

Program Application 2018-2019

Special Olympics
Arizona



This application is for Traditional Delegations, Unified Delegations, and School-based programs.
Please complete this Program Application to participate in Special Olympics Arizona competitions, programs, and activities.

1) PROGRAM INFORMATION

- Program/School Name: _____
- School District Name: _____ School Enrollment #: _____
- Program/School Address: _____
- City & Zip Code: _____

2) PROGRAM LEADERS CONTACT INFORMATION

- **Primary Contact**
 - Name: _____
 - Email: _____ Cell #: _____ - _____ - _____
- **Coach**
 - Name: _____
 - Email: _____ Cell #: _____ - _____ - _____
- **Athletic Director**
 - Name: _____
 - Email: _____ Cell #: _____ - _____ - _____
- **Teacher/Paraprofessional**
 - Name: _____
 - Email: _____ Cell #: _____ - _____ - _____
- **Student Leader**
 - Name: _____
 - Email: _____ Cell #: _____ - _____ - _____
- **Athlete Leader**
 - Name: _____
 - Email: _____ Cell #: _____ - _____ - _____
- **Other**
 - Name: _____
 - Email: _____ Cell #: _____ - _____ - _____

3) SOCIAL MEDIA HANDLES

- Facebook: _____
- Instagram: _____
- Twitter: _____
- Snapchat: _____
- YouTube: _____
- Website: _____

4) PROGRAM LEVEL

- Preschool
- Elementary School
- Middle School
- High School
- College
- Community Program

5) PROGRAM MODEL

- Traditional (engaging people with intellectual disabilities only)
- Unified (engaging people with and without intellectual disabilities)

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6) PROGRAM PARTICIPATION: SPORTS (OPEN TO COMMUNITY DELEGATIONS AND SCHOOLS)

- | | | |
|--|---|---|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Equestrian | <input type="checkbox"/> Snowshoeing |
| <input type="checkbox"/> Athletics (Track & Field) | <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Speed Skating |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Floorball | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Young Athletes |
| <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Snowboarding | |

7) YOUNG ATHLETES

If Young Athletes was selected in Question #6, please confirm if your program is interested in participating in supplemental Young Athletes activities? (i.e. Regional Young Athletes Field Day, Pee-Wee Basketball Experience, and more)

- Yes
 No
 Other: _____

8) PROGRAM PARTICIPATION: ACTIVITIES (OPEN TO COMMUNITY DELEGATIONS AND SCHOOLS)

- | | |
|--|---|
| <input type="checkbox"/> Unified Arts Quarterly Competitions | <input type="checkbox"/> Community-based Events |
| <input type="checkbox"/> Unified Music Ukulele Curriculum | <input type="checkbox"/> Unified Field Day / Sports Expo |
| <input type="checkbox"/> Unified Photography | <input type="checkbox"/> Healthy LEAP into Fitness (Health Education) |
| <input type="checkbox"/> Unified Fan Activation Mobile Unit | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Fans in the Stands | |

9) PROGRAM PARTICIPATION: ACTIVITIES (OPEN TO SCHOOLS ONLY)

- | | |
|--|--|
| <input type="checkbox"/> Unified Clubs
<i>(*Must check here and answer Question #10 below in order to receive a Unified Club Kit)</i> | <input type="checkbox"/> Unified Music – United Sound as presented by Special Olympics Arizona |
| <input type="checkbox"/> Spread the Word to End the (R)Word Campaign
<i>(*Must check here and complete semi-annual reports to receive R-Word kit)</i> | <input type="checkbox"/> Unified Activity (i.e. making theater and dance inclusive, hosting a dance and engaging ALL students, and more) |
| <input type="checkbox"/> Unified Sports Adaptive PE Curriculum | <input type="checkbox"/> Minute That Matters Fundraiser |
| <input type="checkbox"/> Unified Sports through Arizona Interscholastic Association (AIA) *High School ONLY | <input type="checkbox"/> Youth Summit |
| <input type="checkbox"/> Unified Robotics *High School ONLY during the 2018-2019 school year | <input type="checkbox"/> Pep Assembly |
| | <input type="checkbox"/> Other (please specify):

_____ |

10) UNIFIED CLUBS

If Unified Clubs was selected in Question #9, please confirm how many Athletes and Unified Partners are in your Unified Club? (applies to Best Buddies and any other inclusive campus club)

- Total Number of Athletes (People With Intellectual Disabilities): _____
- Total Number of Unified Partners (People Without Intellectual Disabilities): _____

11) ADDITIONAL PROGRAM INITIATIVES

We would love to hear more about your Unified initiatives! Please provide a brief description of fun activities, events, fundraisers, social media campaigns/groups/clubs, or other creative ideas you might have during the year.

SOAZ Internal Use Only:

- | | |
|---|--|
| <input type="checkbox"/> Unified Sports | <input type="checkbox"/> Unified Champion School |
| <input type="checkbox"/> Inclusive Youth Leadership | <input type="checkbox"/> Emerging School |
| <input type="checkbox"/> Whole School Engagement | |

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12) PROGRAM CONSENT

- I consent to receive the Special Olympics Arizona e-newsletter and event information
 - YES!
 - No, thank you.
- I would like to receive information on Special Olympics Arizona Area Events
 - YES!
 - No, thank you.
- I would like to receive information on the quarterly Unified Arts Competitions (open to all)
 - YES!
 - No, thank you.

13) PROGRAM AGREEMENT & FAILURE TO COMPLY

Please check each item below to verify our acceptance. This program will follow, the best of its ability, the rules and regulations of Special Olympics Inc. and Special Olympics Arizona, including but not limited to:

- Enrollment of all Athletes and Partners (a current Athlete/Partner Medical Release & Consent Form on file with Head of Delegation and SOAZ State Office for each Athlete/Partner).
- All Coaches for this delegation will have copies of each Athlete/Partner Medical Release & Consent Form in their possession at all practices, competitions, and other events.
- I have reviewed the SOAZ Volunteer Application, Screening, and Training Policy and the SOAZ Coaches' Certification Policy.
- All Coaches for this delegation have met (or will meet before holding their first practice) the certification requirements outlined in the current SOAZ Volunteer Application, Screening, and Training Policy and the SOAZ Coaches' Certification Policy.
- Registration of all Volunteers (current Volunteer application forms on file/approved).
- I have reviewed Article 1 of the Special Olympics International Official General Rules.
- Oversight of Special Olympics Code of Conduct on all Volunteers, Athletes, Partners, and parents.
- Adherence to all SOAZ fundraising policies/procedures with respect to all funds raised in the name of SOAZ.
- I have reviewed and will adhere to all SOAZ accounting procedures with respect to funds raised and spent in the name of Special Olympics, cash advances, reimbursement requests, purchase orders, etc.
- I will act as a communication liaison between SOAZ and program Coaches, Athletes, Partners, Volunteers, and parents.
- Refraining from entering into any written agreement (contracts) without approval from area/state SOAZ offices.
- Refraining from opening any school or bank accounts for this delegation.
- Attendance at all required meetings, trainings, opening ceremonies, and conferences.
- I certify the information provided on this Program Application is correct and true
- I will contact Special Olympics Arizona whenever program information changes or updates need to be made
- I understand all Athletes participating in Special Olympics must pass a sport physical. Partners under the age of 18 must complete a Unified Partner Form (SOAZ Form). All other Partners must complete Volunteer requirements.
- Each school-based program will receive 2 participation update surveys per year (1 Fall, 1 Summer). I will be prepared to answer the questionnaire by designated dates for reporting purposes.
- This local program understands that failure to follow these agreements may result in immediate suspension of rights to conduct the Special Olympics program.
- Under these conditions, I request accreditation as a local program under the supervision of Special Olympics Arizona.

14) SUPPORT (SCHOOL-BASED DELEGATIONS ONLY)

You may request Unified Champion Schools Department of Education funding for needs like transportation for Special Olympics Arizona events, new equipment and uniforms, Teacher-funded and student-funded projects, and more. Please contact your Area Director for support:

- Coronado Area Director, Holly Thompson, HollyThompson@soaztucson.org
- Four Peaks & Monument Area Director, Eve Vance, Eve@SpecialOlympicsArizona.org
- Mountain Area Director, Rubett Garcia, Rubett@SpecialOlympicsArizona.org
- Palo Verde Area Director, Ryan Betcher, Ryan@SpecialOlympicsArizona.org
- River Area Director, Lisa Ball, Lisa@SpecialOlympicsArizona.org
- SOAZ State Office, Laura Duncan, Laura@SpecialOlympicsArizona.org

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