

Spring 2019 -Ages 8 and UP

REGISTRATION INFOMATION

Application for Participation (AFP)

Special Olympics requires a current Athlete Physical Form (AFP) form or Partner Release form to participate. You must complete this registration form and have a current AFP form on file. An AFP must be signed by a doctor before you start practice. (*No other form is accepted*)

Blank AFP forms are available at the front desk of the Arc and in the "Athletes" section of the Arc's Special Olympics Webpage.

If you are unsure if you have a current form on record, Contact Kelley at so@arcoftricity.com or the front desk at The Arc 509-783-1131.

Contact Person

Please fill out an athlete and contact information form. This is the information coaches and Arc staff will use to communicate information such as changes in practice schedules. It can be a parent or care provider. Athletes who manage their own schedules can use their own information.

Emergency Contacts

Please indicate who needs to be notified in the event the athlete is injured or we have difficulty contacting them.

SPECIAL OLYMPICS COSTS

Special Olympics Soccer does not have a fee to join, however, it does carry expenses. Our community needs help fundraising, so it can continue. How can you help keep the Soccer Team going?

1. Promote and Support the Truck Raffle.
2. Seek donations from friends and family. Prizes are available at the \$100 and \$200 level.
3. Create a fundraising page at SOWA Impact and share it on social media. Prizes available at the \$100 and \$200 level.
4. Sell Area T-Shirts.

Truck Raffle, Friends and Family Donations and online Impact Donations stay local to help with team expenses such as regional travel, facilities and uniforms.

Polar Plunge and TIP A COP donations cover state travel, hotel costs at overnight tournaments, and state game expenses. Money raised in excess of event goal pays for local team regional travel.

Checks can be made out to SOWA or The Arc.



The Arc® Special Olympics
Tri-Cities Washington

PRACTICE SCHEDULE

Thursdays 5PM-7PM
 Lewis and Clark Elementary School
 Richland, WA

March 14
 March 21
 March 28
 April 11
 April 18
 April 25
 May 2

If Advancing to State Tournament

May 9
 May 16
 May 23
 May 30

VOLUNTEER POSITIONS

- Assistant Coaches
- Team Chaperones

VOLUNTEER REQUIREMENTS

- Complete the volunteer/coach registration form on the Special Olympics Washington website.
- Complete the Washington State Patrol Background Check.

TOURNAMENT DETAILS

East Region Soccer Tournament

Saturday – April 27, 2019

Yakima

Same Day Travel on team bus

State Spring Games

May 31st—June 2nd, 2019

Tacoma

Overnight Travel in vans and carpool

If you advance, please be prepared to provide a chaperone or attendant if needed. All paperwork for chaperones and background checks must be completed by May 6th

Paid care providers are responsible for maintaining their volunteer status with SOWA even though they are being paid by their agency.



Athlete Code of Conduct

The Arc **Special Olympics** *Tri-Cities* *Washington*

Contact Information

The Arc –Central Office
509-783 -1131

Jeff Beard — Head Coach
509-531-6486
jeffbeard1@hotmail.com

Beth Beard — Coach
509-946-1632
betsybeard1@hotmail.com

Melissa Roberts —Coach

Jesse Beard —Coach

Mike Ruane— Coach

Kelley Correio– Athlete Coordinator
509-531-2237
so@arcoftricity.com

Ken Martinson—Coach Coordinator
360-589-1916
kenm@arcoftricity.com

Donna Tracy– Area Director
783-1131 ext. 105,
509-947-6090
donnat@arcoftricity.com

Special Olympics is committed to the highest ideals of sport and expects all athletes to honor sports and Special Olympics.

The Code

All Special Olympics 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 and Competition

- 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 preliminaries just to get into an easier final heat.

Responsibility for My Actions

- I will not make inappropriate or unwanted physical, verbal or sexual advances on others.
- I will not drink alcohol, smoke or take illegal drugs while representing Special Olympics at training sessions, competition or during Games.
- I will not take drugs for the purpose of improving my performance.
- I will obey all laws and Special Olympics rules.

I understand that if I do not obey this Code of Conduct my Program or a Games Organizing Committee may not allow me to participate.



The Arc[®]

Tri-Cities

Special Olympics

Washington



Soccer
2018/2019
Athlete and Contact
Information Form

Athlete Name _____ Phone # _____

Address _____ Date of Birth ___/___/___

City _____ State _____ Zip _____ Age _____

Gender Male Female AFP Exp Date ___/___/___

Language English Spanish Other _____ Wheelchair Yes No

Contact Person Name _____ Cell Phone # _____

Relationship _____ E-mail Address _____

Emergency Contact # 1 _____ Phone # _____

Emergency Contact # 2 _____ Phone # _____

Are you willing to travel to regionals? Yes No

Are you willing to travel to state? Yes No

Who will take you to the regional and state tournaments if you make it?

MEDIA RELEASE

The Arc of Tri-Cities has my permission, (both during and any time after), to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of The Arc of Tri-Cities and/or applying for funds to support those purposes and activities.

Participant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____ 5