

SPECIAL OLYMPICS TEAM Nebraska
2022 SPECIAL OLYMPICS USA GAMES
ORLANDO, FLORIDA
Athlete/Partner Information Packet



Special Olympics
Nebraska

Athlete/Partner Name: _____
Date of Birth: _____
Gender: _____
Delegation: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Email: _____
Home Phone #: _____
Cell Phone #: _____

Parent/Guardian: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Email: _____
Home Phone #: _____
Cell Phone #: _____

Insurance Company & Policy
#: _____

Sport(s) Nominated For: _____
We have read and understand the Athlete/Partner Selection Criteria and expectations of athletes/partners selected to Team Nebraska, have met/interviewed this athlete/partner and believe he/she meets the requirements as outlined and wants to be a part of Team Nebraska
Name of Sport Coach: _____
Phone #: _____
Email: _____
Sport Coach Signature: _____
Date: _____
Name of Head of Delegation: _____
Phone #: _____
Email: _____
Head of Delegation Signature: _____
Date: _____

Completed Forms and a picture of all interested athletes and unified partners must be received by 8AM on January 4th, 2021. Keep a copy for your files.

Special Olympics Team Nebraska
Attn: Nate Parks and Dave Demyan
9427 F Street
Omaha, NE 68127
nparks@sone.org
ddemyan@sone.org

SPORTSMANSHIP * TEAMWORK * ACCOUNTABILITY * INTEGRITY * RESPECT



Athlete/Partner Selection Criteria

In order for athletes/partners to be eligible for selection to Special Olympics Team Nebraska, they must have competed in their respective sport/division during the 2019 or 2020 seasons. Athletes/partners selected to represent Team Nebraska at the 2022 Special Olympics USA Games must also demonstrate good sportsmanship and the ability to function well as a part of a team. Athletes/partners must not only be dedicated to their sport but must also have the ability to commit extra time to training, travel to training and be involved in other activities as determined by SONE or their coach. The athlete/partner must commit to health and fitness leading up to the games. In addition, the athlete/partner must meet all the individual criteria for selection to the Delegation:

- It is required that athletes/partners be at least 16 years of age.
- The athlete/partner should have participated in the sport(s) in which for which they are applying for during the 2019 or 2020 seasons.
- Each athlete selected must attend all training sessions as outlined by SONE. This may include weekend training camps that will require athletes to be away from home and work. Transportation problems will need to be worked out in advance.
- Family/legal guardian or Local Program contact must be present at all required meetings and orientations as outlined by SONE.
- Athletes/partners must be able to obtain a physical/physician's signature on a USA Games medical.
- Athletes must be able to handle independently and/or under Team Nebraska supervision a lengthy travel day (primarily air travel).
- Athletes must adhere to the Special Olympics Team Nebraska Code of Conduct.
- Athletes must be able to be assigned to a Team Nebraska Coach for the duration of their travel to/from the Games, during the Games, including in the housing site and competition venues and during the Delegation training camp prior to the Games.
- Athletes must be able to be out of the state, away from their families and jobs for approximately a one-week period to attend the Games (exact travel dates will be available at a later date).
- Athletes must be able to independently manage the activities and skills of daily living ie. toileting, showering, personal hygiene, etc.
- Athletes must be able to take care of themselves during the course of the USA Games with minimal contact from family members.
- Athletes selected to Team Nebraska must commit to a Team Nebraska Training Program in advance of the USA Games; This will not only include sport training, but a commitment to health and wellness.
- An athlete may be removed from the Delegation, at any time, for failure to adhere to the principals or fulfill the responsibilities of the criteria as set forth by the Special Olympics Team Nebraska HOD's. An athlete may also be removed from the Delegation for health and safety issues.
- All athletes selected to Team Nebraska will be under the direction of a Team Nebraska Coach who will supervise and assist the athletes in taking their medication, including self-medicating athletes.
- Athletes and Unified Partners must be able to fundraise independently an amount \$600 to supplement the Team Nebraska expenses.

NOTE: Non-Delegation members, ie. family members, Special Olympics staff, other athletes, may not be allowed to travel with the Special Olympics Team Nebraska Delegation.



Special Olympics Athlete's Code of Conduct

Special Olympics is committed to the highest ideals of sport and expects all athletes to Honor Sports and Special Olympics. All Special Olympics athletes and Unified Partners agree to the following code:

I. SPORTSMANSHIP

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

II. TRAINING AND COMPETITION

- A. I will train regularly.
- B. I will learn and follow the rules of my sport.
- C. I will listen to my coaches and the officials and ask questions when I do not understand.
- D. I will always try my best during training, divisioning, and competitions.
- E. I will not "hold back" in preliminaries just to get into an easier final heat.

III. RESPONSIBILITY FOR MY ACTIONS

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

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

NAME: _____

DATE: _____

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Special Olympics
Nebraska

Athlete/Partner Information *(please print or type)*

Full Legal Name:	<i>(First):</i>	<i>(Middle):</i>	<i>(Last):</i>
<hr/>			
<hr/>			
Is there a different first name you prefer to go by?			
<hr/>			
Mailing Address:			
<hr/>			
City, State, Zip:		Email:	
<hr/>		<hr/>	
Gender:	Male	Female	Date of Birth:
<hr/>		<hr/>	
Preferred Phone:		Best Time to Call:	
<hr/>		<hr/>	
Languages other than English spoken fluently <i>(please list):</i>			
<hr/>			
Special Olympics State Level Program:			
<hr/>			

Additional Contact Information

Parent/Legal Guardian

First Name:	<hr/>	Last Name:	<hr/>
Mailing Address:	<hr/>	City, State, Zip:	<hr/>
Day Phone:	<hr/>	Eve. Phone:	<hr/>
Cell Phone:	<hr/>	Fax:	<hr/>
Best Time to Call:	<hr/>	Email Address:	<hr/>

Emergency Contact *(if different from above)*

First Name:	<hr/>	Last Name:	<hr/>
Mailing Address:	<hr/>	City, State, Zip:	<hr/>
Day Phone:	<hr/>	Eve. Phone:	<hr/>
Cell Phone:	<hr/>	Fax:	<hr/>
Best Time to Call:	<hr/>	Email Address:	<hr/>
Relationship to Athlete:	<hr/>		

Local Coach *(person who has trained the athlete/partner locally in specific sport)*

First Name:	<hr/>	Last Name:	<hr/>
Mailing Address:	<hr/>	City, State, Zip:	<hr/>
Day Phone:	<hr/>	Eve. Phone:	<hr/>
Cell Phone:	<hr/>	Fax:	<hr/>
Best Time to Call:	<hr/>	Email Address:	<hr/>



Sports & Training Information

How many years has the athlete/partner trained in this/these sport(s)? _____

Does athlete/partner own the needed equipment for this/these sport(s)?

☐ Yes ☐ No

Has this athlete competed previously at higher competition?

☐ Yes ☐ No

If yes, what year(s)? _____ If yes, what sport(s)? _____

Does the athlete/partner have a current "Application for Participation in Special Olympics" and Consent Form on file with state program?

☐ Yes ☐ No

If yes, what is the expiration date of the medical? _____

Will this athlete and their support system be willing and able to commit to an intensive training program as prescribed by a Team Nebraska coach?

☐ Yes ☐ No

Can this athlete/partner attend training camps, meetings, and/or practices leading up to games?

☐ Yes ☐ No

Is this athlete/partner prepared and capable of spending approximately one(1) week away from home, school or work in June 2022 for the USA Games?

☐ Yes ☐ No

Behavior

Please indicate the most accurate response to ensure Team Nebraska has the most the most complete knowledge and understanding in order to provide a successful experience for the athlete/partner. Check any boxes listing behavior exhibited by the athlete/partner:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Bites self or others | <input type="checkbox"/> Elevated sexual interest | <input type="checkbox"/> Overly dependent on others | <input type="checkbox"/> Teases others |
| <input type="checkbox"/> Cries or becomes upset easily | <input type="checkbox"/> Exaggerates pain/illness | <input type="checkbox"/> Overly fearful | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Difficulty changing routines | <input type="checkbox"/> Excessive cursing/vulgarity | <input type="checkbox"/> Pulls own hair or others | <input type="checkbox"/> Throws objects |
| <input type="checkbox"/> Difficulty with authority | <input type="checkbox"/> Excessive physical touching | <input type="checkbox"/> Resistant to changes in diet | <input type="checkbox"/> Uncomfortable in crowds |
| <input type="checkbox"/> Difficulty taking direction | <input type="checkbox"/> Hits self or others | <input type="checkbox"/> Seeks steady attention | <input type="checkbox"/> Wanders/runs from group |
| <input type="checkbox"/> Elevated emotional needs | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Seeks steady entertainment | |
| <input type="checkbox"/> Other (please list): _____ | | | |

List details to help explain areas above and specific methods to support behavior difficulties: _____

Do you think this athlete/partner will relate and respond successfully to an unfamiliar coach and environment?

Yes

No

If no, please explain: _____



Self-Help Skills

Please check the box in each area which best describes this athlete/partner:

Dressing	Grooming	Mealtimes	Toileting
<input type="checkbox"/> Completely independent	<input type="checkbox"/> Completely independent	<input type="checkbox"/> Completely independent	<input type="checkbox"/> Completely independent
<input type="checkbox"/> Needs minimal assistance	<input type="checkbox"/> Needs minimal assistance	<input type="checkbox"/> Needs minimal assistance	<input type="checkbox"/> Needs minimal assistance
<input type="checkbox"/> Needs significant assistance	<input type="checkbox"/> Needs significant assistance	<input type="checkbox"/> Needs significant assistance	<input type="checkbox"/> Needs significant assistance

For any skills marked as needing minimal or significant assistance, please provide details to explain needed level of support:

How long does the athlete/partner take to get out of bed, groom & dress each morning?

In evaluating this athlete/partner's behavior and self-help skills, what level of coach support would be required to be successful?

- ☐ Would require minimal support to be successful. Athlete/partner is relatively independent and/or lives on their own.
☐ Would require moderate support to be successful. Supervision within a group of 4 athletes and 1 coach would be acceptable.
☐ Would require significant support to be successful. Supervision on a 1-to-1 basis would be needed.

Medical Overview

This section will be supplemented by physician's information on the World Games Medical Form.

Please check all that apply to this athlete/partner:

<input type="checkbox"/> Allergies _____	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Special Diet
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Surgery (<i>within last year</i>)
<input type="checkbox"/> Autistic	<input type="checkbox"/> Down Syndrome (<i>see below</i>)	<input type="checkbox"/> Non-verbal	<input type="checkbox"/> Uses Cane, Walker, etc.
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Seizures	<input type="checkbox"/> Uses Wheelchair

If athlete has Down Syndrome, has an x-ray been taken to evaluate Atlanto-axial instability?

Yes **No**

If yes, was the x-ray positive for Atlanto-axial instability?

Yes **No**

Does this athlete/partner take any medications? *If yes, please list below & attach additional sheet if necessary.*

Yes **No**

Medication Name	Date Prescribed/Last Changed	Dosage	Times Taken per Day

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Is this athlete/partner self-medicating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this athlete/partner susceptible to colds, infections, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Travel Experience

Has this athlete/partner ever traveled by bus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this athlete/partner ever traveled by airplane?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this athlete/partner ever traveled by train?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this athlete/partner claustrophobic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this athlete/partner have physical discomfort when traveling (motion sickness, cramps, headaches)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please explain:</i> _____		
Does this athlete/partner have emotional discomfort when traveling (homesickness, anxiety, mood swings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please explain:</i> _____		
Has this athlete/partner taken a long trip without a family member/legal guardian present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the athlete/partner able to carry/move their own luggage (suitcase and carry-on) and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this athlete/partner able to sit and reasonably occupy oneself (movies, music, electronic games, puzzle books, etc) for an extended period of time such as a flight to/from training camp and Games?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information

Please share any additional information that would be helpful to individuals chaperoning this athlete for two weeks:

- We have read and understand the Athlete/Partner Selection Criteria and expectations of athletes/partners selected to Team Nebraska, and believe this athlete/partner meets the requirements as outlined and wants to be a part of Team Nebraska. The information we have provided is true and complete.
- We understand an athlete/partner may be traveling and/or coached by an individual from another local program.
- We understand the Team Nebraska Heads of Delegation may remove an athlete/partner from the delegation if he/she fails to meet the Athlete/partner Selection Criteria or acts outside the Athlete Code of Conduct.
- Please forward all completed materials, including the release form and picture (JPEG), to your designated Special Olympics staff member by 8:00 am, January 4, 2021.

Signature of Athlete/Partner

Date

Signature of Parent/Legal Guardian (if necessary)

Date

SPORTSMANSHIP * TEAMWORK * ACCOUNTABILITY * INTEGRITY * RESPECT



Uniform Information Form

Please fill in measurements or check the size that would best fit. Fulfillment of size request is based on availability.

First Name: _____	Last Name: _____
In which sport is this athlete applying for the 2022 Games? _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____
Height: _____ feet _____ inches	Local Program: _____
Waist: _____ inches	Weight: _____ pounds
Chest: _____ inches	Inseam: _____ inches
Shoe Size: _____ Left _____ Right	Hips: _____ inches

Female Size Requests

Please mark requests for all size variations, as we do not yet know how sizes will be offered.

Females must also complete section below for any Unisex uniform pieces; or if all Unisex sizes are preferred, complete that section only.

Shirt:	S	M	L	XL	XXL	XXXL
Shirt:	6	8	10	12	14	Other: _____
Short/Pant:	S	M	L	XL	XXL	XXXL
Short/Pant:	6	8	10	12	14	Other: _____
Warm-up Suit:	S	M	L	XL	XXL	XXXL
Jacket:	S	M	L	XL	XXL	XXXL

Unisex/Male Size Requests

Shirt:	S	M	L	XL	XXL	XXXL
Short/Pant:	S	M	L	XL	XXL	XXXL
Warm-up Suit:	S	M	L	XL	XXL	XXXL
Jacket:	S	M	L	XL	XXL	XXXL
Hat:	S	M	L	XL		

Youth Size Requests

Youth sizes are not guaranteed. Depending on gender, please fill out one or both of the boxes above.

Shirt:	S	M	L	XL
Short/Pant:	S	M	L	XL
Warm-up Suit:	S	M	L	XL
Jacket:	S	M	L	XL

Please list any additional information that would be helpful in uniforming this athlete/partner: _____



Athlete Profile – This will be included during the registration process for those selected for Team Nebraska

Example biography: Matthew Garcia joined Special Olympics Nebraska in 1999 and immediately became a softball all-star. When Matthew is not on the diamond, he is hanging out with his teammates and cheering on the Chicago Cubs, his favorite team. Matthew also spends his time volunteering at the local animal shelter where he rescued his dog, Wrigley. Matthew continues to improve on his softball game and has recently picked up golf. He is looking forward to winning the gold with his team at the 2018 USA Games!

Please tell us your biography:

List the sports you participate in with Special Olympics Nebraska:

How has Special Olympics changed your life?

What are your other interests or hobbies?

Have you participated in higher competition in the past? If yes, what games and events?

If selected for Team Nebraska, what would you most look forward to?