



2011 WORLD GAMES STANDARDS

Listed below is information regarding expectations & responsibilities of Athletes, Parent/Guardians, World Games Coaches & Home Coaches concerning preparation for and attendance at the upcoming 2011 Special Olympics World Games in Athens, Greece.

Eligibility

To be eligible to advance to World Games competition, individuals must meet the following criteria:

- The individual is a person with an intellectual disability who is at least 8 years of age or older and meets the eligibility requirements as stated in the General Rules. The individual is currently active in the Special Olympics Oklahoma program of training & competition in the sport in which he/she has applied.
- The individual competed in the 2010 SOOK Summer Games in the sport in which he/she has applied and was a medalist in the sport at that competition.

Athlete Standards

The Athlete must agree to fulfill the following expectations to be accepted for Team USA:

- Be willing & able to commit to an intensive training and fitness program as prescribed by your local Home Coach and World Games Coach.
- Train as scheduled with an assigned Home Coach to practice sports skills & improve fitness.
- Arrange to provide transportation to & from training sessions and Camps as required.
- Agree to attend the Team USA Training Camp (TBA) prior to the Games in Greece.
- Agree to respect & cooperate throughout the Games with all athletes, coaches & officials.
- Demonstrate good sportsmanship, dedication to training and a desire to excel in sports.

Parent/Guardian Standards

Parent/Guardians must agree to fulfill the following expectations in order for their athlete to be accepted for Team USA.

- Agree to allow your athlete to attend the 2011 World Games in their entirety.
- Agree to allow your athlete to attend scheduled Team USA Training Camp prior to Games.
- Agree to allow your athlete to be in the care of Team USA sport coaches & delegates who will be with the athletes 24/7 during the Games, including @ the housing venue.
- Attend all scheduled World Games meetings scheduled by Team USA or Oklahoma.
- Provide transportation for your athlete to all local or state training sessions as scheduled.
- Assist the athlete, as necessary, with their employer or school to secure time-off as needed.
- Ensure the athlete has essential clothing items & shoes, as well as personal items needed for training and Games.
- Agree to provide complete & accurate information concerning the athlete as requested. (If selected a Team USA Application & Medical will be required to be submitted.)
- Assist the athlete in scheduling & securing a World Games athlete medical/release.
- Agree to submit all required forms by their required deadline dates.
- Assist Team USA and Special Olympics Oklahoma in World Games fundraising.

Local Home Coach Standards

- Work with the World Games sport Coach & SOOK Training Director to develop a training plan and fitness schedule for the athlete.
- Assist in assessing the athlete's fitness level and developing a fitness program to assist the athlete in developing top physical conditioning necessary for the Games.
- Conduct training sessions with athlete in their sport to develop skills & techniques and improve performance, stamina and overall fitness.
- Communicate with the World Games Coach concerning problems or concerns with the athlete, or parent/guardian concerning the athlete's training or fitness.

NOTE: Team USA and Special Olympics Oklahoma retains the right & responsibility to remove athletes or coaches from the 2011 World Games Team if – at any point – they, or their parent/guardians, do not meet the expectations of their role as a Team member.

2011 WORLD GAMES

Team USA Oklahoma Athlete/Partner Nomination Form

World Games – June 17th – July 5th , 2011 – Athens, Greece

Athlete Information

Name _____ Male Female

Age _____ Date of Birth: Month _____ Day _____ Year _____

Home Address _____

City / Zip _____ / _____

Day Phone () _____ Night Phone () _____

Check as applies: Athlete is on a Team Athlete competes as an Independent

Team Name _____

Head Coach Name _____

Day Phone _____ / _____ Cell Phone _____ / _____

Athlete is: Full-time student Employed full-time Employed part-time

School or Place of Employment _____

Type of work Athlete does if employed _____

Name of Work Supervisor if employed _____

Parent/Guardian Information

Name & Relationship _____

Home Address _____

City / Zip _____ / _____

Home Phone _____ / _____

Wk Phone _____ / _____ Mother Father

Cell Phone _____ / _____ Mother Father

Parent/Guardian Info. cont.

Cell Phone _____/_____ Mother Father

Work Email _____

Home Email _____

Emergency Contact Name _____

Day Phone _____/_____ Night Phone _____/_____

Relationship to Athlete _____

Local Home Coach Information

Team Name _____

Coach Name _____

Day Phone _____/_____ Night Phone _____/_____

Cell Phone _____/_____ Fax _____/_____

Home Coach Email _____

World Games - Sports Quotas

Sport applied for as National Games athlete – *pick one Sport only.*

*** Athletics** – 1 Male

Traditional Bocce – 1 Male / 1 Female

Bowling – 1 Male *** We have requested this slot – but may NOT get it.**

Number of years athlete has participated in the selected sport _____

In ***** sports - list events in which athlete competes (ex. – Athletics – 100M Run): _____

Did the athlete compete & Medal in this sport @ 2010 Summer Games competition? Yes No

Events @ 2010 SG _____

Health Information

Evaluate the athlete's overall physical fitness: Excellent Good Fair Poor

Check as applies: **Wheelchair** Yes No **Leg braces** Yes No

Walker/Crutches/Cane Yes No **Sight impaired** Yes No

Hearing impaired Yes No **Seizures** Yes No **Uses Tobacco** Yes No

What health issues does the athlete deal with daily or occasionally _____

List medications & dosages the athlete is currently taking: **PLEASE PRINT NEATLY**

Medication Name	Dosage	Prescription Date	Times Per Day

Athlete Inventory

Evaluate the Athlete's level of independence (*1 = Low / 10 = High*)

1 2 3 4 5 6 7 8 9 10

Athlete can feed him/herself without supervision. Yes No

Athlete can shower, brush teeth, hair care, dress, etc. without supervision. Yes No

Explain help needed: _____

Amount of time Athlete requires in the morning to groom & dress: _____

Will it be overly hard on the Athlete to be away from home? Yes No

Does the Athlete have difficulty following directions? Yes No

If Yes, please explain: _____

Behaviors *(please check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Bites self |
| <input type="checkbox"/> Hits others unprovoked | <input type="checkbox"/> Bangs head |
| <input type="checkbox"/> Throws things | <input type="checkbox"/> Eats foreign objects |
| <input type="checkbox"/> Pulls hair | <input type="checkbox"/> Overly fearful |
| <input type="checkbox"/> Bites others | <input type="checkbox"/> Likes to be alone |
| <input type="checkbox"/> Teases others | <input type="checkbox"/> Cries often |
| <input type="checkbox"/> Runs away | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Overly dependent on adults | <input type="checkbox"/> Gets homesick |
| <input type="checkbox"/> Wets bed | <input type="checkbox"/> Shy & withdrawn |
| <input type="checkbox"/> Other _____ | |

Please give a brief description of your Athlete's behavior, attitude, independence level, etc.

Uniform Information

Please indicate the correct sizes for the athlete below.

❖ ***Use a measuring tape - Measure carefully & provide accurate measurements.***

Height _____ Weight _____ Waist _____ Hips _____ Chest _____

Shoe size – R _____ L _____ Adult shoe Children's shoe

List the size the Athlete normally wears in each of the following clothing items:

✚ ***Females should also list the size they would need in a Men's sizes.***

Men's Sizes

- | | | | | | |
|---------------------|--------------------------------|---------------------------------|--------------------------------|----------------------------------|----------------------------------|
| T-shirt | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | X Large <input type="checkbox"/> | 2XLarge <input type="checkbox"/> |
| Polo shirt | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | X Large <input type="checkbox"/> | 2XLarge <input type="checkbox"/> |
| Shorts/Pants | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | X Large <input type="checkbox"/> | 2XLarge <input type="checkbox"/> |
| Jacket | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | X Large <input type="checkbox"/> | 2XLarge <input type="checkbox"/> |

Women's Sizes

- | | | | | | |
|---------------------|--------------------------------|---------------------------------|--------------------------------|----------------------------------|----------------------------------|
| T-shirt | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | X Large <input type="checkbox"/> | 2XLarge <input type="checkbox"/> |
| Polo shirt | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | X Large <input type="checkbox"/> | 2XLarge <input type="checkbox"/> |
| Shorts/Pants | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | X Large <input type="checkbox"/> | 2XLarge <input type="checkbox"/> |
| Jacket | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | X Large <input type="checkbox"/> | 2XLarge <input type="checkbox"/> |

Travel Information

Has the athlete ever traveled by charter bus? Yes No # of hours? _____

Has the athlete ever traveled by airplane? Yes No

Is the athlete able to sit comfortably for long periods of travel? Yes No

Does the athlete have discomfort or motion sickness while traveling? Yes No

Travel comments _____

Final Words

Please list the ways in which you think this Athlete/Partner will be an asset to the Team _____

Please share information about the Athlete/Partner you feel would be helpful to Team USA coaches who will be coaching & chaperoning the athlete at Camp and World Games in Greece _____

What are the Athlete's/Partner's limitations or challenges? _____

What are the Athlete's/Partner's strengths? _____

- ▶ **A current photo of the Athlete is required with this Nomination.**
- ▶ **Letters of support are encouraged.**
- ▶ **Include current SOOK Athlete Medical-Release**

Deadline to submit Nomination – May 24th, 2010

Athlete References

Please list 3 **non-family** references, including a current Coach or work Supervisor. References will be contacted to enhance background information.

1. Current Coach or Supervisor Name _____

Team or Business _____

Mailing Address _____

City _____ Zip _____

Day Phone () _____ Cell Phone () _____

Email Address _____

Number of years as athlete's Coach _____

2. Reference Name _____

Team or Organization _____

Mailing Address _____

City _____ Zip _____

Day Phone () _____ Cell Phone () _____

Email Address _____

3. Reference Name _____

Team or Organization _____

Mailing Address _____

City _____ Zip _____

Day Phone () _____ Cell Phone () _____

Email Address _____