should have a working knowledge of the sport. Volunteering as a coach will require involvement on a weekly basis throughout the respective sport season, (12 – 20 week commitment depending on the sport). To be a Head Coach, individuals must be at least 18 years of age. An Assistant Coach must be at least 16 years of age. All coaches are required to complete the Volunteer Orientation and Protective Behaviors courses. Individuals must also complete a SOKY Volunteer Registration Form and be on Active Status. It is mandatory that all coaches receive sport-specific certification through the SOKY Coach Education Program.

- **CHAPERONE:** Family members can serve as chaperones and work one-day or weekend events. All chaperones must complete the Volunteer Orientation and Protective Behaviors courses. They must also complete a Special SOKY Volunteer Registration Form and be on Active Status.

- **ONE DAY EVENT VOLUNTEERS:** Family members can work at Local, Area, Regional or State Level tournaments and competitions; i.e., bookkeeper for basketball or softball, timer on the track, lane worker for bowling, awards, etc. Some events may require attendance at a training session prior to the event. Events range in time commitment from 2-6 hours on the day of the event.

- **LOCAL PROGRAM COMMITTEE:** Family members can work closely with their Local Coordinator, Head of Delegation or Head Coach in areas such as fundraising, accounting, event planning, etc. Time commitment will vary. Must complete a SO Volunteer Registration Form and be on Active Status.

- **FAMILY CONTACT LIST:** To remain informed, join our Family Member contact list. Newsletters and additional updates are provided year-round to ensure that family members are well versed in all aspects of SO. To join, contact the Volunteer Services Manager.
SPECIAL OLYMPICS KENTUCKY
FAMILY MEMBER CODE OF CONDUCT

We hope as family members, you will embrace the spirit of Special Olympics and help to provide a competition and training environment that enhances athlete character and skill development. The following Family Code of Conduct should be emphasized during training, competition, and special events at any level – including Local, Regional, State, National and World.

As a Special Olympics Kentucky family member, I pledge the following:

• I will let my athlete choose the sports in which he/she would like to participate. I will not force my choice upon him/her.
• I will remember that athletes participate to have fun and that the game is for them; not for the family members.
• I will see to it that my athlete’s medical form is up-to-date, complete, and on file.
• I will learn the rules of the game and the SOKY policies before I complain or protest.
• I (and my guests) will be a positive role model for my athlete and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all athletes, coaches, officials, and spectators at every game, practice, or competition.
• I understand that I play a vital role in the health and safety of my athlete’s participation. I have a responsibility to assist Special Olympics Kentucky in providing for the health and safety of all athletes by reporting suspicious behavior, talking to my child about personal safety, dropping off and picking up my child/guard from Special Olympics Kentucky events at the times designated by the organization (not excessively earlier or later than said established times), and any and all other reasonable measures to assist in the protection of Special Olympics Kentucky athletes.
• I (and my guests) will never engage in any kind of unsportsmanlike conduct, such as booing and taunting, refusing to shake hands, or using profane language and gestures with any official, coach, or family member.
• I will never encourage any behaviors or practices that would endanger the health and well-being of the athletes.
• I will teach my athlete to play by the rules and to resolve conflicts without resorting to hostility or violence.
• I will demand that my athlete treat other athletes, coaches, officials, and spectators with respect, regardless of race, creed, color, sex, or ability.
• I will teach my athlete that doing one’s best is more important than winning, so that my athlete will never feel defeated by the outcome of a game or his/her performance.
• I will praise my athlete for competing fairly and trying hard, and I will make my athlete feel like a winner every time.
• I will never ridicule or yell at my athlete or other participants for making a mistake or losing a competition.
• I will emphasize skill development and practices, and how they benefit my athlete over winning. I will also de-emphasize games and competition in lower age groups.
• I will promote the emotional and physical well-being of the athletes ahead of any personal desire that I may have for my athlete to win.

• I will respect the officials and their authority during games and competition, and will never question, discuss, or confront coaches during competitions. Instead, I will take time to speak with coaches at an agreed upon time and place.
• I will demand a sports environment for my athlete that is free from drugs and alcohol, and I will refrain from their use at all sports events and competitions.
• I will smoke/chew tobacco only in designated areas.
• I will refrain from coaching my athlete or other athletes during competitions and practices if I am not the assigned coach.

As a Special Olympics Kentucky family member, I also understand that if I fail to abide by the aforementioned rules and guidelines, I may be subject to disciplinary action that could include, but may not be limited to, the following:
• Verbal warning by officials, coaches, and/or Local and State Program personnel
• Game suspension with written documentation of incident kept on file in the State Program Office
• Written warning
• Game forfeit through official or coach
• Season suspension
• Misbehavior Report submitted to Event Director

I hereby certify that I have reviewed, understood, and agreed to this Code of Conduct.

________________________________________  __________________________
Signature of Family Member                      Date

____________________________________________
(Print)                                          Local Program

____________________________________________
Athlete’s Name
ACCIDENT INSURANCE

The accident insurance provided by SOKY, Inc. through American Specialty Insurance, Inc. is secondary coverage only. It is available to all SO athletes with a current medical on file with the State Office, as well as for the coaches and volunteers who are involved in or traveling to or from Special Olympics events.

By secondary coverage, this means that, if an injured person is covered by any other insurance policy or has state Medicaid or Medicare, a claim must be filed with that company first. If the injured person has no other coverage, or a claim is rejected or left with an unpaid balance, Special Olympics, Inc. insurance will then begin the process to pay the medical bills.

Our policy is prepared to pay the amount of the expense incurred for these items within 52 weeks from the date of the accident. However, the maximum payable as the result of one accident will not exceed $500.00 for dental treatment or 5,000.00 in the aggregate for all covered expenses.

If within 365 days from the date of the reported accident, such injuries result in the loss of sight, dismemberment or death, the company will pay the following:

Loss of:
- Life $5,000.00
- Both Feet/Both Hands $5,000.00
- Either One Hand/One Foot and Sight One Eye $5,000.00
- Thumb and Index Finger of Either Hand $1,200.00

If more than one of the above losses results from any one accident, only one benefit, the largest, will be paid. Any questions concerning the specifics of this coverage may be directed to Vice President of Finance.

FILING AN INSURANCE CLAIM

To guarantee the most time-efficient and accurate process, it is advisable to have the coach of an injured athlete be responsible for most of the filing process. It is important when filing a claim not to name SOKY as the responsible party for payment of the medical bills. We suggest naming the parent or guardian of the athlete.

The insurance form must be used and submitted within one week of the accident. Attach itemized bills for medical services or a payment statement from the primary insurance carrier showing the unpaid portion of the original claim, to the insurance form. After completing the form, please mail it to the SOKY State Office to be signed by a representative of SOKY. Your insurance form will be authorized, and then mailed to American Specialty Insurance Inc. Please allow 4-6 weeks before expecting payment.
What is a Certificate of Insurance?
The certificate of insurance is a one-page document that provides evidence that insurance coverage exists. It identifies the insured person or organization. The certificate outlines the extent and limits of coverage but does not modify or extend any coverage. It merely reports what exists.

The SO certificate outlines the coverage and limits of insurance provided to the SO organization, the insurer providing the coverage and the effective and expiration date of the policy. In addition, the certificate specifies the covered event and the dates of coverage for that event.

The Certificate Holder is the person or organization named in the certificate, known as the “holder” of that certificate. That person or organization has no more or less coverage because of being a certificate holder than otherwise. It does, however, provide the proof required that insurance does exist which is the comfort level desired by most interested parties.

If you or your program have/has entered into any agreement, contract, or permit containing an insurance clause, assumption of liability, indemnification or hold harmless language, please forward a copy of the document with your SO Request for Certificate of Insurance form. The State’s legal counsel should review all such agreements.

American Specialty Insurance will always be available to answer any questions or look into any matters regarding the certificates. Do not at any time hesitate to call.

CERTIFICATE PROCEDURES
A certificate should only be requested when a facility or organization requires it. To request a certificate, please complete the SO Request for Certificate of Insurance. A sample is attached. This request form provides for the identification of necessary information to issue the appropriate certificate. The information is the following:

- **SO State/Local Data**: includes name, address, phone/fax numbers of person completing the request form.
- **Event Data**: includes name, date, location, and brief description of event, especially an indication that SO is conducting the event.
- **Certificate Holder**: entity requesting certificate of insurance include name, address, phone/fax numbers of certificate holder.
- **Additional Insured**: this is needed **ONLY** if the certificate holder requires additional insured status. Also, requests a copy of ANY agreement or contract that assumes liability or contains hold harmless or indemnification wording.
- **Mailing Instructions**: all certificates will be mailed to the requesting SO office unless it is indicated that the certificate is to be sent directly to the certificate holder. The original and one copy of the certificate and the accompanying endorsement will be sent to the requesting SO office.

Please forward all completed requests for Certificates of Insurance to the Vice President of Finance.
PARTICIPANT ACCIDENT MEDICAL (continued)

Only one of the amounts above (the largest applicable) will be paid.

* Dental includes sound and natural teeth and repair and replacement of existing artificial dental work.

NOTE: Please see the policy wording for a listing of all coverage exclusions.

VOLUNTEER MEDICAL MALPRACTICE

Description of Coverage: This policy provides insurance coverage for medical malpractice claims for medical services rendered at Special Olympics events by state-registered medical health professionals who are registered Special Olympics volunteers, other than doctors, acting in the capacities of a Special Olympics Registered Volunteer. Coverage is not provided for doctors. Intentional medical service by a doctor, or any medical service where the employee is paid a salary or where these employees volunteer their services on a personal basis, separate from their employment status, coverage would be extended provided such person is not a doctor and is a Special Olympics Registered Volunteer in accordance with the Special Olympics Official General Rules or other Special Olympics policies in effect during the policy period.

Insurer: Extonton Insurance Company

Named Insured: Special Olympics, Inc.

MEDICAL MALPRACTICE COVERAGE & LIMITS:

- Each Claim:
  - $1,000,000

- Aggregate:
  - $3,000,000

- Deductible (each claim):
  - $2,500

NOTE: Medical Malpractice coverage for Healthy Athletes and Medfest volunteer physicians volunteering their time at a Special Olympics event is provided under a separate policy. Please contact American Specialty for further information.

CRIME

Description of Coverage: This policy provides insurance coverage to Special Olympics Accredited U.S. Programs against fraudulent, dishonest, or criminal acts committed by a Special Olympics employee, volunteer, or board member acting alone, or in collaboration with others, and causing Special Olympics to suffer a loss of money, securities, or property.

This policy also includes coverage for losses sustained by an EMSA plan.

Insurer: Extonton Insurance Company

CRIME COVERAGE & LIMITS:

- Employee Dishonesty policy limit: $2,000,000*
- Retention (per occurrence): $50,000

* U.S. Programs should secure additional employee dishonesty coverage to meet the ACEP deductible.

DIRECTORS & OFFICERS LIABILITY (D&O)

Description of Coverage: Each U.S. Program and Special Olympics, Inc. has bound D&O coverage through Philadelphia Indemnity Insurance Company. The D&O policy provides protection against liabilities caused by the wrongful acts of directors, officers, trustees, employees, and volunteers of Special Olympics. Directors, officers, trustees, employees, and volunteers may be named as insureds under a blanket of coverage. Each D&O policy has been endorsed to include fiduciary liability. Fiduciary liability coverage includes coverage for liability arising from providing counsel to employees, beneficiaries, or participants regarding benefit plans, providing interpretations and handling records in connection with any benefit plan, or effectuating enrollment, termination, or cancellation of employees or participants under any benefit plan.

Insurer: Philadelphia Indemnity Insurance Company

CRIME COVERAGE & LIMITS:

- Employee Dishonesty policy limit: $2,000,000*
- Retention (per occurrence): $50,000

* U.S. Programs should secure additional employee dishonesty coverage to meet the ACEP deductible.

CYBER LIABILITY

Description of Coverage: Each U.S. Program has bound a Cyber Liability (a policy outside of the ACEP program for data breaches through Philadelphia Indemnity Insurance Company). The Cyber policy provides protection for your liability arising from unauthorized access and other security breaches, such as loss of control of Special Olympics. Philadelphia Indemnity Insurance Company Cyber Security Liability Program provides both First and Third Party coverage.

This exposure historically was covered on the ACEP policy but is now a stand-alone policy, allowing for the Cyber Liability to have its own limits.

Insurer: Philadelphia Indemnity Insurance Company

DRONES - NON-OWNED AIRCRAFT

Description of Coverage: This policy provides protection to Special Olympics Inc. and its US Accredited Programs for third party claims of bodily injury or property damage arising from the use of a drone at Special Olympics events only.

Policy Requirements:
- Drone operators must be registered with the FAA and have a $1,000,000 underlying liability policy within the Special Olympics Official General Rules, or an approved replacement program of an additional $1,000,000 liability policy.
- Drone weight may not exceed 50 pounds.
- The aircraft must be operated in flight by an individual meeting the open pilot’s license criteria, who has current and proper pilot certificate with necessary ratings by the FAA for each flight.

Insurer: Endurance American Insurance Co.

DROONE COVERAGE & LIMITS:

- Aircraft Liability (Combined Single Limit - Bodily Injury and Property Damage Liability): $1,000,000
- Personal Injury Each Occurrence/Aggregate: $1,000,000

AMERICAN SPECIALTY CONTACT INFORMATION:

RISK MANAGEMENT/INSURANCE QUESTIONS:
- Lisa Deede, Vice President, Client Services
  - Phone: 205.765.2390
  - Email: ldeede@americanspecialty.com

Risk Management:
- Rachelle Thwaites, Client Services Executive
  - Phone: 205.765.2394
  - Email: rthwaites@americanspecialty.com

CERTIFICATE/COVERAGE/CONTRACT QUESTIONS:
- Rene Waterston, Account Manager
  - Phone: 205.765.2390
  - Email: rwaterston@americanspecialty.com

CLAIMS QUESTIONS:

GENERAL LIABILITY CLAIMS:
- Andrew Kneed, Claims Adjuster
  - Phone: 205.765.2390
  - Email: akeed@americanspecialty.com

AUTO/MEDICAL CLAIMS:
- Brenda Andrus, Claims Adjuster
  - Phone: 205.765.2390
  - Email: bandrus@americanspecialty.com

PARTICIPANT ACCIDENT CLAIMS:
- Janie Peterson, Claims Adjuster
  - Phone: 205.765.2390
  - Email: jpeterson@americanspecialty.com

MAIL OR FAX CLAIMS TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7000 N. JEFFERSON BOULEVARD, SUITE 101
FORT WORTH, TX 76133-4135
FAX: 205.765.4723

2019 CORPORATE INSURANCE PROGRAM SUMMARY

This brochure provides a summary of the Special Olympics Corporate Insurance Program (SOCIP). SOCIP is the customized Special Olympics insurance program that provides certain common coverages for all U.S. Programs and SOI in accordance with Special Olympics Official General Rules – Supplement Section 8.09. Detailed terms and conditions of coverage are contained in each respective policy, which can be obtained through American Specialty Insurance & Risk Services, Inc.

NAMED INSURERS

- Special Olympics, Inc.
- All Special Olympics Accredited U.S. Programs

For the purposes of this brochure, “Registered Volunteer” and “Registered Class A Volunteer” are both defined as a volunteer who is registered in accordance with the Special Olympics General Rules or other Special Olympics policies in effect during the policy period.
COMMERCIAL GENERAL LIABILITY (GL)

Description of Coverage: The general liability coverage protects this Special Olympics organization, 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 Special Olympics during a Special Olympics activity. Under this policy, the insurer has a liability to defend the insured against the cost of defending them against any such claims. In the event of a judgment against the insured, the policy will pay the amounts, up to the limits of liability.

In addition, the general liability policy has been endorsed to provide coverage for claims arising out of 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 or sponsored event and Special Olympics must be found liable for the loss.

The limit of liability is $1,000,000, subject to a $50,000 deductible per claim, for such property losses.

Insurer: Philadelphia Indemnity Insurance Company

Additional Insureds: Entities with an insurable interest will be named as Additional Insureds, but only with respect to liability resulting from the negligence, acts, or omissions of Special Olympics, its officers, agents, and employees as approved by American Specialty on behalf of Philadelphia Indemnity Insurance Company.

NOTE: Only American Specialty may issue certificates of insurance on behalf of Philadelphia Indemnity Insurance Company. No authority is granted to any other entity.

GENERAL LIABILITY COVERAGE LIMITS:
- Each Occurrence $1,000,000
- General Aggregate - Per Insured (other than products & completed operations) $5,000,000
- Surgical Abortion and Miscellaneous per occurrence (including medical malpractice) $1,000,000
- Surgical Abortion and Miscellaneous per insured $1,000,000
- Sexual Abuse and Molestation Aggregate $1,000,000
- Products/Completed Operations $1,000,000
- Personal Injury Coverage - Per Occasion $1,000,000
- Personal Injury Coverage - Per Occasion - Medical Payments $250,000
- Excluded

The following red flag fundraising activities are EXCLUDED from the SSCP GL policy, and may only be deemed eligible for cover if certain underwriting requirements are met and the activity is approved by the insurer prior to the event. Please contact Renee Waterson immediately if you are aware of a fundraising activity involving any of the following red flag activities:

- Golf Ball Drops
- Over-The-Edge Events
- Events Involving Alcohol
- Political Fairs
- Events with guests of greater than 1,000 people at any one time (other than a Polar Plunge/returning fundraising event)
- Veterans Day/Reunion/Army/Navy/Duty-Related Fundraising Events
- Events having more than 7 consecutive days

The following red flag restrictions apply to all Special Olympics events, fundraising or otherwise. Please contact Renee Waterson if any of your activities involve the following:

- Hot Air Balloons
- Inflatable
- Rock Climbing Walls
- Mechanical Environment Risks
- Inflatable
- Events Involving Alcohol
- Drones

NON-OWNED & HIRED AUTOMOBILE LIABILITY

Description of Coverage: This policy provides protection to Special Olympics for liability claims arising as a direct result of the use of a non-owned or hired automobile. For coverage to be effective, the vehicle must be used for Special Olympics business with the permission of Special Olympics and driven by an employee or a registered volunteer of Special Olympics.

Restrictions: Non-owned and hired auto liability coverage applies excess of any other valid and collectible insurance.

NON-OWNED & HIRED AUTOMOBILE LIABILITY (continued)

NOTE: Excess coverage is provided to Registered Class A Volunteers of Special Olympics who are using their personal vehicles on behalf of and with the permission of Special Olympics, and have a valid driver’s license and insurance with at least the state minimum requirements.

Additionally, the employees of Special Olympics are insured on an excess basis while using their own vehicles for Special Olympics business.

Insurer: Philadelphia Indemnity Insurance Company

COVERED AUTOS:
- Hired Autos - Autos that are leased, hired, rented (e.g., rental vehicles), or borrowed by Special Olympics for less than one month by your Program, and are used in your business.
- Non-Owned Autos - Autos that are not leased, hired, rented, or borrowed by Special Olympics that are used in your business (e.g., auto owned by employees or by volunteers).

COVERAGE LIMITS:
- Any One Accident $1,000,000

EXCESS LIABILITY (continued)

Insurer: Medical American Insurance Company

EXCESS (10x10x5x5x1) COVERAGE LIMITS:
- General Aggregate $10,000,000
- Each Occurrence $1,000,000
- Surgical Abortion and Miscellaneous Operations Aggregate $1,000,000
- Sexual Abuse & Molestation Included

Insurer: Alegry Specialty Insurance Company

EXCESS (10x10x5x5x1) COVERAGE LIMITS:
- General Aggregate $10,000,000
- Each Occurrence $1,000,000
- Products/Completed Operations Aggregate $1,000,000
- Sexual Abuse & Molestation Included

Insurer: Scottsdale Insurance Company

EXCESS (10x10x5x5x1) COVERAGE LIMITS:
- General Aggregate $10,000,000
- Each Occurrence $1,000,000
- Sexual Abuse & Molestation Included

PARTICIPANT ACCIDENT MEDICAL

Description of Coverage: This policy provides coverage to Special Olympics participants who are injured in a Special Olympics event. The policy covers medical expenses, including hospital and emergency room expenses, and includes liability coverage for claims arising from an accident occurring during a Special Olympics event. The policy also provides coverage for medical expenses incurred in connection with the transportation of an injured participant.

Included in the policy are provisions for medical expenses, including hospital and emergency room expenses, and liability coverage for claims arising from an accident occurring during a Special Olympics event. The policy also provides coverage for medical expenses incurred in connection with the transportation of an injured participant.

Insured: Mutual of Omaha

EXCESS (10x10x5x5x1) COVERAGE LIMITS:
- General Aggregate $10,000,000
- Each Occurrence $1,000,000
- Products/Completed Operations Aggregate $1,000,000
- Sexual Abuse & Molestation Included

EXCESS LIABILITY (continued)

HIDED AUTO PHYSICAL DAMAGE

Description of Coverage: Coverage is provided for physical damage claims arising as a direct result of the use of a “commercially rented” vehicle by a Special Olympics employee, or registered volunteer for Special Olympics business with Special Olympics’ permission.

A vehicle is considered “commercially rented” if it is:
- Obtained from an entity whose primary commercial purpose is renting vehicles for profit;
- A specific rental charge is made, and;
- A rental contract is executed between the rental establishment and Special Olympics with respect to the particular vehicle.

The policy is subject to the limit and deductible shown below.

DEDUCTIBLE LIMITS:
- Hired Auto Physical Damage (per vehicle) $50,000
- Deductible (per accident) collision $1,000
- Deductible (per accident) other than collision $1,000

EXCESS LIABILITY (continued)

Umbrella (10x10x5x5x1) COVERAGE LIMITS:
- General Aggregate $10,000,000
- Each Occurrence $1,000,000
- Sexual Abortion and Miscellaneous Operations Aggregate $1,000,000
- Sexual Abuse and Molestation Included

Insurer: Colony Specialty Insurance Company

EXCESS (10x10x5x5x1) COVERAGE LIMITS:
- General Aggregate $10,000,000
- Each Occurrence $1,000,000
- Products/Completed Operations Aggregate $1,000,000
- Sexual Abuse and Molestation Included
CLASS A VOLUNTEER & UNIFIED PARTNER REGISTRATION

Registration Type (mark one or both): ☐ Volunteer ☐ Unified Partner

Part 1 – Program Relationship:

Application Request Type (check only ONE):
☐ First time Applicant  ☐ Renewal Applicant (every 3 years)  ☐ Renewal Applicant (for those whose volunteer application has lapse 5 years or more)

Program Relationship(s) / Participation (check all that apply):
☐ Athlete  ☐ Volunteer  ☐ Unified Partner  ☐ Family Member  ☐ Head of Delegation  ☐ Coach  ☐ Medical  ☐ Board Member  ☐ Unknown

Part 2 – General Information (Please Print):

VOLUNTEER / UNIFIED PARTNER INFORMATION

First Name: ____________________________ Last Name: ____________________________
Date of Birth (mm/dd/yyyy): ____________ ☐ Female ☐ Male
Address: ________________________________  State: ____________  Zip Code: ____________
City: ____________________________  E-mail: ____________
Sports/Activities: ____________________________  County of Participation: ____________________________
Race/Ethnicity (Optional):
☐ American Indian/Alaskan Native  ☐ Asian  ☐ Black or African American  ☐ Native Hawaiian or Other Pacific Islander  ☐ White  ☐ Hispanic or Latino (specific origin group: ____________________________)
☐ Two or More Races
Language(s) (Optional): Mark all that apply
☐ English  ☐ Spanish  ☐ Other (please list): ____________________________
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)

Name: ____________________________  Relationship: ____________________________
☐ Same as contact information above
Address: ________________________________  State: ____________  Zip Code: ____________
City: ____________________________  E-mail: ____________
EMERGENCY CONTACT INFORMATION  ☐ Same as Parent/Guardian

Name: ____________________________  Relationship: ____________________________
Phone: ____________________________

Part 3 – Background and Health Information:

BACKGROUND INFORMATION (only required for participants 16 years and older)

Do you use illegal drugs? ☐ Yes ☐ No
Have you ever been convicted of a criminal offense? ☐ Yes ☐ No
Have you ever been charged with and/or convicted of neglect, abuse or assault? ☐ Yes ☐ No
Has your driver’s license ever been suspended or revoked in any jurisdiction? ☐ Yes ☐ No

If you answered “yes” to any of the questions, please provide details:

HEALTH INFORMATION

**Health information is collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate.

Please mark if you have any of the following conditions and provide details:

☐ Special Dietary Needs: ______________________________________________
☐ Allergies: ______________________________________________
☐ Assistive or Implantable Devices: ______________________________________________
☐ High Blood Pressure: ______________________________________________
☐ Heart Condition: ______________________________________________
☐ Asthma or Respiratory Condition: ______________________________________________
☐ Mental Health Condition: ______________________________________________

☐ Epilepsy or Seizure Disorder: ______________________________________________
☐ Neurological Condition: ______________________________________________
☐ Diabetes: ______________________________________________
☐ Sickle Cell Anemia/Trait: ______________________________________________
☐ Chronic Infection: ______________________________________________
☐ Missing Organ (e.g., spleen, kidney): ______________________________________________
☐ Other Health Conditions: ______________________________________________

Please list any medications, vitamins, or dietary supplements below: (Attach separate piece of paper as necessary)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Times per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INFORMATION NEEDED TO PERFORM BACKGROUND CHECK (only required for participants 18 years and older)

Social Security Number: ____________________________
Driver’s License Number: ____________________________  Issuing State: ____________________________

Special Olympics will not keep your Social Security number and driver’s license number submitted on this form. This part of the form will be detached and destroyed after your background check is completed.

ATTACH A COPY OF YOUR STATE ISSUED DRIVER’S LICENSE
CLASS A VOLUNTEER & UNIFIED PARTNER REGISTRATION

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.

2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics Kentucky, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively “Special Olympics”) and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners’ and sponsors’ support for Special Olympics.

3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.

4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.

5. **Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.

6. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics (“personal information”).
   - I agree and consent to Special Olympics:
     - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
     - using my personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media.
   - sharing my personal information with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
   - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
   - **Privacy Policy.** Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at [www.SpecialOlympics.org/Privacy-Policy.aspx](http://www.SpecialOlympics.org/Privacy-Policy.aspx).

7. **Background Check Authorization.** [APPLIES TO ADULTS ONLY] I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.

8. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I hereby release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants (“Releasees”) related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

Name:

**VOLUNTEER / UNIFIED PARTNER SIGNATURE** (required for adult with capacity to sign legal documents)
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Volunteer/Unified Partner Signature: __________________________ Date: __________

**PARENT / GUARDIAN SIGNATURE** (required for participant who is a minor or lacks capacity to sign legal documents)
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.

Parent / Guardian Signature: __________________________ Date: __________

Printed Name: __________________________ Relationship: __________________________

Those over 18 are required to complete the following with the application: Online Protective Behaviors Training, Online Concussion Training, and Online Volunteer Orientation. For those U18, only the Online Volunteer Orientation Training is required along with application. All of the items listed can be found at [http://soky.org/coachcertification/](http://soky.org/coachcertification/).

Mail Form/Driver’s License copy to: SOKY, 105 Lakeview Court, Frankfort, KY 40601 or Fax to 502-695-0496

February 2019

62
ATHLETE REGISTRATION FORM

Special Olympics State Program: __________________________

Are you a new athlete to Special Olympics or Re-Registering? □ New Athlete  □ Re-Registering

<table>
<thead>
<tr>
<th>ATHLETE INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Preferred Name:</td>
</tr>
<tr>
<td>Date Birth (mm/dd/yyyy):</td>
<td>□ Female  □ Male</td>
</tr>
</tbody>
</table>

Race/Ethnicity (Optional):
- □ American Indian/Alaskan Native
- □ Black or African American
- □ White
- □ Asian
- □ Native Hawaiian or Other Pacific Islander
- □ Hispanic or Latino (specific origin group: __________________________)

Language(s) Spoken in Athlete’s Home (Optional): Check all that apply
- □ English
- □ Spanish
- □ Other (please list): __________________________

Street Address:
- City:
- State:
- Postal Code:
- Phone:
- E-mail:

Sports/Activities:

Athlete Employer, if any (Optional):

Does the athlete have the capacity to consent to medical treatment on his or her own behalf? □ Yes  □ No

PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)

Name:

Relationship:
- □ Same Contact Info as Athlete

Street Address:
- City:
- State:
- Postal Code:
- Phone:
- E-mail:

EMERGENCY CONTACT INFORMATION
- □ Same as Parent/Guardian

Name:

Phone:  Relationship:

PHYSICIAN / INSURANCE INFORMATION

Physician Name:

Physician Phone:

Insurance Company:  Insurance Policy Number:

Insurance Group Number:

Athlete Registration Form for US Programs – updated July 2017
ATHLETE RELEASE FORM

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics to use my photo, video, name, voice, and words to promote Special Olympics and raise funds for Special Olympics. For this form, “Special Olympics” means all Special Olympics organizations.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
   - □ I have a religious or other objection to receiving medical treatment.
   - □ I do not consent to blood transfusions.
   (If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Overnight Stay.** For some events, I may stay in a hotel or someone’s home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Special Olympics is collecting my personal information.
   - I consent to Special Olympics using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related operations and activities; and provide event-related services.
   - I consent to Special Olympics using my email address and creating a profile of me for communications and marketing purposes.
   - I understand that Special Olympics may disclose my personal information to medical professionals in the event of an emergency and to third party researchers to analyze data for the purposes of improving Special Olympics programming and identifying and responding to the needs of Special Olympics participants.
   - I understand that Special Olympics may disclose my personal information to government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
   - I understand Special Olympics is a global organization with headquarters in the United States of America. I consent to Special Olympics storing and processing my personal information in countries, including the United States of America, that have laws requiring a different level of privacy and data protection.
   - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to make changes to or delete my information.

ATHLETE NAME: _______________________________ Email: _______________________________

ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: _______________________________ Date: ______________

PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: _______________________________ Date: ______________

Printed Name: _______________________________ Relationship: _______________________________

Updated 4 August 2017
**Athlete Medical Form – HEALTH HISTORY**
(To be completed by the athlete or parent/guardian/caregiver and brought to exam)

**Athlete First & Last Name:** ____________________________  **Preferred Name:** ____________________________  
**Athlete Date of Birth (mm/dd/yyyy):** ____________________________  
[ ] Female  [ ] Male

**STATE PROGRAM:** ____________________________  **E-mail:** ____________________________

### ASSOCIATED CONDITIONS - Does the athlete have (check any that apply):

- [ ] Autism  
- [ ] Down Syndrome  
- [ ] Fragile X Syndrome  
- [ ] Cerebral Palsy  
- [ ] Fetal Alcohol Syndrome  
- [ ] Other Syndrome, please specify: ____________________________

### ALLERGIES & DIETARY RESTRICTIONS

- [ ] No Known Allergies  
- [ ] Latex  
- [ ] Medications: ____________________________  
- [ ] Insect Bites or Stings: ____________________________  
- [ ] Food: ____________________________

List any special dietary needs:

### ASSISTED DEVICES - Does the athlete use (check any that apply):

- [ ] Brace  
- [ ] Colostomy  
- [ ] Communication Device  
- [ ] C-PAP Machine  
- [ ] Crutches or Walker  
- [ ] Dentures  
- [ ] Glasses or Contacts  
- [ ] G-Tube or J-Tube  
- [ ] Hearing Aid  
- [ ] Implanted Device  
- [ ] Inhaler  
- [ ] Pacemaker  
- [ ] Removable Prosthetics  
- [ ] Splint  
- [ ] Wheel Chair

### SPORTS PARTICIPATION

List all Special Olympics sports the athlete wishes to play:

### SURGERIES, INFECTIONS, VACCINES

Has a doctor ever limited the athlete’s participation in sports?  
[ ] No  [ ] Yes  
*If yes, please describe: ____________________________

List all past surgeries:

Does the athlete currently have any chronic or acute infection?  
[ ] No  [ ] Yes  
*If yes, please describe: ____________________________

Has the athlete ever had an abnormal Electrocardiogram (EKG) or Echocardiogram (Echo)?  
[ ] Yes, had abnormal EKG  
[ ] Yes, had abnormal Echo  

Has the athlete had a Tetanus vaccine in the past 7 years?  
[ ] No  [ ] Yes

### EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any type of seizure disorder  
[ ] No  [ ] Yes  
*If yes, list seizure type: ____________________________

*If yes, had seizure during the past year?  
[ ] No  [ ] Yes

### MENTAL HEALTH

Self-injurious behavior during the past year  
[ ] No  [ ] Yes  
<table>
<thead>
<tr>
<th>Depression (diagnosed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No</td>
</tr>
</tbody>
</table>

Aggressive behavior during the past year  
[ ] No  [ ] Yes  
<table>
<thead>
<tr>
<th>Anxiety (diagnosed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No</td>
</tr>
</tbody>
</table>

Describe any additional mental health concerns:

### FAMILY HISTORY

Has any relative died of a heart problem before age 50?  
[ ] No  [ ] Yes

Has any family member or relative died while exercising?  
[ ] No  [ ] Yes

List all medical conditions that run in the athlete’s family:

Medical Form for US Programs – updated July 2017

Special Olympics Medical Form | 1 of 4

65
## Athlete Medical Form – HEALTH HISTORY
(To be completed by the athlete or parent/guardian/caregiver and brought to Exam)

**Athlete’s First and Last Name:**

<table>
<thead>
<tr>
<th>HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Consciousness</td>
</tr>
<tr>
<td>Dizziness during or after exercise</td>
</tr>
<tr>
<td>Headache during or after exercise</td>
</tr>
<tr>
<td>Chest pain during or after exercise</td>
</tr>
<tr>
<td>Shortness of breath during or after exercise</td>
</tr>
<tr>
<td>Irregular, racing or skipped heart beats</td>
</tr>
<tr>
<td>Congenital Heart Defect</td>
</tr>
<tr>
<td>Heart Attack</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
</tr>
<tr>
<td>Heart Valve Disease</td>
</tr>
<tr>
<td>Heart Murmur</td>
</tr>
<tr>
<td>Endocarditis</td>
</tr>
</tbody>
</table>

*If female athlete, list date of last menstrual period: ____________________________*

**Describe any past broken bones or dislocated joints:**

(If yes is checked for either of those fields above)

**List any other ongoing or past medical conditions:**

### Neurological Symptoms for Spinal Cord Compression and Atlanto-axial Instability

| Difficulty controlling bowels or bladder  | □ No □ Yes | □ No □ Yes | If yes, is this new or worse in the past 3 years?  | □ No □ Yes |
| Numbness or tingling in legs, arms, hands or feet  | □ No □ Yes | □ No □ Yes | If yes, is this new or worse in the past 3 years?  | □ No □ Yes |
| Weakness in legs, arms, hands or feet  | □ No □ Yes | □ No □ Yes | If yes, is this new or worse in the past 3 years?  | □ No □ Yes |
| Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet  | □ No □ Yes | □ No □ Yes | If yes, is this new or worse in the past 3 years?  | □ No □ Yes |
| Head Tilt  | □ No □ Yes | □ No □ Yes | If yes, is this new or worse in the past 3 years?  | □ No □ Yes |
| Spasticity  | □ No □ Yes | □ No □ Yes | If yes, is this new or worse in the past 3 years?  | □ No □ Yes |
| Paralysis  | □ No □ Yes | □ No □ Yes | If yes, is this new or worse in the past 3 years?  | □ No □ Yes |

### PLEASE LIST ANY MEDICATION, VITAMINS OR DIETARY SUPPLEMENTS BELOW
(includes inhalers, birth control or hormone therapy)

<table>
<thead>
<tr>
<th>Medication, Vitamin or Supplement Name</th>
<th>Dosage</th>
<th>Times per Day</th>
<th>Medication, Vitamin or Supplement Name</th>
<th>Dosage</th>
<th>Times per Day</th>
<th>Medication, Vitamin or Supplement Name</th>
<th>Dosage</th>
<th>Times per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the athlete able to administer his or her own medications? □ No □ Yes

### Name of Person Completing this Form | Relationship to Athlete | Phone | Email

Medical Form for US Programs – updated July 2017

Special Olympics Medical Form | 2 of 4
### MEDICAL PHYSICAL INFORMATION

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BMI (optional)</th>
<th>Temperature</th>
<th>Pulse</th>
<th>O₂Sat</th>
<th>Blood Pressure (in mmHg)</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>cm</td>
<td>kg</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>BP Right:</td>
<td></td>
</tr>
<tr>
<td>in</td>
<td>lbs</td>
<td>Body Fat %</td>
<td>F</td>
<td></td>
<td></td>
<td>BP Left:</td>
<td></td>
</tr>
</tbody>
</table>

- Right Hearing (Finger Rub): Responds, No Response, Can’t Evaluate
- Left Hearing (Finger Rub): Responds, No Response, Can’t Evaluate
- Right Ear Canal: Clear, Cerumen, Foreign Body
- Left Ear Canal: Clear, Cerumen, Foreign Body
- Right Tympanic Membrane: Clear, Perforation, Infection
- Left Tympanic Membrane: Clear, Perforation, Infection
- Oral Hygiene: Good, Fair, Poor
- Thyroid Enlargement: No, Yes
- Lymph Node Enlargement: No, Yes
- Heart Murmur (supine): No, 1/6 or 2/6, 3/6 or greater
- Heart Murmur (upright): No, 1/6 or 2/6, 3/6 or greater
- Heart Rhythm: Regular, Irregular
- Lungs: Clear, Not clear
- Right Leg Edema: No, 1+, 2+, 3+, 4+
- Left Leg Edema: No, 1+, 2+, 3+, 4+
- Radial Pulse Symmetry: Yes, R>L, L>R
- Cyanosis: No, Yes, describe
- Clubbing: No, Yes, describe

**Bowel Sounds:** Yes, No
**Hepatomegaly:** No, Yes
**Splenomegaly:** No, Yes
**Abdominal Tenderness:** No, RUQ, RLQ, LUQ, LLQ
**Kidney Tenderness:** No, Right, Left
**Right upper extremity reflex:** Normal, Diminished, Hyperreflexia
**Left upper extremity reflex:** Normal, Diminished, Hyperreflexia
**Left lower extremity reflex:** Normal, Diminished, Hyperreflexia
**Right lower extremity reflex:** Normal, Diminished, Hyperreflexia
**Neck & Back Mobility:** Full, Not full, describe below
**Upper Extremity Mobility:** Full, Not full, describe below
**Lower Extremity Mobility:** Full, Not full, describe below
**Upper Extremity Strength:** Full, Not full, describe below
**Lower Extremity Strength:** Full, Not full, describe below
**Loss of Sensitivity:** No, Yes, describe below

### SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

- **Athlete shows NO EVIDENCE** of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability.
- OR
- **Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and must receive an additional neurological evaluation to rule out additional risk of spinal cord injury prior to clearance for sports participation.**

### ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

- This athlete is **ABLE** to participate in Special Olympics sports without restrictions.
- This athlete is **ABLE** to participate in Special Olympics sports **WITH** restrictions. Describe →
- This athlete **MAY NOT** participate in Special Olympics sports at this time & **MUST** be further evaluated by a physician for the following concerns:
  - **Concerning Cardiac Exam:** Acute Infection
  - **Concerning Neurological Exam:** Stage II Hypertension or Greater
  - Other, please describe:

### Additional Licensed Examiner’s Notes and Recommended (but not required) Follow-up:

- Follow up with a cardiologist
- Follow up with a vision specialist
- Follow up with a podiatrist
- Other/Exam Notes:

### Signature of Licensed Medical Examiner

Name: 
E-mail: 
Phone: 
License #: 

Medical Form for US Programs – updated July 2017
Athlete’s First and Last Name: ____________________________________________

This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required. Athlete should bring the previously completed pages to the appointment with the specialist.

Examiner’s Name: ________________________________________________________
Specialty: ________________________________________________________________

I have been asked to perform an additional athlete exam for the following medical concern(s) - Please describe:

☐ Concerning Cardiac Exam    ☐ Acute Infection   ☐ O₂ Saturation Less than 90% on Room Air
☐ Concerning Neurological Exam ☐ Stage II Hypertension or Greater   ☐ Hepatomegaly or Splenomegaly
☐ Other, please describe:

In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):

☐ Yes    ☐ Yes, but with restrictions (list below)    ☐ No

Additional Examiner Notes/Restrictions:

Examiner E-mail: _________________________________________________________
Examiner Phone: _________________________________________________________
License: ________________________________________________________________

Examiner’s Signature ____________________________ Date ________________

This section to be completed by Special Olympics staff only, if applicable.

This medical exam was completed at a MedFest event? ☐ Yes ☐ No
The athlete is a Unified Partner or a Young Athlete Participant? ☐ Unified Partner ☐ Young Athlete
NEW LOCAL TEAM/PROGRAM REGISTRATION

A local team/program can be a school, an association, a team, an ARC group, or any grouping of individuals that join together in their objectives to form a Special Olympics team/program. If no groups exist within your community, ONE individual can register and be considered a local team/program.

IMPORTANT: Please complete and return this form to SOKY ASAP. Completion of this form does NOT register your athletes in specific Tournaments/Competition. You will need to complete an event-specific registration form. By completing this form, you will ensure that your local team/program is recognized and active in our system and will begin to receive information.

County __________________ Local Team/Program Name______________________________

Head Coach of Local Team/Program _______________________________________________

Duties: Main point of contact, registration of athletes for competitions and events,

E-Mail Address ________________________________

Address ________________________________________________________________

City __________________ State ________ Zip __________________

Work Phone ____-____-______ Ext ____Home ____-____-______ Fax Number ____-____-______

Estimated number of athletes in your Local Team/Program ____________

Please check the category which best describes your local team/program:
☐ Private Institution/Group Home ☐ Community Care Program
☐ Independent Program (no school/group home) ☐ Combined Program ________________
☐ School Based Program (open to outside participants? ___ yes ___ no)

Please check the sport(s) in which your Local Team/Program would like to receive GENERAL INFORMATION (sign-up info, clinic info, camp info, etc):

Fall Sports (August-December) Winter Sports (November-March) Spring Sports (February-June) Summer Sports (June-September)
☐ Bowling ☐ Alpine Skiing ☐ Aquatics ☐ Golf
☐ Equestrian ☐ Basketball ☐ Bocce ☐ Softball
☐ Flag Football ☐ Cheerleading ☐ Gymnastics - Rhythmic ☐ Track and Field
☐ Gymnastics - Artistic ☐ Snow Shoeling ☐ Soccer

Please check for which sport(s) you NEED to receive a COMPETITION REGISTRATION PACKET – Please check a sport ONLY if you will be the person responsible for making sure athletes are registered for Tournaments and Competitions:

Fall Sports (August-December) Winter Sports (November-March) Spring Sports (February-June) Summer Sports (June-September)
☐ Bowling ☐ Alpine Skiing ☐ Aquatics ☐ Golf
☐ Equestrian ☐ Basketball ☐ Bocce ☐ Softball
☐ Flag Football ☐ Cheerleading ☐ Gymnastics - Rhythmic ☐ Track and Field
☐ Gymnastics - Artistic ☐ Snow Shoeling ☐ Soccer
SPECIAL OLYMPICS KENTUCKY
MATERIALS REQUEST FORM

Each Individual and/or group that registers will receive a SOKY Program Guide and Insurance Guidelines. Below is a list of additional materials that you may request. 
(All Sports Manuals include information on how to acquire a copy of the respective sport NGB (National Governing Body), Rules and any modifications or adaptations SOKY has made to those rules.)

PLEASE CHECK THE APPROPRIATE BOX:

- Alpine Skiing
- Aquatics Manual
- Track & Field Manual
- Basketball Manual
- Bocce Manual
- Bowling Manual
- Cheerleading Manual
- Unified Sports Brochure
- Equestrian Manual
- Snowshoeing Manual
- Gymnastics Manual (ARTISTIC)
- Gymnastics Manual (RHYTHMIC)
- Golf Manual
- Soccer Manual
- Softball Manual
- Art Rules
- Flag Football Manual

Each athlete participant MUST maintain a valid Special Olympics medical on file with the Special Olympics State office in Frankfort. Medicals are valid for 3 years and must be signed by a Physician, PA or ARNP.

How many Athlete Medical Forms do you need? ______

Volunteers who work with Special Olympics athletes in an on-going capacity (officials, coaches, chaperones, and bookkeepers) and/or volunteers who serve in a fiscal and/or committee role MUST complete the Volunteer Application process and obtain "Class A Active" volunteer status from the SOKY office. Please reference the volunteer screening policies on page one of the application.

How many Volunteer Applications do you need? ______

Unified Sports is a program that combines Special Olympics athletes with athletes without an intellectual disability on sports teams for training and competition. Individuals who will serve as the Unified Partner on a team MUST complete a Unified Sports Partner Application and a Volunteer Application Form. Special Olympics athletes do not need to complete this form.

How many Unified Sports Partner Application Forms do you need? _____

Please return to: Special Olympics Kentucky
Attn: New Registration
105 Lakeview Court
Frankfort, KY 40601 OR
Fax To – 502/695-0496*

70
**SPECIAL OLYMPICS**

**FIRST REPORT OF ACCIDENT**

**INCIDENT**

---

**U.S. Program/Area:** __________________________ **Date of Incident:** ____________

**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: ______-____-______

---

**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: __________________________

---

**Sport**

□ Alpine Skiing □ Aquatics □ Athletics □ Badminton □ Baseball □ Basketball □ Bocce □ Bowling □ Cheerleading □ Cross Country Ski □ Cycling □ Equestrian □ Figure Skating □ Floor Hockey □ Golf □ Gymnastics □ Power Lifting □ Relay Game □ Roller Skating □ Sailing □ Snowboarding □ Snowshoe □ Soccer □ Softball □ Speed Skating □ Swimming □ Table Tennis □ Team Handball □ Tennis □ Track & Field □ Volleyball □ Other: __________________________

---

**Body Part Injured:**

□ Head □ Neck □ Torso □ Back □ Hand (L / R) □ Finger (L / R) □ Elbow (L / R) □ Shoulder (L / R) □ Leg (L / R) □ Knee (L / R) □ Thigh (L / R) □ Shin (L / R) □ Toe (L / R) □ Other: __________________________

---

**Contact/Care Provider Information**

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

Relationship to the injured person: __________________________

Name: ____________________________

Address: ____________________________

Home Phone: (_____) _______ - _______

**Employer Name:** __________________________

**Employer Address:** __________________________

Work 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:

________________________________________________________________________

---

71
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: _______________________________________________________

Send completed form to: Special Olympics Kentucky, 105 Lakeview Court, Frankfort, KY 40601 Fax: 502-695-0496

If injury was serious or a fatality: IMMEDIATELY notify American Specialty Insurance Services, Inc.
Telephone: (800) 566-7941 (24 hours a day / 7 days a week) AMER: 189207 – SpecOlym Inc. Rep. Form 03-04
SPECIAL OLYMPICS
REQUEST FOR CERTIFICATE OF INSURANCE
(This form is only utilized when a facility/organization requires a certificate of insurance)

1. Date: __________________________ Person Completing this Form: __________________________

2. U.S. Program/Area: __________________________

3. U.S. Program/Area Address: __________________________

4. U.S. Program/Area Phone No. (_____ ) Fax (____ ) E-mail __________________________

5. Name of Event: __________________________ Date(s) of Event: __________________________

6. Site or Location of Event: __________________________

7. Is this Event a Fundraising Activity? ☐ Yes ☐ No
   If the event is a Fundraising Activity, please provide answers to the following:
   a. Will the event last more than 7 consecutive days? ☐ Yes ☐ No
   b. Will more than 5,000 spectators/participants be in attendance of the event? ☐ Yes ☐ No
   c. Are participants required to sign a Release of Liability Waiver? ☐ Yes ☐ No

Please attach any pertinent information regarding fundraising activities (brochure, advertisement, specific details)

Note: If the event involves any of the following, please contact Teresa Capps-McGill at tcapps-mcgill@skok.org or 502-695-8222 immediately, as the policy either specifically EXCLUDES coverage for these events or requires the U.S. Program to meet certain underwriting requirements. Coverage is not provided for the following activities unless approved in advance by the Insurer:

- Alcohol
- Rock Climbing Walls
- Aircraft (other than a Plane Pull)
- Animals (other than Equestrian practices/competitions)
- Firearms
- Fundraising Events lasting more than 7 consecutive days
- Inflatable Devices
- Mechanical Rides
- Golf Ball Drops
- Fireworks
- Rodeos
- Fundraising Events with more than 5,000 people (including and participants) in attendance

8. Is the Event Exclusively for Special Olympics Athletes? ☐ Yes ☐ No

9. Is the Event Sponsored by a Special Olympics Program? ☐ Yes ☐ No

10. Is the Event Conducted by a Special Olympics Program? ☐ Yes ☐ No

11. Is Alcohol Being Served at the Event? ☐ Yes ☐ No

   If so, please provide additional details (such as alcohol is included in the ticket price, cash bar, donated: __________________________

12. Certificate Holder (entity requiring certificate): __________________________

13. Does the Certificate Holder require Additional Insured status*? ☐ Yes ☐ No

   a. If so, please outline the requested Additional Insured wording: __________________________

   b. If so, please outline the Additional Insured’s role in the event (such as sponsor, location of event, etc.): __________________________

14. Certificate Holder Contact Person: __________________________

15. Certificate Holder Address: __________________________

16. Certificate Holder Phone No.: (_____ ) Fax: (____ ) E-mail: __________________________

*ADDITIONAL INSURED STATUS SHOULD BE PROVIDED ONLY IF IT IS A REQUIREMENT OF THE CERTIFICATE HOLDER.

17. Are you required to enter into an agreement/contract/permit with another party relative to the above-refenced event that contains assumption of liability, indemnification, or hold harmless language? ☐ Yes ☐ No

   If so, please send a copy of the contract with the Certificate Request Form.

Original Certificate should be sent to: ☐ Certificate Holder ☐ U.S. Program

SEND TO: Teresa Capps-McGill
Special Olympics Kentucky
105 Lakeview Court
Frankfort, KY 40601
502-695-8222 or 1-800-633-7403
502-695-0496 (fax)
Intent to open a Special Olympics Checking Account

Please complete the information below if your Local Program intents to open a checking account. All volunteers dealing with the checking account must have completed a Volunteer Application and be Approved Volunteers before the account can be established.

Local Delegation Name ___________________________________________

Head of Delegation _____________________________________________

List the individuals who will be signers or have responsibility over the checking account:

________________________________________________________________________

________________________________________________________________________

Bookkeeper/Treasurer for the Local Account

Name ________________________________________________________________

Address ____________________________________________________________

City ___________________________ State ____________ Zip ________________

Work Phone (    ) ______________________ Home Phone (    ) ______________________

Cell Phone (    ) ______________________ E-mail Address ______________________

Please list the name/address of the bank your local program intends to use for the checking account.

Bank Name _________________________________________________________

Address ___________________________________________________________

City ___________________________ State ____________ Zip ________________

Phone (    ) ______________________ Fax (    ) ______________________

Please fax or mail this form to:

Teresa Capps-McGill
Special Olympics Kentucky
105 Lakeview Court
Frankfort, KY 40601
502-695-0496 (fax) 1-800-633-7403

If there are no issues, the bookkeeper will be mailed a packet of information/requirements for establishing the checking account.
Special Olympics Kentucky Fundraising Application

Submitted by ___________________________ Date ______/____/____
Program Name ____________________________
Address _______________________________________
City __________________________ State _________ ZIP ________
Phone ( ) ______ - ______ County _______________ Area ______
E-Mail _______________________________________

PROJECT INFORMATION

When appropriate and applicable, Special Olympics Kentucky can help promote Local program fundraising events, therefore it is helpful to provide as much event information as possible.

Project Title ___________________________ Project Date ______/____/____
Project Location __________________________
Project Description & Details ___________________________________________
_________________________________________________________________
_________________________________________________________________

If the project requires admission/entrance fee, what is the fee? ______

Plan of Action: (Please give a detailed description of event & times)
  1). _______________________________________________________________
  2). _______________________________________________________________
  3). _______________________________________________________________

Projected Amount to be Raised: $______ Estimated Expenses: $______
How will the funds be used? __________________________________________
_________________________________________________________________
_________________________________________________________________
Name of account where funds will be deposited _______________________ Is this account current with monthly bookkeeping reports? Yes/No

Does this event require a signed contract? Yes/No ______ If yes, read below:

APPROVAL

[ ] See the reverse side of this form for additional instructions or comments.

[ ] This project has been approved, proceed with your plans. Good Luck!
Approved by _______________ Date ______/____/____

Vice President of Field & Athlete Services

OVER
SIGNING CONTRACTS
Local Program Representatives are not authorized to sign a contractual agreement with any outside fundraising group or organization. If your event requires a contract it must be attached with the Local Program Fundraising Form and be pre-approved by Special Olympics Kentucky’s insurance provider. You will receive written notice of approval from the Vice President of Field & Athlete Services.

SOLICITATION
If solicitation involves corporate or business approach, the Corporate/Business Information Block must be completed.

CORPORATE/BUSINESS INFORMATION

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone (  )_________ - _________ Ext_________

Contact Name

Title _____________________ Division _____________________

Amount Requested $____________________

Amount Received $____________________

MAILING INSTRUCTIONS
Two copies of this application MUST be prepared. Send the original to the Vice President of Field & Athlete Services for approval and keep one for your records. If you have any questions contact the Vice President of Field & Athlete Services at 1-800-633-7403 or 502-695-8222; Special Olympics Kentucky *105 Lakeview Court * Frankfort, KY 40601-8749
Special Olympics Kentucky
Fundraising Report

All fundraising reports must be on file with the Vice President of Field & Athlete Services thirty (30) work days following the event.

MAIL TO: Special Olympics Kentucky
Attn: Vice President of Field & Athlete Services
105 Lakeview Court
Frankfort, KY 40601-8749

Project submitted by

Project Title ____________________________ Area _______________________

Project Date: _____/_____/_____ County ______________________________

Location: ____________________________________________________________

<table>
<thead>
<tr>
<th>Total Income</th>
<th>$__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses (-)</td>
<td>$__________</td>
</tr>
<tr>
<td><strong>NET INCOME</strong></td>
<td>$__________</td>
</tr>
</tbody>
</table>

COMMENTS:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Year-Round Partners

Texas Roadhouse

TOYOTA
Proud Member

Community Health Charities
Kentucky