

Special Olympics Missouri

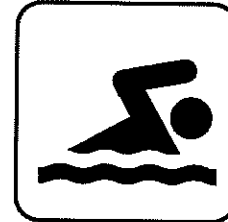


SW Area AQUATICS

DATE: Saturday, April 6th, 2024

Coach and Athlete Check-In begins at 11:30 AM

Event begins at Noon



LOCATION: Pat Jones YMCA, 1901 E Republic Road, Springfield MO 65804

PHYSICALS, CLASS A FORMS & UNIFIED PARTNER FORMS DEADLINE: Wednesday, March 13th, 2024

ROSTER DEADLINE: Wednesday, March 13th, 2024

Please note:

- Regulation athletes may enter a total of four events:
 - An athlete may enter 2 **different** relay events, but only 4 total events.
 - Athletes in low motor events may enter a total of up to three events:
 - Athletes in Low Motor events may enter into 2 **different** relay events, but only 3 total events and **MUST** be able to swim 25 M unassisted to do a relay. Athletes competing in Low Motor events may **ONLY** swim in the 4X25 M Relays.
 - The 25M Backstroke and Freestyle are considered low motor events. They may only be combined with the 4x25M relay. (At area, you may add 15m unassisted as a 3rd event.)
 - Other 25M events are considered regulation-level events and may only be combined with regulation events/relays.
 - During assisted swims, assistants should be to the side or behind the swimmer, **NOT** in front of the swimmer. By definition, a non-swimmer shall be anyone unable to swim a 25M freestyle or backstroke. All low motor participants must be able to touch the bottom of the pool at all times.
 - Personal flotation devices (PFDs) shall be a Coast Guard approved life vest. **Belts and/or arm flotation devices are NOT accepted.**
 - **15M kickboard has been added to the low motor events.**
 - No athlete may enter the same event twice. For example, an athlete cannot be on two separate 4x50 meter relay teams.
 - Aquatics roster should note whether your athlete starts in the water or has a dive start. Any dive start must take place in water that is minimum six feet in depth.
 - LUNCH WILL NOT BE PROVIDED
 - **DIRECT ALL QUESTIONS / ENTRIES TO:** Jesse Williams, Program Director, jwilliams@somo.org
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STATE SUMMER GAMES INFORMATION CAN BE FOUND
AT [HTTPS://SOMO.ORG/COMPETITIONS/](https://somo.org/competitions/)
SOMO AQUATICS EVENTS & CODES

Aquatics Event

Event Code for Roster

50 METER FREESTYLE	AQ50FR
100 METER FREESTYLE	AQ100FR
200 METER FREESTYLE	AQ200FR
400 METER FREESTYLE	AQ400FR
800 METER FREESTYLE	AQ800FR
1500 METER FREESTYLE	AQ1500FR
50 METER BACKSTROKE	AQ50BK
100 METER BACKSTROKE	AQ100BK
200 METER BACKSTROKE	AQ100BK
25 METER BREASTSTROKE	AQ25BS
50 METER BREASTSTROKE	AQ50BS
100 METER BREASTSTROKE	AQ100BS
200 METER BREASTSTROKE	AQ200BS
25 METER BUTTERFLY	AQ25BF
50 METER BUTTERFLY	AQ50BF
100 METER BUTTERFLY	AQ100BF
200 METER BUTTERFLY	AQ200BF
100 METER INDIVIDUAL MEDLEY	AQ100IM
200 METER INDIVIDUAL MEDLEY	AQ200IM
400 METER INDIVIDUAL MEDLEY	AQ400IM
4 X 25 METER FREESTYLE RACE	AQ4x25FR
4 X 50 METER FREESTYLE RACE	AQ4x50FR
4 X 100 METER FREESTYLE RACE	AQ4x100FR
4 X 200 METER FREESTYLE RACE	AQ4x200FR
4 X 25 METER UNIFIED FREESTYLE RACE	AQ4x25UFR
4 X 50 METER UNIFIED FREESTYLE RACE	AQ4x50UMR
4x100 METER UNIFIED FREESTYLE RACE	AQ4x100UMR
4x200 METER UNIFIED FREESTYLE RACE	AQ4x200UMR
4 X 25 METER MEDLEY RACE	AQ4x25MR
4 X 50 METER MEDLEY RACE	AQ4x50MR
4 X 100 METER MEDLEY RACE	AQ4x100MR

THE FOLLOWING ARE CONSIDERED LOW MOTOR EVENTS FOR LOWER FUNCTIONING ATHLETES

AQUATICS

25 METER FREESTYLE	AQ25FR
25 METER BACK STROKE	AQ25BK
15 METER WALK	AQ15WK
15 METER KICKBOARD	AQ15KB
4x25 UNIFIED WALK RELAY	AQ4x25UWR
15 METER FLOTATION RACE	AQ15FL
25 METER FLOTATION RACE	AQ25FL
10 METER ASSISTED SWIM	AQ10AS
15 METER UNASSISTED SWIM	AQ15US
4 x 25 UNIFIED FLOTATION RELAY	AQ4x25UFR

Physical Procedures

- All athletes must complete a physical through the online process at <https://somo.org/compete/>. If the athlete is new or has an expired physical, they will need to turn in the Medical form that has been signed by the physician to you. You will need to scan and email those to me.
- The athlete **MUST** be registered and have a signed medical form **BEFORE** they can start practices.
- **Physicals** are good for **THREE** years from the date issued. (physician's signature date)
- You are required to keep a copy for your records and bring them with you to area, regional and/or state competitions.
- If an athlete has Down Syndrome please make sure the X-ray date is on the physical and that the Atlanto-Axial Instability form is completed. This is required for swimming.
- If you have questions, contact Jesse Williams at jwilliams@somo.org or 417.306.9966

RULES – Please review the rules so your athletes can have a successful competition.

SOMO Rules for swimming can be found at <https://somo.org/wp-content/uploads/2020/09/Aquatics-Rules-SOMO.pdf>

SOI Rules for swimming can be found at https://media.specialolympics.org/resources/sports-essentials/sport-rules/Sports-Essentials-Swimming-Rules-2020-v2.pdf?_ga=2.3493878.79616945.1604422118-1556684118.1604422118



Special Olympics
Missouri

Athlete Exception Form

In the event an athlete is unable to comply with the rules as they are written due to a physical disability or an emotional/behavioral issue, the coach may use this form to apply for an exception. Example – an athlete may have a deformity that prevents swimming a proper stroke, if this form is submitted and approved the athlete would not be disqualified for doing an improper stroke; OR if an athlete needs assistance throughout staging, competition, and awards approval of this form would grant the coach or chaperone to stay with the athlete throughout the entire process.

Athlete Name: _____

Age: _____ Event: _____

Agency: _____

Coach: _____

Athlete Disability: _____

Reason for Applying for Exception: _____

<p>For Committee Use ONLY</p> <p>Committee has approved disapproved</p> <p>This Application for Exception.</p>
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NOTE: A certified coach may only fill this form. ONLY one person may accompany an athlete in staging areas, competition areas, and any other restricted areas AND ONLY a certified coach may accompany an athlete.

8-Feb-24



Special Olympics Missouri

Special Olympics Missouri – SW Area 2024 Aquatics Relay Roster

Agency Name & Code: _____ Phone #: (____) _____ Email: _____
 Head Coach Name: _____ Phone #: (____) _____ Email: _____
 Assistant Coach Name: _____ Phone #: (____) _____ Email: _____

Will you be advancing to State Games? Yes No

Team Name	Age Group (Circle One)	Sex	Athletes Names	Event Name	Time (min/sec/10ths)	Alternate(s)
	Junior 8 - 15					
	Senior 16 - 21					
	Master 22+					
	Junior 8 - 15					
	Senior 16 - 21					
	Master 22+					
	Junior 8 - 15					
	Senior 16 - 21					
	Master 22+					