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MANUAL
Volume 14

www.ksso.org

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913-236-9290
kso@ksso.org

Created by the Joseph P. Kennedy, Jr. Foundation, for the Benefit of Persons with Intellectual Disabilities.
Special Olympics Kansas (SOKS) Manual

This manual is a guide for Local Programs to utilize in the organization and management of their program. The manual contains information concerning all aspects of the program and has a complete table of contents to help you find the information you are seeking.

It is distributed at the Annual Conference in August each year of print. Any questions concerning the manual should be directed to Headquarters.

Mission

The Mission of Special Olympics is to provide year-round sports training, education and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

SOKS Mission

Special Olympics Kansas is dedicated to empowering individuals with intellectual disabilities to become physically fit, productive and respected members of society through sports competitions, health and nutrition programs, and leadership development. Offering year-round initiatives to children and adults with intellectual disabilities, Special Olympics Kansas is a platform for acceptance and inclusion as well as one of the largest advocates for healthy lifestyles in the state — regardless of race, religion, ethnicity or cultural differences.

Statement of Purpose

Special Olympics is a worldwide program of sports training, education and athletic competition open to individuals with intellectual disabilities regardless of their abilities. The International Olympic Committee has granted its official recognition to Special Olympics, Inc.

Organization

Special Olympics Kansas, Inc. is an accredited program of Special Olympics, Inc. and has the sole permission to organize, conduct and promote Special Olympics, to raise funds for these purposes and to use the registered Special Olympics symbol. The Special Olympics program was created by the Joseph P. Kennedy, Jr. Foundation. Special Olympics, Inc. is the official world governing body for Special Olympics. The World Headquarters is located at 1133 19th Street, N.W., Washington, D.C. 20036, and the phone number is (202) 628-3630.

Athletes Oath

“Let me win. But if I cannot win, let me be brave in the attempt.”
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers and Staff Dating Special Olympics Athletes Policy</td>
<td>41</td>
</tr>
<tr>
<td>SOKS INFORMATION</td>
<td>42</td>
</tr>
<tr>
<td>Eligibility For Participation in Special Olympics</td>
<td>43</td>
</tr>
<tr>
<td>Special Olympics Kansas Medical/Release Procedure</td>
<td>44</td>
</tr>
<tr>
<td>Physical Examination and Health Information Update Procedure</td>
<td>44</td>
</tr>
<tr>
<td>Unified Sports®</td>
<td>45</td>
</tr>
<tr>
<td>Medical and Safety Requirements</td>
<td>46</td>
</tr>
<tr>
<td>Special Olympics Corporate Insurance Program</td>
<td>47</td>
</tr>
<tr>
<td>Athlete Code of Conduct</td>
<td>49</td>
</tr>
<tr>
<td>Coaches Code of Conduct</td>
<td>50</td>
</tr>
<tr>
<td>Parents – Code of Conduct</td>
<td>51</td>
</tr>
<tr>
<td>LAW ENFORCEMENT TORCH RUN</td>
<td>52</td>
</tr>
<tr>
<td>Overview</td>
<td>53</td>
</tr>
<tr>
<td>How it Works</td>
<td>53</td>
</tr>
<tr>
<td>LOCAL PROGRAM MANAGEMENT</td>
<td>54</td>
</tr>
<tr>
<td>Local Program Registration Procedure</td>
<td>55</td>
</tr>
<tr>
<td>Local Program Structure</td>
<td>55</td>
</tr>
<tr>
<td>Local Program Management Schedule</td>
<td>56</td>
</tr>
<tr>
<td>Local Program Planning</td>
<td>56</td>
</tr>
<tr>
<td>Athlete Recruitment and Empowerment Committee</td>
<td>57</td>
</tr>
<tr>
<td>Local Program Guidelines</td>
<td>57</td>
</tr>
<tr>
<td>Athlete Guidelines</td>
<td>58</td>
</tr>
<tr>
<td>The A,B,C’s of Coaching Special Olympics Athletes</td>
<td>58</td>
</tr>
<tr>
<td>Job Descriptions</td>
<td>60</td>
</tr>
<tr>
<td>Job Description</td>
<td>61</td>
</tr>
<tr>
<td>Job Descriptions</td>
<td>62</td>
</tr>
<tr>
<td>SPORTS</td>
<td>63</td>
</tr>
<tr>
<td>Criteria for Offering Existing Sports</td>
<td>64</td>
</tr>
<tr>
<td>Criteria for Development of New Sports</td>
<td>64</td>
</tr>
<tr>
<td>Official SOI Sports</td>
<td>65</td>
</tr>
<tr>
<td>SOKS Sports Offered</td>
<td>65</td>
</tr>
<tr>
<td>Regional Events Calendar</td>
<td>66</td>
</tr>
<tr>
<td>Registration Packets</td>
<td>66</td>
</tr>
<tr>
<td>One-Step Registration Process</td>
<td>66</td>
</tr>
<tr>
<td>Final Delegation List and Coaches Handbook</td>
<td>67</td>
</tr>
<tr>
<td>State Competition Information</td>
<td>67</td>
</tr>
<tr>
<td>Levels of Competition</td>
<td>68</td>
</tr>
<tr>
<td>Athlete Training</td>
<td>68</td>
</tr>
<tr>
<td>Coaching Guides</td>
<td>68</td>
</tr>
<tr>
<td>The Special Olympics Kansas Coach Training System</td>
<td>69</td>
</tr>
<tr>
<td>Certified Coaches</td>
<td>69</td>
</tr>
<tr>
<td>Sportsmanship Statement</td>
<td>70</td>
</tr>
<tr>
<td>Sports Rules &amp; SOKS Sports Rules Modifications</td>
<td>71</td>
</tr>
<tr>
<td>Skills Assessment Test (SAT)</td>
<td>71</td>
</tr>
<tr>
<td>Suggested Rule Modifications</td>
<td>71</td>
</tr>
<tr>
<td>Healthy Athletes</td>
<td>71</td>
</tr>
<tr>
<td>Tobacco Guidelines</td>
<td>72</td>
</tr>
<tr>
<td>Alcohol Guidelines</td>
<td>72</td>
</tr>
<tr>
<td>VOLUNTEER MANAGEMENT</td>
<td>73</td>
</tr>
<tr>
<td>Effective Volunteer Management</td>
<td>74</td>
</tr>
<tr>
<td>Identifying Needs/Job Descriptions</td>
<td>74</td>
</tr>
<tr>
<td>Recruitment</td>
<td>74</td>
</tr>
<tr>
<td>Screening</td>
<td>74</td>
</tr>
<tr>
<td>Orientation &amp; Training</td>
<td>74</td>
</tr>
<tr>
<td>Supervision &amp; Evaluation</td>
<td>75</td>
</tr>
<tr>
<td>Volunteer Management Tips</td>
<td>75</td>
</tr>
</tbody>
</table>
## Forms

<table>
<thead>
<tr>
<th>Form</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition</td>
<td>75</td>
</tr>
<tr>
<td>SOKS Volunteer Certifications Implementation Procedure</td>
<td>76</td>
</tr>
<tr>
<td>Tracking of Volunteer Information</td>
<td>76</td>
</tr>
</tbody>
</table>

### Finance/Accounting

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Accounting</td>
<td>78</td>
</tr>
<tr>
<td>Responsibilities of Local Programs to SOKS</td>
<td>78</td>
</tr>
<tr>
<td>Fiscal Year</td>
<td>79</td>
</tr>
<tr>
<td>Accounting Procedures</td>
<td>79</td>
</tr>
</tbody>
</table>

### Fundraising

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>84</td>
</tr>
<tr>
<td>Developing a Fundraising Plan</td>
<td>84</td>
</tr>
<tr>
<td>Fundraising Traps to Avoid</td>
<td>85</td>
</tr>
<tr>
<td>Fundraising Registration Form</td>
<td>85</td>
</tr>
<tr>
<td>Donor vs. Sponsor</td>
<td>86</td>
</tr>
<tr>
<td>Gift Acknowledgement</td>
<td>86</td>
</tr>
<tr>
<td>Ways to Acknowledge Donations</td>
<td>86</td>
</tr>
<tr>
<td>IRS Requirements</td>
<td>87</td>
</tr>
<tr>
<td>Grant Writing</td>
<td>88</td>
</tr>
</tbody>
</table>

### Public Relations

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Relations Awareness</td>
<td>90</td>
</tr>
<tr>
<td>Branding – Special Olympics Kansas</td>
<td>90</td>
</tr>
<tr>
<td>The Organization</td>
<td>92</td>
</tr>
<tr>
<td>The Official Logo/Mark</td>
<td>94</td>
</tr>
<tr>
<td>The Official Credit Line</td>
<td>96</td>
</tr>
<tr>
<td>Commercial Messages on Uniforms at Competitions Policy</td>
<td>97</td>
</tr>
<tr>
<td>Language Guidelines for Covering Special Olympics</td>
<td>98</td>
</tr>
<tr>
<td>Media Releases</td>
<td>99</td>
</tr>
<tr>
<td>Public Service Announcements</td>
<td>101</td>
</tr>
<tr>
<td>Newsletters</td>
<td>101</td>
</tr>
<tr>
<td>Public Relations Support</td>
<td>102</td>
</tr>
</tbody>
</table>

### Forms

<table>
<thead>
<tr>
<th>Form</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Release Form</td>
<td>104</td>
</tr>
<tr>
<td>Down Syndrome</td>
<td>105</td>
</tr>
<tr>
<td>Down syndrome Form</td>
<td>106</td>
</tr>
<tr>
<td>Assumption of Risk Agreement</td>
<td>107</td>
</tr>
<tr>
<td>Health Information Update</td>
<td>109</td>
</tr>
<tr>
<td>First Report of Accident/Incident</td>
<td>109</td>
</tr>
<tr>
<td>Injury Report</td>
<td>111</td>
</tr>
<tr>
<td>2019 Special Olympics Kansas Application for Local Registration</td>
<td>112</td>
</tr>
<tr>
<td>Suggested Rule Modifications</td>
<td>114</td>
</tr>
<tr>
<td>Volunteer Check-In</td>
<td>115</td>
</tr>
<tr>
<td>Class A Volunteer Application Page 1</td>
<td>116</td>
</tr>
<tr>
<td>Class A Volunteer Application Page 2</td>
<td>117</td>
</tr>
<tr>
<td>501C3</td>
<td>118</td>
</tr>
<tr>
<td>W-9 Form</td>
<td>119</td>
</tr>
<tr>
<td>Cash Receipts Journal</td>
<td>120</td>
</tr>
<tr>
<td>Cash Disbursements Journal</td>
<td>121</td>
</tr>
<tr>
<td>Cash Reconciliation Form</td>
<td>122</td>
</tr>
<tr>
<td>Receipt Form</td>
<td>123</td>
</tr>
<tr>
<td>Monthly In-Kind Journal</td>
<td>124</td>
</tr>
<tr>
<td>Fundraising Registration Form</td>
<td>125</td>
</tr>
<tr>
<td>Sample of Annual Expense and Income Budget</td>
<td>126</td>
</tr>
</tbody>
</table>
Board of Directors
Officers
Allan Henderson – Topeka, Chairperson
– Chairperson Elect
Jennifer Hughes – Wichita, Treasurer
Taylor Miller – Prairie Village, Secretary
Glen Grunwald – Hutchinson, Past Chairperson

Board Members
Josh Alters – Topeka
Eric Armstrong – Goddard
Jeff Bragg – Olathe
John Cassidy – Overland Park
B.J. Harris - Lenexa
Tonia Lee – Topeka
Elena Lincoln – Strong City
Amy Loder – Dodge City
Dave Nichols - Topeka
Cory Powell – Overland Park
Adam Taylor – Prairie Village
Dani Welniak - Lenexa

Board of Directors meet quarterly

Board Emeritus
Rick Chambers – Kansas City
Sue Dower – Wichita
Dave Quillen – Wichita
Marilyn Richwine - Wichita
Charles Watson – Arkansas City

SOKS Staff
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Cougar Gray – Special Events Coordinator – grayc@ksso.org – ext. 106
Krystin Guggisberg – North Central Regional Director – guggisbergk@ksso.org
Mitch Guthrie – Director of Development - Wichita  guthriem@ksso.org
John Lair - President/CEO - lairj@ksso.org - ext. 104
Michele Johnson - Program Operations Manager- johnsonm@ksso.org - ext. 105
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Luke Schulte – Sr. VP of Development & Kansas Law Enforcement Torch Run- schultel@ksso.org
Sheri Stanton - Asst. Dir. of Finance - stantons@ksso.org - ext. 102
Heather Waters – Sr. VP of Public Relations & Communication – watersh@ksso.org – ext. 112
Betty Werner - Director of Finance - wernerb@ksso.org - ext. 114
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e-mail: guthriem@ksso.org

West Region
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(913) 236-9290
(913) 236-9771 (fax)
e-mail: rehdert@ksso.org

State Games Management Directors
Heartland Winter Games – Loretta Rhodus
Basketball Tournament – Sheila Rehder
Powerlifting & Flag Football – Gary Tanner
Summer Games – Steve Williams
Spikes & Strikes Classic – Jeff Crooks
Charles E Watson Softball & Golf Tournament – Abbie Wolfert
Soccer & Bocce Tournament – Sue Elliott

Special Events Directors
Law Enforcement Torch Run – Jeff Bragg
Stanion Wholesale Electric Co. Golf Charity Classic – Mike Romme
Ski Club Auction – Ruthann Bean
Shrimp Peel – David Heinemann
SOKS POLICIES
Special Olympics Kansas, Inc. (SOKS) complies with the policies and procedures established by Special Olympics, Inc. (SOI). This Manual serves as a supplement to the Official Special Olympics General Rules and the Official Special Olympics Summer/Winter Sports Rules. Any Local Program, coach, volunteer or family member found to be in direct violation of any policy or procedure is subject to disciplinary action.

**GENERIC POLICIES**

**Participation Policy**

SOKS has adopted the following policy regarding its ability to screen, limit, deny or otherwise control the persons that it allows to participate in SOKS activities. Participation in SOKS is a privilege and not a right. The participants must obey the rules and Codes of Conduct established by SOKS or may be denied the opportunity to participate in the SOKS program.

**PURPOSE:** The purpose of enacting this Participation Policy is to ensure the safety and welfare of SOKS’s athletes, coaches, volunteers, staff and all others involved with SOKS. This purpose will be achieved by limiting, restricting, and/or banning participation in SOKS by those who fall within the terms of this policy.

**POLICY:** SOKS has determined that if the following actions have occurred, the Participant may be limited or banned from SOKS activities:

- Any criminal conviction;
- Any pending criminal charge until such charge has been favorably resolved;
- Use or sale of illegal drugs and/or firearms;
- Any violation of the SOKS Code of Conduct;
- Any other actions which may harm other participants or reflect negatively on SOKS;
- Any known aggressive behavior towards others;
- Any Participant who has been permanently banned from participation by another U.S. Special Olympics Program may not participate in any SOKS activity.

All determinations regarding possible limitation, expulsion, restrictions and/or banning from SOKS activities will be determined on a case by case basis by the President/CEO of SOKS. Once SOKS is made aware of a possible violation of the policy, SOKS may take any of the following actions:

1. Verify the violation or charges with the proper state and/or local authorities;
2. SOKS may conduct a background check of a Participant, including criminal, employment, credit or social/rehabilitation services; and
3. Notify the Participant, parent(s) or guardian(s) and the Local Program Coordinator, as required of such action(s) being taken.
A Participant who has been notified of any restriction or ban may appeal to the Executive Committee of the Board of Directors of SOKS. The appealing party may provide additional reasons or justifications to relieve the restriction or ban. The appeal must be made in writing to the Chairman of the Board of Directors within 30 days after receiving notice of the restriction or ban. If an appeal is made, the Executive Committee shall convene within a reasonable time to further review the matter and recommend the following:

1. Further investigation
2. Support the restriction or ban
3. Relief from the restriction or ban
4. Any other relief that the Executive Committee deems appropriate

The determination of the Executive Committee shall be final. At all times, this policy will be applied to protect the health and safety, and rights of all participants in Special Olympics Kansas.

**Crisis Communication Policy**

A crisis is an unexpected situation or incident posing potential or actual harm to the SOKS reputation and viability. Information or misinformation about any incident that could have a negative impact on the image of SOKS can lead to a crisis situation. While it is not always possible to anticipate or prevent a crisis, the following crisis communication plan will be in place to assist at all levels of the organization.

**Dealing With The Crisis**

The key to dealing with a crisis and minimizing the effects are:

- Prepare for the unexpected
- Take immediate action when the crisis occurs
- Communicate well with all identified individuals
- Deal with the situation in a calm and factual manner

**Step 1 – Notification of SOKS**

In the event of a “crisis” immediately contact John Lair, President/CEO, SOKS, 913-236-9290 ext 104 or cell-913-333-7800 or Heather Waters, Sr. VP Communications, 1-913-236-9290 ext 112 or cell-913-579-4064, and inform them of the situation. In case of an emergency, determine whether proper authorities have been notified (police, fire department, rescue squad). The first priority is to prevent further injury and give necessary treatment to individuals who are injured. John or Heather will notify appropriate designates in the field.
Step 2 – Fact Gathering

The facts will be gathered from all involved volunteers, etc. for the preparation of an official statement. Under no circumstances should a volunteer attempt to answer questions from the media before the facts are gathered. If questioned, the reply should be:

“A statement will be released by Special Olympics Kansas after the organization has gathered all the facts and had time to review the situation.”

Misinformation and rumors can be extremely damaging to the program. Don’t speculate without facts.

Step 3 – Informing the Media

Materials and media releases will be prepared and distributed to the appropriate parties. SOKS staff will work directly with the Region in developing all media materials. Document all media contact. In order for SOKS to provide timely, accurate and consistent information to the public, no one other than John Lair or Heather Waters or their designate should discuss the crisis with media representatives. All questions from the media should be directed and answered by John/Heather or their designate.

Step 4 – Insurance

Necessary insurance information and incident report forms will be completed by the involved parties.

Step 5 – Crisis follow-up

Following a crisis it is important for those involved to evaluate the situation to assure that all information is known. This allows SOKS to determine any possible changes that might be utilized to prevent the crisis from occurring again and to assure the facts remain consistent.

Whistleblower Policy

Special Olympics Kansas prohibits retaliation by or on behalf of the organization staff or it’s associates, against employees who make good faith complaints, reports or inquiries under this policy or for participation in a review or investigation under this policy. This protection extends to those whose allegations are made in good faith but prove to be mistaken. SOKS reserves the right to discipline persons who make bad faith, knowingly false, or vexatious complaints, reports or inquiries or who otherwise abuse this policy.

Complaints, reports or inquiries may be made under this policy on a confidential or anonymous basis. They should describe in detail the specific facts demonstrating the bases for the complaints, reports or inquiries. They should be directed to the President/CEO. If the President/CEO is implicated in the complaints report or inquiry, it should be directed to the Chairman of the Board of Directors. SOKS will conduct a prompt, discreet and objective review or investigation. Employees must recognize that SOKS may be unable to fully evaluate a vague or general complaint, report or inquiry that is made anonymously.
Employees who believe they have been retaliated against for reporting an improper action may obtain protection under this policy.

Improper actions are defined as unlawful discrimination based on race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition or any other consideration made unlawful by federal, state or local laws.

**Ethical Conduct Policy**

Special Olympics Kansas will comply with all applicable laws and regulations and expects its involved parties, employees and volunteers, to conduct business within the letter and spirit of relevant laws and refrain from dishonest or unethical conduct.

Involved parties should avoid any situation that involves or may appear to involve a conflict between their personal interests and the interests of SOKS. As in all facets of your duties, employees dealing with customers, suppliers or any person doing or seeking to do business with SOKS are to act in the best interests of SOKS. Involved parties shall make prompt and full disclosure in writing to their supervisor of any potential situation which may involve a conflict of interest. Such conflicts, or the appearance of conflicts, may include, but are not limited to:

- Using your position within SOKS for private gain;
- Giving preferential treatment to any person or entity;
- Owning or having a substantial interest or a business/personal relationship with a supplier or contractor;
- Having a personal interest or financial interest of potential gain in any SOKS transaction; or
- Placing SOKS business with a firm owned or controlled by a SOKS employee or their family.

The decisions and actions of SOKS involved parties must be based on fair, impartial business judgments so as not to adversely affect the confidence of the public in the integrity of SOKS and its programs. In general, the use of good judgment, based on high ethical principles, is the guide with respect to lines of acceptable conduct.

**Heat and Lightning Policies**

**Purpose** – Incorporation of the policies below will help ensure your athlete have the opportunity to train and compete safely in various weather situations. The Heat and Lightning Policies are in place to establish the conditions necessary to make the decision to hold, postpone or cancel an activity/event for the health and safety of the participants. To prevent heat related issues, refer to the attached Guidelines to Prevent Heat Illness.
<table>
<thead>
<tr>
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<td>80%</td>
<td>71°</td>
<td>78°</td>
<td>86°</td>
<td>97°</td>
<td>113°</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td>71°</td>
<td>79°</td>
<td>88°</td>
<td>102°</td>
<td>122°</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>72°</td>
<td>80°</td>
<td>91°</td>
<td>108°</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Modifications to SOKS Participation

#### Based on the Heat Index

<table>
<thead>
<tr>
<th>APPARENT TEMPERATURE</th>
<th>HEAT STRESS RISK WITH PHYSICAL ACTIVITY AND/OR PROLONGED ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>90° - 102°</td>
<td>Modify event/activity; take water breaks every 15-20 minutes</td>
</tr>
<tr>
<td>≥103°</td>
<td>No practice or event/activity</td>
</tr>
</tbody>
</table>

**Note:** This Heat Index chart is designed to provide general guidelines for assessing the potential severity of heat stress. Individual reactions to heat will vary. It should be remembered that heat illness can occur at lower temperatures than indicated on the chart. In addition, studies indicate that susceptibility to heat disorders tend to increase with age.

To check the weather in your locale, go to [www.kssso.org](http://www.kssso.org) home page and enter your zip code in the Heat Index icon. This is the official measure of heat SOKS will use for event cancellation.

### Lightning Policy

1. If lightning is seen or thunder is heard, the storm is close enough to pose a risk of a lightning strike. Suspend play and take shelter immediately.
2. Once play has been suspended, wait at least 30 minutes from the last sound of thunder heard or lightning witnessed before resuming the activity.
3. Any subsequent thunder or lightning during the 30 minute waiting period resets the clock and a new 30 minute waiting period begin.

**ANYTIME LIGHTNING CAN BE SEEN OR THUNDER HEARD, RISK IS PRESENT!**
Cold/Inclement Weather Policy

A SOKS event/activity will be cancelled or postponed in the event any of the following is evidenced.

1. The school district(s) in the locale hosting the event/activity is closed for the day due to weather and or road conditions.
2. The Kansas Department of Transportation has closed roads into the locale due to weather conditions.
3. There is an outside temperature or wind chill of 15 degrees or less, where athletes will be outside in the elements. (Exception: snow skiing, Nordic skiing, snowshoeing or snowboarding during winter games where athletes are dressed appropriately for that activity.)
4. At a temperature of 25 degrees, actual temperature or wind chill, athletes should be out in the elements for no longer than 45 minutes at a time. (Exception: Outdoor winter games as exempted in 3. above.)
5. In the event of inclement weather, official outdoor winter games events/activities as listed in 3 above shall be conducted at the discretion of the Games Management Team and SOKS staff working in conjunction with the venue management and keeping in mind the overall well-being of the athletes.

Athlete Housing Policy

Special Olympics is an athlete-centered movement that welcomes athletes with intellectual disabilities of all abilities to participate in sports training and athletic competition. Special Olympics is open to persons with intellectual disabilities over the age of eight and offers a Young Athlete program for individuals with intellectual disabilities under the age of eight.

The health and safety of all Special Olympics participants is of paramount importance to Special Olympics. Participants should feel that every Special Olympics event is a safe and positive experience and they should not be fearful of other athletes, coaches or volunteers.

Arranging housing for overnight events involves the consideration of a variety of factors, including the varying abilities, age and behaviors of athletes, the availability of housing and the costs associated with overnight accommodations.

Policy Requirements

Gender – athletes and volunteers may not share a room with an athlete or volunteer of the opposite sex. Local Programs may allow the following exceptions:

Married athletes who are both attending the event as members of a registered delegation. This exception does not apply to the spouse of an athlete who is not participating in the event, but attending solely as a spectator.

Married volunteers who are both attending the event as members of a registered delegation. This exception does not apply if one of the volunteers is required to share a room with an athlete (other than the married couple’s child), if this scenario will create a situation whereby an athlete is housed with a volunteer of the opposite sex.

Family members of the opposite sex who serve as a one-to-one chaperone of a related athlete. Housing in a facility that has multiple private rooms in addition to living space (such as a condominium or dormitory). Both males and females may be assigned to one condominium, if necessary, but private rooms may not be shared by individuals of the opposite sex. Coaches must also
be housed in the condominium and the coach/athlete ratio (as outlined in the supervision section of the policy) must be maintained.

Use of barracks or other facility (such as a gym) where a large number of individuals are assigned to one room. Athletes and volunteers must be separated as much as possible by gender (for example, females on one side of the gym and males on the other side).

**Supervision**

The coach/athlete ratio of at least one properly registered coach to every four athletes must be maintained during overnight events. Proper supervision can be maintained without having a coach present in the room at all times. All coaches must be screened in accordance with the Special Olympics Kansas Volunteer Screening Policy.

**Young Athletes**

Young Athletes events that involve overnight activities require increased supervision and therefore, Young Athletes participants must be accompanied by a properly registered and screened parent, guardian or an individual designated by a parent or guardian at all overnight activities. Rooming assignments for Young Athletes should be separate from the remainder of the delegation, whenever possible (for example, separate hotel rooms).

**Implementation**

Local Programs are responsible for implementing the policy for their delegation.

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**Concussion Policy**

In recent years, medical science has determined that concussions are among the most dangerous sports injuries. Athletes in just about any sports venue are at risk. Concussions received by participants in sports activities are an ongoing concern at all levels. Recent interest and research in this area has prompted reevaluations of treatment and management recommendations from the youth to the professional level. Numerous agencies and associations throughout the United States responsible for developing guidelines addressing the management of concussion in sports have developed or revised their guidelines for concussion management. Special Olympics Kansas takes concussions seriously and wants to ensure the safety of each athlete. In the interest of protecting our athletes, we have developed protocols for dealing with this serious injury.

The Concussion Policy and Management Protocols have been set forth by the Board of Directors with the welfare of the athlete in mind.

**Concussion Policy**

Any athlete who suffers or is suspected of having suffered a concussion or head injury during a sport competition or practice session, (1) must be immediately removed from the competition or practice; and (2) may not again participate in competition and/or practice until a licensed health care provider has evaluated the athlete and provided a written clearance for the athlete to return to competition and/or practice. The athlete may not be cleared for practice and/or competition the same day the concussion sign, symptom or behavior was observed.
For purposes of this policy, the health care provider is “a person licensed by the state board of healing arts to practice medicine and surgery.” This means a Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO) currently licensed in Kansas.

<table>
<thead>
<tr>
<th>SIGNS OBSERVED BY OTHERS</th>
<th>SYMPTOMS REPORTED BY ATHLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Appears dazed or stunned</td>
<td>☐ Headache</td>
</tr>
<tr>
<td>☐ Is confused about assignment</td>
<td>☐ Nausea</td>
</tr>
<tr>
<td>☐ Forgets plays</td>
<td>☐ Balance problems or dizziness</td>
</tr>
<tr>
<td>☐ Is unsure of game, score, or opponent</td>
<td>☐ Double or fuzzy vision</td>
</tr>
<tr>
<td>☐ Moves clumsily</td>
<td>☐ Sensitivity to light or noise</td>
</tr>
<tr>
<td>☐ Answers questions slowly</td>
<td>☐ Feeling sluggish</td>
</tr>
<tr>
<td>☐ Loses consciousness</td>
<td>☐ Feeling foggy or groggy</td>
</tr>
<tr>
<td>☐ Shows behavior or personality changes</td>
<td>☐ Concentration or memory problems</td>
</tr>
<tr>
<td>☐ Cannot recall events prior to hit</td>
<td>☐ Confusion</td>
</tr>
<tr>
<td>☐ Cannot recall events after hit</td>
<td></td>
</tr>
</tbody>
</table>

Signs and symptoms are not limited to those included above.

Required Training and Timeline
All Coaches are required to complete concussion awareness training at least once every three years, which is available at [www.cdc.gov/concussion](http://www.cdc.gov/concussion) and submit the certificate of completion to Special Olympics Kansas. Any concussion awareness training other than the CDC’s Heads Up training must be approved by SOI. For Coaches registering for the first time on or after January 1, 2015, confirmation of such training must be provided to the U.S. Program prior to the individual beginning volunteer duties. For Coaches registered prior to December 31, 2014, confirmation of such training must be provided to the U.S. Program no later than December 31, 2015.

Management Protocol

What is a Concussion?

A concussion is a type of traumatic brain injury (sometimes abbreviated as TBI), which can be caused by a bump, blow, or jolt to the head that can change the way your brain normally works. A concussion occurs when the brain strikes against the skull or is shifted in a way that causes the brain to not function properly. This causes the brain to react much like when your skin is struck, causing a bruise, but to be clear, a concussion is NOT a bruise to the brain. Concussions are not limited to bumps or blows to the head; they can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth.

Health care professionals may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, their effects can be serious. Additionally, just like other physical injuries, immediate identification and treatment is critical to ensure full recovery.

Most people with a concussion recover quickly and fully. But for some people, symptoms can last for days, weeks, or longer. In general, recovery may be slower among older adults, young children, and teens. Those who have had a concussion in the past are also at risk of having another one and may find that it takes longer to recover if they have another concussion.

What are the Symptoms of a Concussion?

Everyone is different and your body’s reaction to a bump, jolt or blow may be quite different than someone else’s reaction. Some symptoms may appear right away, while others may not be noticed for
days or months after the injury. Reactions to a bump, jolt, or blow can encompass four different processes of the brain; (1) thought processes, including reasoning and memory; physical processes to include manifestations of pain; emotional processes; and mood and sleep processes.

**Symptoms of concussion usually fall into four categories, review the chart below:**

<table>
<thead>
<tr>
<th>Thinking/Remembering</th>
<th>Physical</th>
<th>Emotional/Mood</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty thinking clearly</td>
<td>Headache</td>
<td>Irritability</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td></td>
<td>Fuzzy or blurry vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>Nausea or vomiting (early on)</td>
<td>Sadness</td>
<td>Sleep less than usual</td>
</tr>
<tr>
<td></td>
<td>Dizziness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Sensitivity to noise or light</td>
<td>Increased outpouring of emotions</td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td></td>
<td>Balance problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty remembering new information</td>
<td>Feeling tired, having no energy</td>
<td>Nervousness or anxiety</td>
<td></td>
</tr>
</tbody>
</table>

(Chart based on information from The Center for Disease Control www.cdc.gov)

The signs and symptoms of a concussion can be difficult to sort out. Early on, problems may be missed by the person with the concussion, family members, or doctors. People may look fine even though they are acting or feeling differently. Sometimes, people do not recognize or admit that they are having problems. Others may not understand why they are having problems and what their problems really are, which can make them nervous and upset. This is especially true for people with intellectual disabilities. Sometimes the injured person is unable to articulate the problems that he or she is having. Sometimes, they are incapable of understanding that the issues that they are dealing with in their head were caused by contact which may not have even impacted the head. Concussions can different effects on people of different ages.

**Danger Signs in Adults**

Symptoms of a concussion in adults can manifest themselves in any or all of the following symptoms:

- Headache that gets worse and does not go away.
- Weakness, numbness or decreased coordination.
- Repeated vomiting or nausea.
- Slurred speech.

Some extreme symptoms include:

- Look very drowsy or cannot be awakened.
- Have one pupil (the black part in the middle of the eye) larger than the other.
• Have convulsions or seizures.
• Cannot recognize people or places.
• Are getting more and more confused, restless, or agitated.
• Have unusual behavior.
• Lose consciousness ([a brief loss of consciousness should be taken seriously and the person should be carefully monitored]).

When Do We Need to Seek Immediate Medical Attention?

If a person is exhibiting any of the signs listed above, the person needs to see their doctor or health care professional right away. As a coach or volunteer, if you observe any of the signs listed above, you should insist that the individual be seen by a health care professional as soon as possible.

In the event that you witness an athlete showing any of the extreme symptoms listed above, it is imperative that the affected person be transported to a hospital emergency room IMMEDIATELY. Do not try to move an unconscious athlete. Dial 911 and state the emergency. After calling for emergency medical help, please contact a member of the Special Olympics Kansas staff.

Danger Signs in Children

Younger athletes, those under age twelve, are far less able to tolerate concussions than older athletes. Should a child below the age of twelve sustain an injury that has any of the symptoms listed below, ensure that the child receives immediate medical attention. If a qualified medical professional is not immediately available, take the child to an emergency room right away. If they lose consciousness, call 911. Do not attempt to move a child that is unconscious.

Remember, anytime a younger athlete is in a situation where they received a bump, blow, or jolt to the head or body, and:

• Have any of the danger signs for adults listed above;
• Will not stop crying and cannot be consoled; or
• Will not nurse or eat.

Ensure that they get prompt medical attention.

How Does One Recover From a Concussion?

Rest is very important after a concussion because it helps the brain to heal. Ignoring your symptoms and trying to “tough it out” often makes symptoms worse. Be patient because healing takes time. Only when your symptoms have reduced significantly, in consultation with your doctor, should you slowly and gradually return to your daily activities, such as work or school. If your symptoms come back or you get new symptoms as you become more active, this is a sign that you are pushing yourself too hard. Stop these activities and take more time to rest and recover. As the days go by, you can expect to gradually feel better. Tips to help you get better:

• Get plenty of sleep at night, and rest during the day.
• Avoid activities that are physically demanding (e.g., sports, heavy housecleaning, working) or require a lot of concentration (e.g., sustained computer use, video games).
• Ask your doctor when you can safely drive a car, ride a bike, or operate heavy equipment.
• Do not drink alcohol. Alcohol and other drugs may slow your recovery and put you at risk of further injury.
There are many people who can help as you recover from a concussion. You do not have to do it alone. Keep talking with your doctor, family members, and loved ones about how you are feeling, both physically and emotionally. If you do not think you are getting better, tell your doctor.

A concussion is a type of traumatic brain injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body. What may appear to be only a mild jolt or blow to the head or body can result in a concussion.

The understanding of sports-related concussion has evolved dramatically in recent years. We now know that young athletes are particularly vulnerable to the effects of a concussion.

Protocols for Dealing with Potential Concussions at SOKS events

Anytime that an athlete takes a blow to the head which causes the stoppage of play, a coach or official needs to make an assessment. If the athlete does not immediately recover from a blow, that is, if they lay on the ground or seem to be having difficulties getting their bearings, the coach or official should immediately remove from play any athlete suspected of sustaining a concussion or head injury. It is far more important that the athlete be sheltered from further injury than to risk further damage by continuing to play.

Any coach, volunteer, or Special Olympics Official who observes or is made aware of an incident involving a potential concussion or head injury shall immediately remove from physical participation the athlete who is suspected of sustaining a concussion or head injury during the athletic activity (practice of competition).

The athlete suspected of sustaining a concussion or head injury is not allowed to return to any Special Olympics Kansas activity until a health care provider has evaluated the athlete and provided a written clearance for the athlete to return to competition and/or practice. Written clearance signed by a currently licensed in Kansas Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO) must be forwarded to Special Olympics Kansas Headquarters office to be maintained by the organization in the athletes’ permanent file.

Should an athlete suffer a second diagnosed concussion, Special Olympics Kansas recommends that the athlete not participate in physical competition for one year after the date of the second concussion. Athletes with rights to self-determination, or their legal guardian shall sign a waiver that releases Special Olympics Kansas from any legal obligation and/or liability related to the athlete’s prior concussion(s) prior to the athlete being allowed to return. Athletes who have suffered more than two diagnosed concussions will be encouraged to seriously consider refraining from future competitions. Those wishing to return shall be evaluated and cleared by an appropriate health care professional no sooner than the one-year anniversary of the most recent diagnosed concussion.
SPORTS POLICIES

Adherence to Official Special Olympics Sports Rules Policy

All Special Olympics competitions will be conducted in accordance with the Official Special Olympics Sports Winter or Summer Rules, which are designed to protect the athletes, provide fair and equitable conditions of competition and promote uniformity so that no competitor shall obtain an unfair advantage over another. Rules regarding the following topics are contained in the Official Special Olympics Sports Rules.

Age Groups Policy

One unique and important feature of the Special Olympics program is its ability groups for competition. It is our goal to provide each and every athlete in any given event an equal opportunity to place first. In order to accomplish this, we form our competition divisions differently than any other sports program. The following age groups shall be used for all SOKS games and competitions:

A. Individual Sports:
   - Youth: ages 8-11
   - Junior: ages 12-15
   - Senior: ages 16-21
   - Masters: ages 22-29
   - Senior Masters: ages 30 years and over
   - Open Age Group: reserved for combining age groups to meet the required minimum number of competitors or teams in a division.

B. Team Sports and Relay Events:
   - Junior: ages 15 and under
   - Senior: ages 16-21
   - Masters: ages 22 and over
   - Open Age Group: See above

An athlete’s age group is determined by the athlete’s age on the opening date of the competition or games. The age of the oldest athlete on a team shall be used to determine the age group in which that team will compete.

Combining Age Groups: In situations where there are not enough competitors to hold competition in a certain age group, the athletes should be moved into the next oldest age group or moved to an open age group.

Recreational Swimming Policy

Special Olympics Kansas' policy regarding the use of the motel pools is as follows:

Motel/hotel swimming is not a supervised Special Olympics Kansas activity even though teams traveling to a host city for the purpose of participating in a state event are covered by SOKS insurance. It is necessary to comply with the following policies when allowing athletes to swim in motel/hotel pools:

1. Each group must have at least one (1) certified lifeguard in the pool.
2. For every four (4) athletes swimming, there MUST be one (1) coach in the pool at all times.
3. Athletes with a history of seizures must have 1 on 1 supervision.
Commercial Messages on Uniforms at Competitions Policy

In order to avoid commercial exploitation of persons with intellectual disabilities, no uniforms, and no bibs or other signs bearing competition numbers, which are worn by Special Olympics athletes during any competition or during any Opening or Closing Ceremonies of any Games, may be emblazoned with commercial names or commercial messages. The only commercial markings which may be displayed on athlete’s uniforms during Games competitions and Opening and Closing Ceremonies are the normal commercial markings of the manufacturer. The display of any clothing or equipment marked conspicuously for advertising purposes shall normally result in immediate disqualification.

The following practices are not prohibited by the above rules:

- Volunteers may wear jackets, T-shirts, caps and other apparel bearing small and attractively designed identification of corporate or organizational sponsors
- Athletes may carry and use non-apparel items such as tote bags bearing designed identification of corporate or organizational sponsors

Opening and Closing Ceremonies are deemed to be a part of competition for the purposes of these rules. Hence, athletes and anyone else associated with a Special Olympics team in an official capacity shall not wear warm-up suits, jackets, caps, etc., which bear corporate or organizational identification which might be considered as advertising.

Athlete I.D. Badge Policy

Each athlete must wear an I.D. badge at all times during Regional (if applicable) and State competitions and/or training programs. The I.D. badge, however, may be removed during the athlete’s actual competition, but replaced immediately following their competition.

Any athlete intentionally wearing another athlete’s name badge will be disqualified for the remainder of the competition and/or training. If the coach fails to report a change in the athlete name badge, the coach knowingly involved will be suspended from involvement with Special Olympics Kansas for a period of six (6) months, beginning on the date of the infraction. A second violation of the policy by a coach will result in a suspension of one (1) year.

Athletics Event Participation Ratio Policy

Athlete maximum ratio policy for athletics (track & field) – Summer Games
- Limit the number of athletes per team/organization to a maximum number in any one event, this includes both gender and age levels.

<table>
<thead>
<tr>
<th>Total # Athletes on Team</th>
<th>Maximum # Athletes per Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 10 athletes</td>
<td>3 athletes per any one event</td>
</tr>
<tr>
<td>11 - 25 athletes</td>
<td>6 athletes per any one event</td>
</tr>
<tr>
<td>26 - 50 athletes</td>
<td>10 athletes per any one event</td>
</tr>
<tr>
<td>51 - 75 athletes</td>
<td>16 athletes per any one event</td>
</tr>
<tr>
<td>76 - 100 athletes</td>
<td>22 athletes per any one event</td>
</tr>
<tr>
<td>101 +</td>
<td>30 athletes per any one event</td>
</tr>
</tbody>
</table>

NOTE: An exemption to this policy may be made for those athletes/teams that have requested an exemption prior to the competition deadline to the Regional Director.
Coach to Athlete Ratio Policy

All Special Olympics athletes attending any SOKS competition, training, clinic or any other activity sponsored by SOKS or any Regional program, must be accompanied by a minimum coach to athlete ratio of 1:4 and a maximum coach to athlete ratio of 1:8. An exception to the minimum/maximum coach to athlete ratio must be requested in writing from SOKS prior to the sponsored activity. The written exception must include the rationale behind such a request.

Certified Coach

Coaches are not be permitted on the field/bench at a regional or state competition without the following documents on file with SOKS:

**Step 1:** Complete Class A Form- Please note the Class A form should be on file with SOKS prior to coaching.

**Step 2:** Complete the on-line Protective Behaviors training. The training is valid for 3 years rounded to the end of the year.

**Step 3:** Concussion training. Certificate or documentation of training must be sent into the SOKS Headquarters and on file with SOKS for training to be valid. The training is valid for 3 years rounded to the end of the year. Approved on-line courses: 1) National Federation of High Schools (NFHS) 2) Center for Disease Control (CDC)

Volunteers completing just the minimum requirements listed above will be considered Assistant Coaches. Special Olympics Kansas is dedicated to providing potential coaches with quality trainings and information that will allow them to become successful Special Olympics coaches. We believe the key to improving athletic performance and maintaining the well-being of our athletes is to have trained coaches. The Better the Coach...The Better the Experiences...The Better the Athlete. With this in mind we have created the Special Olympics Kansas Coaches’ Training System which defines minimum criteria that coaches should meet. It also lays the foundation to create a continuing education program for our coaches.

To become a Special Olympics Certified Coach an individual will complete the minimum requirements listed below:


**Step 5:** Sport Specific Training- Coaches should complete sport specific training in each sport they choose to coach. The training is valid for 3 years rounded to the end of the year.

Option 1 (preferred): Attend a Face-to-Face sport specific training conducted by Special Olympics Kansas staff or by an instructor* approved by the Regional Director and Sr. VP of Program Operations. (Documentation of attendance required).

Option 2: Complete a Special Olympics on-line sport specific quiz.

Option 3: Complete on-line or face-to-face ASEP or NFHS sport specific training. Coach must submit documentation of course completion to SOKS. Note: There are fees for some courses conducted by these organizations. Coaches are responsible for any fees associated with these courses.
*An instructor must be a certified coach in that sport and have coached for SOKS for 3 years, or special considerations as approved by the CEO/President. The training would include criteria approved by SOKS staff including the requirement of 80% passing grade on a written exam.

**Re-Certification Process (Sport-Specific training)**

Each coaches’ sport specific training will be valid for 3 years rounded to the end of the year. At that time coaches may choose a training from the list below or choose to re-take Options 1-3 under Step 5. We strongly encourage coaches to select different options for each re-certification. Please contact SOKS if you would like SOKS to consider a training course for re-certification.

Approved Courses for re-certification:
1) First Aid – (SOKS Approved)
2) CPR – (SOKS Approved)
3) Coaching Unified Sports- NFHS
4) Heat Illness Prevention- NFHS
5) Sportsmanship- NFHS
6) Bullying, Hazing and Inappropriate Behaviors- NFHS

**Criteria for Athletes Advancing to State Competition Policy**

To advance to State competition in any sport(s), a Local Program must have competed at the next lowest level of competition (regional) if a competition was offered in the Local Program’s home region at the next lowest level in the same sport or sports.

**Classification of Unified Sports Partners**

All individuals who participate in Unified Sports as a Partner will be classified as an athlete in their delegation. Partners under the age of 18 are included in the coach/athlete ratio of one/four, and Partners 18 or older are not included in the coach/athlete ratio.

Partner = ATHLETE

If the Partner is under the age of 18, they must have on file with Special Olympics Kansas Youth Class A form and a Unified Sports waiver signed by parent/guardians prior to participation in practice or competition.

If the partner is 18 or older then: a Unified waiver and Class A form must be on file with Special Olympics Kansas prior to participation in practice or competition, plus have completed Protective Behaviors prior to participating in competitions. Youth who are 18 years old but still enrolled in high school are exempt from Protective Behaviors.
**Awards Policy**

All SOKS competitions shall award the athletes for their participation. The following standards are to be followed in the presentation of awards:

A. State Level (i.e. Summer Games, Basketball & Cheerleading Tournament, etc.)

<table>
<thead>
<tr>
<th>Place</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2” Gold Medal (Summer Games, Winter Games)</td>
</tr>
<tr>
<td>1</td>
<td>1 ¾” Gold Medal (All other state events)</td>
</tr>
<tr>
<td>2</td>
<td>2” Silver Medal (Summer Games, Winter Games)</td>
</tr>
<tr>
<td>2</td>
<td>1 ¾” Gold Medal (All other state events)</td>
</tr>
<tr>
<td>3</td>
<td>2” Bronze Medal (Summer Games, Winter Games)</td>
</tr>
<tr>
<td>3</td>
<td>1 ¾” Bronze Medal (All other state events)</td>
</tr>
<tr>
<td>4-8</td>
<td>Place Ribbon</td>
</tr>
</tbody>
</table>

B. Regional Level

<table>
<thead>
<tr>
<th>Place</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 3/8” Gold Medal</td>
</tr>
<tr>
<td>2</td>
<td>1 3/8” Silver Medal</td>
</tr>
<tr>
<td>3</td>
<td>1 3/8” Bronze Medal</td>
</tr>
<tr>
<td>4-8</td>
<td>Place Ribbon</td>
</tr>
</tbody>
</table>

C. Local Level

<table>
<thead>
<tr>
<th>Place</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 3/8” Gold Medal or Place Ribbon</td>
</tr>
<tr>
<td>2</td>
<td>1 3/8” Silver Medal or Place Ribbon</td>
</tr>
<tr>
<td>3</td>
<td>1 3/8” Bronze Medal or Place Ribbon</td>
</tr>
<tr>
<td>4-8</td>
<td>Place Ribbon</td>
</tr>
</tbody>
</table>

**NOTE:**Athletes who are disqualified (for reasons other than unsportsmanlike conduct or violations of divisioning rules) or do not finish an event shall be presented with a participation ribbon. If this policy creates a hardship on a Local Program, please contact the Headquarters Office.

**Registration Fee Policy**

Each Local Program must submit a registration fee for the total number of athletes and coaches attending a state competition from their Program. This registration fee must be paid to SOKS prior to the Program’s participation in the competition. A Local Program is to submit the fees to SOKS following the 1st call-back to establish the actual number of athletes/coaches attending the competition. This is the number utilized to establish your registration fee. **Local Programs not paying their registration fee in advance of a competition will not be able to participate in the competition.**

**Registration Fee Schedule (on a per athlete/coach basis):**

<table>
<thead>
<tr>
<th>Sport</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter Games</td>
<td>$20.00</td>
</tr>
<tr>
<td>Summer Games</td>
<td>$20.00</td>
</tr>
<tr>
<td>Soccer/Bocce</td>
<td>$10.00</td>
</tr>
<tr>
<td>Powerlifting</td>
<td>$10.00</td>
</tr>
<tr>
<td>Basketball Tournament</td>
<td>$20.00</td>
</tr>
<tr>
<td>Softball/Golf</td>
<td>$15.00</td>
</tr>
<tr>
<td>Spikes &amp; Strikes Classic</td>
<td>$15.00</td>
</tr>
</tbody>
</table>
**MEDICAL POLICIES**

**Medical Policy**

No athlete may participate in any SOKS event including competition, training, clinics or any activity sponsored by SOKS or any Region or Local program until a completed and signed Medical/Release Form is on file with the Headquarters Office.

**Religious-Objections Release Form**

If any athlete or the parents of minor athletes have religious objections to granting emergency medical attention, SOKS may permit such athlete or parents to delete or strike out the provisions of the Medical/Release Form which contain the authorization for emergency medical treatment (but not any other provisions of the Medical Release Form). In this case, you must contact Headquarters for specific information, prior to the deletion of the emergency medical statement.

**Parent/Guardian Release**

The release portion of the Medical/Release is to be signed by an adult athlete, or if not their own guardian, then their parent/guardian or a minor athlete’s parent or guardian. The release includes a statement authorizing use of the athlete’s words, name or likeness in a photo or film footage for use by SOKS.

**Down syndrome Athlete Policy**

All athletes with Down syndrome must have a Down syndrome Addendum completed and on file at Headquarters prior to participation in any SOKS games/competition/event. This includes training, clinics or any other activity sponsored by SOKS or any Region or Local program. The examination for Atlantoaxial Subluxation is a one-time examination. If the examination has been performed on the athlete, a new examination is not necessary. However, the current Down syndrome Addendum must be signed by the physician. The report of such examination becomes a permanent part of the athlete’s records and will be held on file at Headquarters.

Down syndrome athletes who have been examined and found to have no evidence of Atlantoaxial Subluxation, will be allowed to participate in any event, unless as a result of another medical condition the athlete should not participate in an activity, as soon as the Down syndrome Addendum is on file at Headquarters.

If the examining physician determines that the athlete has positive or equivocal evidence of Atlantoaxial Subluxation, the athlete must have approval from the examining physician and his/her family physician regarding in which sports he/she may participate. In addition, the parents/guardians must sign and return to Headquarters an Assumption of Risk Form prior to participation by the athlete in any event (includes: training, competition, clinics or any other activity sponsored by SOKS or any Region or Local program). This form is found in the form section of this manual.

**Open Wounds Policy**

Aggressive treatment of open wounds or skin lesions should be followed. In particular, whenever a participant suffers a laceration or wound where oozing or bleeding occurs, the practice or game should be stopped at the earliest possible time and the player should leave the field of play and be given
appropriate medical treatment. The athlete should not return to the game or practice without approval of medical personnel or a certified coach.

Blood On Uniforms, Skin, Equipment and Surfaces
Careful attention should be paid to any athlete who is bleeding and to those with whom that individual comes in contact. Those attending to open wounds or skin lesions should wear gloves.

1. An athlete who is bleeding should be addressed consistent with the aggressive treatment statement above. While the wound is being attended, an assessment of the individual’s skin, uniform and equipment should be made by medical personnel or certified coach. All blood on the skin should be thoroughly cleaned. Any tape, padding or uniform that is saturated with blood and that could come in contact with other athletes should be changed.

2. Other participants at the time of injury should be evaluated by medical personnel or certified coach for the presence of blood from the injured athlete. All blood on the skin of non-bleeding individuals should be thoroughly cleaned. Any equipment, including tape, padding or uniform that is saturated with blood must be changed.

3. Finally, after each practice or game, any equipment or uniform soiled with blood should be handled and laundered in accordance with hygienic methods normally used for treatment of any soiled equipment or clothing prior to subsequent use. This would include provisions for bagging the soiled items in a manner to prevent secondary contamination of other items or personnel.

FUNDRAISING POLICIES

Fundraising Policy

1. Only registered Local Programs (identifying in their Application for Local Registration that they are involved in fundraising activities) may receive contributions by soliciting funds in the name of SOKS.

NOTE: The Local Registration process is handled through Headquarters.

Teams not registered or identified as involved in fundraising activities in their Application for Local Registration may not receive or solicit funds in the name of Special Olympics.

2. Locals planning to hold a fundraiser or submit a grant application requesting funds must submit a Fundraising Registration Form (found in the forms section of the manual) to the Headquarters Office at least 60 days in advance of the event (forms are available from the Headquarters Office) (see Fundraising Registration Form” – Fundraising Section).

3. The rules governing commercial messages by sponsors as well as the rules governing use of the Special Olympics logo must be followed. Consult with Headquarters if you have further questions.

4. The largest threat to long-term success in raising money for charitable causes is the potential for misuse of funds raised in the name of the organization. Many times the perception of loose
controls or elaborate accommodations is as dangerous as the actual misuse itself. Therefore, the Board of Directors of SOKS has adopted the following policy to apply to all funds which are raised in the name of SOKS.

All Local Programs shall be responsible for being aware of, and complying with, the SOKS operating policies regarding:

- Fundraising
- Compliance with Financial Laws & Regulations
- Checking Accounts
- Savings Accounts
- Investments
- Receipting of Contributions
- Revenue Reporting
- Reporting of Expenditures

**Local Program Revenue Sharing Policy**

Special Olympics Kansas from time to time conducts state fundraising efforts which maybe designed to involve Local Program assistance. When this option becomes available, Local Programs will be notified of the opportunity to participate. Should a Local Program wish to participate in the SOKS fundraiser and receive a percentage of the funds for their efforts, the following process must be followed in all cases.

A Local Program must identify their willingness to assist with the fundraiser and request a portion of the funds to be designated to their Local Program. The Local Program must submit a completed Event Registration Form to participate, prior to the established deadline for each event.

Requirements for a Local Program to be eligible to receive designated funds will be established and distributed for each fundraising event eligible for Local Program revenue sharing.

**Games/Event Sponsorship Policy**

When a corporation or other organization provides financial support for a Special Olympics competition, that corporation or organization may describe itself, and/or may be listed in signage, publicity and promotional materials, only as a “sponsor” of the Special Olympics event. To protect the ownership and integrity of the Special Olympics name and proprietary symbols, sponsors may never include their corporate, organizational or product names in the title or name of the event itself. For example, if “Company” is the sponsor of a basketball tournament, the event shall not be named or described as the “Company’s Special Olympics Basketball Tournament.” Programs are encouraged to contact their Regional Director if they have questions about the appropriate billing and recognition to be given to the event sponsors.

If a sponsor conducts its own event to benefit a Program (i.e., not an event that is held and conducted by a Program), the sponsor’s events shall be identified as such: “Company Fun Run – to Benefit Special Olympics.” Programs are responsible for reviewing and approving, in advance, all advertisements or promotions for such events that will refer to the name “Special Olympics” in order to ensure that they comply with this policy (see Fundraising Section for explanation of “Donor” vs. “Sponsor”).

29
**Endowment Policy**

A gift may be given to a Special Olympics program and the program may deposit the funds in a restricted account for endowment-type purposes. All funds within that account are handled as Program assets but used in accordance with agreements made with the donor.

No Special Olympics Program will establish a separate legal entity (i.e. a partnership, foundation, trust or other endowment organization) to create, manage or otherwise control an endowment fund. The financial statement of the Program shall include the endowment-type fund in a separate column.

**Donor Privacy Policy**

**The Donor Bill of Rights**

Philanthropy is based on a voluntary action for the common good. It is a tradition of giving and sharing that is primary to the quality of life.

To ensure that philanthropy merits the respect and trust of the general public and that donors and prospective donors can have full confidence in Special Olympics Kansas (SOKS), we declare that all donors have these rights:

1. To be informed of Special Olympics Kansas mission, of the way SOKS intends to use the donated resources, and of our capacity to use donations effectively for their intended purpose(s).
2. To be informed of the identity of those serving on the SOKS Board of Directors and to expect the Board to exercise prudent judgment in its stewardship responsibilities.
3. To have access to SOKS’s most recent financial statements.
4. To be assured their gifts will be used for the purposes for which they were given.
5. To receive appropriate acknowledgement and recognition.
6. To be assured that information about their donation is handled with respect and with confidentiality to the extent provided by law.
7. To expect that all relationships with individuals representing SOKS to the donor will be professional in nature.
8. To be informed of whether those seeking donations are volunteers, employees or hired solicitors.
9. To have the knowledge that their names and information are not shared outside SOKS, without their permission.
10. To feel free to ask questions when making a donation and to receive prompt, truthful and forthright answers.

Special Olympics Kansas also subscribes to the Privacy Polity as it relates to the protection of our donors’ personal information.

**United Way Policy**

State and Regional Programs may not become members of, participate in, or allow any Special Olympics material to be used in United Way campaigns. Local Programs may participate in their local United Way campaigns. However, Special Olympics Programs, on any level, may receive funds from United Way campaigns provided they are designated to Special Olympics by the donor.
Tobacco Products and Alcoholic Beverages Policy

Tobacco Products
No Special Olympics Program will allow the manufacturer or distributor of a tobacco product to publicly or visibly connect the name or trademark of a tobacco product with Special Olympics in any way.

Alcoholic Beverages
No Special Olympics Program will allow the manufacturer or distributor of alcoholic beverages to publicly or visibly connect the name or trademark of an alcoholic beverage with Special Olympics in any way.

Nonalcoholic Beer Products
Nonalcoholic beer products are treated in the same manner as alcohol and beer products. Nonalcoholic beer manufacturers or distributors may not publicly or visibly connect the name or trademark of the beverage with any Special Olympics event, including any fundraising or special event. Additionally, a nonalcoholic beer could not be a support (secondary) sponsor of any Special Olympics fundraising or special event.

Clarifications
The above provisions do not preclude a Program from:
- Accepting blind (unacknowledged) and unidentified contributions (cash or in-kind) from such manufacturers or distributors
- Allowing such manufacturer or distributors to publicly link the trademarks of their products other than tobacco or alcoholic beverages with Special Olympics

Alcoholic Beverage Distributors
Alcohol distributors will be allowed the opportunity to sponsor Special Olympics fundraising and/or special events (not games or competitions) as long as the name of the company does not have a beer or alcohol brand listed in it.

FINANCE/ACCOUNTING POLICIES

Financial Accounting Policy

Each Local Program of Special Olympics Kansas must provide to Headquarters, on a monthly basis: Cash Receipts Journal, Cash Disbursements Journal, Cash Reconciliation Statement, Bank Statement, In-Kind Contributions Statement and the supporting receipts. NOTE: Local Programs not involved in fundraising activities do not have to submit monthly financial statements, but must identify their Local Program as not involved in fundraising activities in their Application for Local Registration. Local Programs may submit their reports monthly to Headquarters. The due date for the submission of the Financial Statements will be 15 days after the last day of the quarter (see quarterly due dates below).

If the Financials are not received by Headquarters within 15 days of the last day of the quarter, a Late Notice will be sent to the Local Program. Fifteen (15) days after the Late Notice is sent and no financials are received, a Past Due Notice will be sent. At the time the Past Due Notice is sent, Headquarters will place a phone call to the Local Program to determine the report status. A phone call will also be placed to the financial institution, requesting statements for the month(s) in question. At this time, the Local Registration will be suspended until all financial records are received and audited by Headquarters, at which time the Local Registration will be restored.
Note: The appropriate Regional Director will receive a copy of each “notice” sent to a Local Program.

The suspension of the Local Registration will result in the Local Program not being allowed to:

1. Host Special Olympics games/competitions along with events;
2. Use the name of Special Olympics Kansas for any purpose;
3. Offer training programs in the official and demonstration sports to coaches, volunteers, games directors, officials, athletes, etc.;
4. To enter athletes in any Special Olympics Kansas games, competition or event; and
5. All other rights associated with Special Olympics Kansas.

If financials are not received from a Local Program for six (6) months, the Headquarters will initiate the process to close the unreported account and place any and all funds on hold until such time as the financials for the account are brought current, or a new or another Local Program serving the athletes in the same locale is registered.

Last Day of Quarter

1st Quarter – March 31
2nd Quarter – June 30
3rd Quarter – September 30
4th Quarter – December 31

Debit Card Policy

The Board of Directors recently passed a new Debit Card Policy stating, “Special Olympics Kansas prohibits the use of debit cards at any level of the organization, State, Regional or Local level.”

The rationale for this policy is, when the debit cards are used without a PIN, it is called an “off-line” transaction. A thief who has a copy of a debit card restaurant receipt can drain your checking account, even if your card itself of PIN hasn’t been stolen. Worse, under the law, your liability is higher for debit card fraud than for credit card fraud. Regardless of your ultimate liability, with debit card fraud, the thief has your money, from your checking account and you still have to fight to get it back from the bank. Please see information below.
Acceptable and Non-Acceptable Local Program Expenses

Special Olympics Kansas from time to time receives questions from Local Programs asking for a clarification of acceptable expenses for their local teams.

Remember, all funds raised in the name of Special Olympics Kansas are solely to be spent in direct support of your Local Program’s participation in Special Olympics events and activities.
In addition, the following expenses are examples of expense considered to be acceptable and non-acceptable.

ACCEPTABLE LOCAL PROGRAM EXPENSES

- Uniforms for athletes/coaches shirts
- Snack & meals for athletes – related to participation in Regional/State events
- Cost associated with actual training or competition
- Awards of a reasonable amount to show volunteer appreciation (make sure to list the name of the recipient)
- Bus/Van rental
- Purchase of sporting equipment used during training for Special Olympics events
- Costs associated with recruiting new athletes or increasing athlete participation
- Costs associated with promoting Special Olympics in your community
- Administrative costs such as postage or paper
- Phone call can be reimbursed but not phone service
- Storage for sporting equipment
- Attendance at Local Program Conference/Regional Meetings Fee (please have attendees names listed)
- First aid/medical supplies
- Reasonable acknowledgement for death of athlete, coach, volunteer or other significant person to the program

NON - ACCEPTABLE LOCAL PROGRAM EXPENSES

- Cash donations (memorials or cash gifts)
- Gasoline purchases (unless refueling rented vehicle to transport athletes to Special Olympics Event)
- Gift cards purchased to put gas in volunteers personal vehicle
- Cell phone service or land line phone service
- Loans
- Vehicle purchases
- Stock purchases
- Salaries or stipends for any Local Program

A Local Program must obtain prior written approval by the SOKS President/CEO in advance for any expenses not listed above.

Local Registration Policy

Each Local Program of SOKS must be registered on an annual basis. The registration of a Local Program is effective from January 1 – December 31 of each calendar year. To be registered, a Local Program must submit the completed Application for Registration in addition to accompanying support materials to the Headquarters Office by December 31 of the calendar year and follow the established SOKS Accounting Procedures.

A Registered Local Program will: 1) be able to participate in SOKS Games/Competitions along with events and activities; 2) use the name and logo of SOKS in conducting fundraising, public education materials or event or for any other permitted purpose; 3) offer training programs in the Official and Demonstration Sports to coaches, volunteers, athletes, etc.; 4) to host Games/Competitions in the Official and Demonstration Special Olympics Sports; and 5) all other rights associated with SOKS.
A Local Program must be registered and in good standing on any established registration deadline date for an event, activity or competition in order to participate and be entered in the event, activity or competition. A Local Program failing to be a Registered Local Program in good standing (financials current) will not be allowed to enter athletes in events, activities or competitions.

PUBLIC RELATIONS POLICIES

The Official Logo/Mark

The Special Olympics Logo (also referred to as the Mark) includes two elements - the Symbol (often called the globe), and Logotype. The Special Olympics Kansas Logo is the official trademark of the Program and incorporates the Program name into the design as shown below:

Permission for the use of the SOKS name, Logo, and/or Symbol, must be authorized by Headquarters prior to its use, including the Logo’s use in conjunction with a fundraising activity or event and on T-shirts. Special Olympics, Inc. has passed a resolution requiring the use of the same Special Olympics logo, with appropriate chapter/area designations, by all programs throughout the world. To verify your logo use meets standards, contact Headquarters at 913-236-9290.

The following guidelines help to create coherent brand communications, visually and verbally, to ultimately achieve greater brand recognition through a unified approach while allowing some individual diversity for local programs.

**Required Use of SO Logo.** SOKS and Associated Programs shall use the Logo in conjunction with all official SOKS materials, including, and without limitation: stationery, business cards, news release letterhead, games programs, yearbooks, flags and banners, athletes’ identification tags/bibs, athletes’ uniforms, posters, brochures, and all informational and promotional material distributed to participants in Special Olympics, to sponsors or to the general public.

Standard Logo formats include the three Logos illustrated below.

![Special Olympics Logo](image)

The Symbol is the circular seal with five stick figures (globe) and the Logotype is the words “Special Olympics”. These parts of the logo cannot be:
- separated;
- used independently;
- rearranged into a different alignment;
- outlined around the elements; and
- must have clear space around the Logo – it should not touch other graphic elements.
The official colors and typography are listed below:

**Official Primary Colors:**
- SO Red: 186c Pantone, 0/100/100/0 CMYK, 255/0/0 RGB, #FF0000 Hex
- SO Black: Black Pantone, 0/0/0/100 CMYK, 0/0/0 RGB, #000000 Hex
- SO Dark Grey: 418c Pantone, 0/0/15/75 CMYK, 99/99/89 RGB, #636359 Hex
- SO Mid Grey: 415c Pantone, 0/0/8/50 CMYK, 148/149/141 RGB, #94958D Hex
- SO Light Grey: 413c Pantone, 0/0/0/30 CMYK, 188/190/192 RGB, #BCBEC0 Hex
- SO White: – Pantone, 0/0/0/0 CMYK, 000/000/000 RGB, #FFFFFF Hex

**Official Logotype:**
- Special Olympics - Serpentine, Bold, Oblique
- Program/Local Program Name - Ubuntu, Italic

**Color Scheme:** The logo may only appear in official Primary colors as listed above.

**Dynamic Curve:** in flat or layered colors, designed to acknowledge the world wide spirit shared across the movement. Curve elements can be used on stationery, banners or flyers and are available through SOKS headquarters.

**Special Olympics Regional and Local Team Logos.**

The words Special Olympics must precede any state, state must precede the area or local designation. There are no longer any Regional/District logos with the exception of the KC Metro Region which is multi-jurisdictional.

For all team recognition, see current branded apparel guidelines at ksso.org/teamapparel

**No State/Region/Local Program shall have the right use or display the Symbol (globe) standing alone, without the required juxtaposition with the name Special Olympics and the State and/or Local Program, nor may any Sub-Program or third party make any such “stand-alone” use of the logo. Similarly the Symbol may not be distorted in any fashion.**

**The Official Credit Line**

The Official Credit Line to be used by all Special Olympics programs is:

Created by the Joseph P. Kennedy, Jr. Foundation for the Benefit of Persons with Intellectual Disabilities.
Requirements for Use of Credit Line:
The Credit Line must be displayed prominently on all permanent collateral pieces used by all Special Olympics Programs. This includes, but is not limited to, stationery, annual reports and websites. It is not necessary to use it on flyers and brochures.

Local Program Website Requirements

Logo: One of the Special Olympics Kansas marks is to appear on the home page. It will also then link to www.ksso.org site. The logo will need to be in the lock-up as shown; however, colors can be changed.

Credit Line: This is to appear on home page.

Mission Statement: Use of the Mission Statement is optional.
Special Olympics Kansas is dedicated to empowering individuals with intellectual disabilities to become physically fit, productive and respected members of society through sports competitions, health and nutrition programs, and leadership development. Offering year-round initiatives to children and adults with intellectual disabilities, Special Olympics Kansas is a platform for acceptance and inclusion as well as one of the largest advocates for healthy lifestyles in the state – regardless of race, religion, ethnicity or cultural differences.

Athlete Enrollment Info: Please link directly to www.ksso.org/athlete. This page has the Eligibility statement and general info, and then also provides athlete enrollment forms, medical forms, etc. When these forms are updated or changed, your website will automatically update with the new link.

Suggested Links:
www.ksso.org/awards-and-recognition This will have current information of nomination deadlines, criteria, forms, past winners, etc.
www.ksso.org/staff This provides contact info of all Staff
www.ksso.org/family-opportunities Most current family opportunities
www.ksso.org/news-media-information This has language guidelines in a pdf format that media can easily access

Local Programs may have a website for information about their program, calendar, etc. However, NO ADDITIONAL WEBSITES are to be created specifically for an event. This is to ensure branding integrity and consistent messaging. Any exception to this must be approved by Sr. VP Communications

For any questions, copies of logos, etc. have your webmaster contact:
Heather - watersh@ksso.org

VOLUNTEER POLICIES

Definitions:

Class A Volunteer – a volunteer who has regular, close physical contact with the athletes; volunteer in a position of authority or supervision with athletes; a volunteer in a position of trust of athletes; or volunteers who handle cash, checks or other assets of SOKS

Class B Volunteer – a volunteer who has limited contact with athletes or who have contact
A volunteer must complete the following steps prior to volunteering:

Class A Volunteer
1. Complete a Volunteer Form for background clearance check and submit to SOKS — the deadline for having a completed background check is prior to the 1st volunteer assignment for new volunteers just signing up
2. Complete On-Line Protective Behaviors Training [www.kssso.org/pb] this training must be completed prior to the 1st volunteer assignment for new volunteers
3. Bring picture ID to volunteer assignment for identification

Class B Volunteer
1. Bring picture ID to volunteer assignment for identification
2. Complete on-site volunteer registration form

Volunteer Screening Policy

I. TYPE OF SCREENING

A. Class A Volunteers (Adult)

1. Completion of a volunteer registration form, screen using a national vendor, photo ID check at the time of registration and photo ID check or identity verification check at events

B. Class A Volunteers (Minor)

1. Completion of a volunteer registration form, two personal/professional references, who are not related to the minor or the minor’s legal guardian (one of whom is from the volunteer applicant’s school, church, civic group, etc.), photo ID check at the time of registration and photo ID check or identification verification check at events

C. Class B Volunteer (Adults and Minors)

1. Completion of a volunteer registration form or sign in sheet and photo ID check or identification verification check at events (for minors, IDs are only required to the extent available)

II. MINIMUM ACCEPTABLE BACKGROUND SCREENING

A. Class A Volunteers must be screened using a national vendor that includes the sex offender registry for each State in which the sex offender registry is available electronically. In addition to, but not in place of, the check through the national vendor, Programs may conduct a statewide criminal background check.

B. Motor Vehicle Record checks are required if the applicant answers yes to the question regarding suspension or revocation of driver’s license, on the Volunteer Application or if the Program has
received information through the screening process that the applicant may have motor vehicle related convictions.

III. PHASE IN AND FREQUENCY

Volunteers

1. A new Class A Volunteer shall not be permit to participate as a Class A Volunteer, until that person has been screened and approved by SOKS.

2. Registered Class A Volunteers, must be re-screened every three years following the date of initial screening.

IV. DISCLOSURE AND AUTHORIZATION REQUIREMENTS

Volunteers should fill out a form that meets the requirements as set forth below. Please note that prior to utilizing the volunteer registration forms, each Program should have its legal counsel review the forms to ensure compliance with State laws and regulations.

A. Class A Registration form must include:

1. Full name and other information necessary to conduct the required check under the policy
2. The following four questions:
   a) Do you use illegal drugs?
   b) Have you ever been convicted of a criminal offense?
   c) Have you ever been charged with neglect, abuse or assault?
   d) Has your driver's license ever been suspended or revoked in any state or other jurisdiction?
3. A legally sufficient authorization to conduct the necessary screening
4. A release that protects the Special Olympics movement from liability in connection with the Program conducting the screening.
5. Consent to use the volunteer’s name and likeness to promote and publicize the purposes of Special Olympics.

B. Class B registration materials must include:

1. Full name, complete address, telephone number and, if applicable, the name of the civic group or corporate sponsor with which they are associated
2. Consent to use each the volunteer’s name and likeness to promote and publicize the purposes of Special Olympics
V. RESULTS OF BACKGROUND CHECK USING NATIONAL VENDOR

A. Automatic disqualifiers with no appeals process

1. Conviction for crime of:
   a) child abuse
   b) sexual abuse of a minor/adult
   c) causing a child’s death
   d) neglect of child or any other individual for whom the potential volunteer had/has responsibility
   e) kidnapping
   f) murder
   g) manslaughter
   h) felony assault
   i) arson
   j) criminal sexual conduct

B. Automatic Disqualifier for Driving on Behalf of Special Olympics (for offenses that have occurred within a specified time frame)

1. DWI, DUI, or comparable offenses within seven years of application
2. Three or more moving violations within the past three years of application

C. Potential disqualifiers for which a Program may establish an appeals process

1. Adverse judgment for damages or civil penalty involving sexual or physical abuse of a minor
2. Conviction for:
   a) theft of funds
   b) fraud
   c) larceny or other financial crime
   d) prostitution-related crime
   e) controlled substance crime
3. Being the subject of any court order involving any sexual abuse or physical abuse of a minor that restricts contact with a minor.
4. Each Program has the authority to make the final decision as to any volunteer or applicant in the potential disqualifier category.

Protective Behaviors Training Policy

SOKS has incorporated the On-line Protective Behaviors training into its regular training for all Class A Volunteers.

- SOKS will not permit a new Class A Volunteer applicant, over the age of 18 unless enrolled in high school to participate as a Class A Volunteer until that person has completed the on-line Protective Behaviors training.
- Class A Volunteers must complete the training at least once every three years and SOKS will maintain a record of such completion.
How does the system work?
The On-Line Protective Behaviors training is “housed” on Special Olympics’ web site. Visit: http://www.specialolympics.org/protective_behaviors.aspx Each Class A Volunteer will be able to complete the training at his/her convenience by the deadline described above. Once a volunteer completes the training or has previously completed the training and submitted to SOKS, SOKS will receive email notification that the individual has successfully completed the training.

What if a volunteer does not have internet access?
Most public libraries have computers with internet access for use by the general public. In addition, SOKS will provide a CD copy of the training materials for use by anyone who does not have internet access. Contact the Volunteer Coordinator.

The implementation of the Protective Behaviors training policy will help protect Special Olympics athletes from sexual, emotional and physical abuse. Protecting SOKS from substantial legal liability and adverse publicity is an important byproduct of such training and crucial to the Special Olympics Mission. These materials are developed to offer Protective Behaviors training in the most time-efficient manner possible.

Volunteers and Staff Dating Special Olympics Athletes Policy
Special Olympics prohibits any Special Olympics staff member or volunteer (excluding spouses of athletes and athletes who are volunteers) from dating or having a sexual relationship with any Special Olympics athlete. In the event that a Special Olympics organization learns of any dating or sexual relationship, the organization immediately shall require either: i) that the staff member or volunteer end his or her association with Special Olympics; or ii) that the association between the staff member or volunteer and Special Olympics will be terminated.

In the case of a Special Olympics athlete who is also a staff member or volunteer, the Chief Executive Officer of the organization where the athlete competes must evaluate the circumstances on a case-by-case basis and determine if an authority relationship exists between the staff/volunteer athletes and the competing athlete, and if it is determined that there is such a relationship, then apply the above policy in the same manner as the policy is applied to non-athlete staff or volunteers.

Each Special Olympics Program should determine whether it is required by its national or local laws to report certain relationships between Special Olympics staff or volunteers and Special Olympics athletes to the appropriate authorities under any “mandatory reporting” or other requirements in place for that Program’s jurisdiction, and comply with those requirements.

Special Olympics respect the right of athletes to have the full range of human relationships available to other human beings. This policy shall not be interpreted as a limitation on the rights of athletes, but only as a restriction on Special Olympics staff and volunteers.
SOKS INFORMATION
Eligibility For Participation in Special Olympics

General Statement of Eligibility. Special Olympics training and competition is open to every person with intellectual disabilities who is at least eight years of age and who registers to participate in Special Olympics.

Age Requirements. There is no maximum age limit for participation in Special Olympics. The minimum age requirement for participation in Special Olympics competition is eight years of age. The Young Athletes Program introduces children two-to-seven years old to the world of sports with the goal of preparing them for Special Olympics sports training and competition when they get older. In addition, children who are at least six but not yet eight may participate in age-appropriate Special Olympics training programs or in specific (and age-appropriate) cultural or social activities offered during the course of a Special Olympics event. Such children may be recognized for their participation in this training or other non-competition activity through certificates of participation, or through other types of recognition which are not associated with participation in a Special Olympics competitions. However, no child may participate in a Special Olympics competition (or be awarded medals or ribbons associated with competition) before his or her eighth birthday.

Degree of Disability. Participation in Special Olympics training and competition is open to all persons with intellectual disabilities who meet the age requirements, regardless of the level or degree of that person’s disability, and whether or not that person also has other mental or physical disabilities, so long as that person registers to participate in Special Olympics.

Eligibility Criteria. A person is considered to have intellectual disabilities for purposes of determining his or her eligibility to participate in Special Olympics if that person satisfies any one of the following requirements:

- The person has been identified by an agency or professional as having intellectual disabilities as determined by their localities; or

- The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or “IQ” testing or other measures which are generally accepted within the professional community as being a reliable measurement of the existence of a cognitive delay; or

- The person has a closely related developmental disability. A “closely related developmental disability” means having functional limitations in both general learning (such as IQ) and adaptive skills (such as recreation, work, independent living, self-direction, or self-care). However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to volunteer for Special Olympics.

Preserving Flexibility in Identifying Eligible Athletes. SOKS may depart from the eligibility requirements identified above if there are exceptional circumstances which warrant such a departure. Please contact the VP of Program Operations if you have any questions regarding eligibility. Any questions related to an athlete’s eligibility on a secondary school team should be referred to the Kansas State High School Activities Association, (785) 273-5329.
Special Olympics Kansas Medical/Release Procedure

The SOKS Medical/Release Form may be current for up to three years. The renewal period will begin January 1 of a cycle and all Medical/Release Forms submitted during the renewal period or during the cycle will expire on December 31 of 2018, 2020, 2022, etc. A Medical/Release Form may be submitted to Headquarters at any time.

Physicals Given Between | Expire
------------------------|-----------
January 1, 2016 – December 31, 2017 | December 31, 2018
January 1, 2018 – December 31, 2019 | December 31, 2020
January 1, 2020 – December 31, 2021 | December 31, 2022
January 1, 2022 – December 31, 2023 | December 31, 2024

Physical Examination and Health Information Update Procedure

Each athlete is required to have an initial Medical/Release Form on file at SOKS Headquarters. The initial Medical/Release Form includes a physical examination which must be conducted by a physician or other licensed professional to perform a physical examination in the State of Kansas. Licensed professionals by the State of Kansas Board of Healing Arts include: Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Chiropractic (DC), Advanced Registered Nurse Practitioner (ARNP) or a Physician’s Assistant (PA).

When the initial physical examination expires at the end of the cycle period, you may replace the physical examination with a Health Information Update. The “Health Information Update” does not require a physician or licensed professional to complete the form, but rather, may be completed by a coach, teacher, or family member, etc. There are specific health conditions which do require a new examination and Medical/Release Form performed by a licensed professional:

1. if questions 1 - 14 on the “Health Information Update” are checked “yes” or,
2. the original medical has any of these conditions checked “yes”

PART I – New participants in any aspect of the program must have a completed Medical/Release Form on file with Headquarters. The physical examination must be performed by a licensed professional to perform such examinations in Kansas.

a. Completed Medical/Release Form is submitted to Headquarters;
***Forms will be returned to you if the following information is not complete:
   1. Examiner’s Signature & Date of Examination
   2. Parent/Guardian or Adult Athlete’s Signature
   3. Down syndrome Information Completed
   4. Athlete Information Completed
b. Headquarters keeps original;
c. Coach keeps a copy and is responsible for taking their copy to all competitions and training sessions for their team.

NOTE: If an athlete has Down syndrome, you must follow the separate Down syndrome Addendum process (this is a one-time procedure).

PART II – Renewals, at the end of a cycle period.

a. If a physical examination conducted by a licensed professional is mandated due to the procedure identified on the Health Information Update, questions 1-10 and 11-14, a new Medical/Release Form and Steps a-c of Part 1 must be followed instead of the Health Information Update.
b. Complete the Health Information Update
   - for youth, completed by an adult;
   - for adults (over 18), may be completed by the adult athlete with a review and signature of a parent, guardian or supervisory adult.
c. Remit Health Information Update to Headquarters Office.
d. Local Coordinator or coach keeps a copy of the Update and attaches to the athletes initial Medical/Release Form.

NOTE: The Health Information Update must be completed every cycle renewal period.

Unified Sports®
Special Olympics Unified Sports® is an inclusive program which combines individuals with intellectual disabilities (athletes) and individuals without intellectual disabilities (partners) on sports teams for training and competitions. Athletes and partners compete alongside one another, each in a meaningful and integral role on the Unified Sports® team.
SOKS offers Unified as an option for all Team Sports competitions. Partners should attend practices regularly like all other athletes. When possible, Unified Sports teams are divisioned separately from traditional Special Olympics teams for competitions. Programs should contact their Regional Director regarding Unified Sports possibilities at regional competitions.
A Unified Partner is an individual without an intellectual disability. Partners in our Player-Development division act as mentors to athletes. As such, specific rules and guidelines are in place to ensure athletes have meaningful involvement in the competition. Each partner must complete a Class A Volunteer & Unified Partner Registration Form.
Unified Sports® competitions follow similar rules as traditional Special Olympics competitions with two main addendums:

1. Team rosters must consist of a proportionate number of athletes and partners. The ratio of players on the field or court will be determined by the Competition Committee.
2. All players shall be allowed meaningful involvement and play.
   a) Dominate play is defined as an action or play by a player that does not allow another teammate to play their position or controls the game to the detriment or exclusion of teammates.
   b) Dominated play will be judgment call determined by the officials on the field/court. Penalty will be verbal warning for the first offense with subsequent calls resulting in a foul on the offending player.
School Based Unified Sports League
Since 2013, the SOKS Unified Sports League has existed in Kansas City and Topeka made primarily of school-based Unified Sports teams for basketball (fall), bocce (winter) and soccer (spring). Sports are held in opposite seasons to traditional SOKS sports to allow athletes to participate in both Unified and traditional SOKS programming. The benefit here is that an athlete can focus on fewer sports and have more opportunities to improve those sports skills.

We are actively working to expand the Unified Sports League across the entire state. Please contact Chris Burt at burtc@ksso.org if you would like more information on how your school could get involved.

Medical and Safety Requirements

Programs must conduct all athletic training and competition activities in a safe environment, taking all reasonable steps to ensure the health and safety of athletes, coaches, volunteers and spectators. Local Programs must adhere to sport-specific medical and safety requirements as contained in the Official Special Olympics Winter/Summer Sports Rules.

NOTE: Protective eyewear is strongly encouraged for mononuclear athletes participating in dynamic reactive sports, i.e. basketball, volleyball, softball, and recommended for athletes who wear street glasses and participate in these activities.

Minimum Medical Facilities at Competitions
- A qualified emergency medical technician must be in attendance and/or notified of an event taking place and “on-call” for the event, and a physician should be on site or on immediate call at all times.
- All first aid areas must be adequately equipped and staffed by a qualified emergency medical technician for the duration of the event. First aid areas must be adequate in size and number for the duration and size of the event.
- An ambulance, resuscitator and other appropriate medical equipment, particularly equipment for handling seizures, must be available at all times.

Minimum Safety Precautions at Competitions
- Due to the hours of exposure to the sun during an outdoor competition, precautions must be used to avoid heat-related illnesses and sunburn.
- Special precautions must be taken when competitions are held at high altitudes, including providing training recommendations for athletes prior to the competition and properly equipping the competition venues.
- Ample water or other liquids must be provided.
- Precautions must be taken so that each participant receives prescribed medication.
- Special attention must be given to the selection, training and assignment of coaches, officials and volunteers at Special Olympics activities.
Procedures in Case of Injury

1. Take injured/sick person to first aid, doctor or hospital.

2. Fill out First Report of Accident and hand to SOKS Staff or mail to Headquarters.

3. American Specialties will send out a letter and a PROOF OF LOSS FORM to the injured party. This form needs to be filled out in its entirety and mailed back to American Specialties. The claim is not activated until the PROOF OF LOSS FORM has been received by American Specialties.

4. In the case of any injury a coach must also complete a copy of the SOKS Injury Report and submit to the Headquarters Office. This form is found in the registration pick-up packet at every SOKS event. This form must be completed regardless of the athletes need for medical attention.

5. For any questions concerning these procedures, contact Headquarters.

Special Olympics Corporate Insurance Program

Commercial General Liability
Description of Coverage: The general liability coverage protects insured Special Olympics organizations, athletes, and registered volunteers from third-party claims of bodily injury, property damage, and personal and advertising injury due to alleged negligence arising from the conduct by Special Olympics during a Special Olympics activity. Under the policy, the insurer has a “duty to defend” until such time as legal liability has been established, and therefore, defense costs associated with the aforementioned general liability claims are paid regardless of legal liability.

In addition, the general liability policy has been endorsed to provide coverage for losses resulting from damage to property in the care, custody, or control of Special Olympics, excluding watercraft, aircraft autos, and Special Olympics owned property. The loss must occur during a Special Olympics conducted/sponsored event and Special Olympics must be found legally liable for the loss. The limit of liability is $100,000, subject to a $2,500 deductible per claim, for such property losses.

Non-Owned & Hired Automobile Liability (NOHA)
Description of Coverage: This policy provides protection to Special Olympics for liability claims arising as a direct result of the use of a non-owned or hired automobile. For coverage to be effective, the vehicle must be used for Special Olympics business with the permission of Special Olympics and driven by an employee, or a registered volunteer of Special Olympics.

Covered Autos:
- Hired Autos – Special Olympics’ autos that are leased, hired, rented (e.g. rental vehicles), or borrowed for less than one month by your program, and are used in your business.
- Non-Owned Autos – Special Olympics’ autos that are not leased, hired, rented or borrowed that are used in your business (e.g. autos owned by employees or by volunteers).

Restrictions: Non-owned and hired auto liability coverage applies excess of any other valid and collectible insurance.
Hired Auto Physical Damage: Coverage is provided for physical damage claims arising as a direct result of the use of a “commercially rented” vehicle by a Special Olympics employee, or registered volunteer for Special Olympics’ business with Special Olympics’ permission.

Participant Accident Medical Coverage:
Description of Coverage: This policy responds when injuries resulting from an accident occur during a Covered Event or during Covered Travel. This is an accident medical policy, not a sickness or illness medical policy. For example, it may cover the medical expenses caused by a broken leg, but not those caused by appendicitis. An accident must occur in order for coverages to apply.

The accident medical insurance policy is excess of any other valid and collectible insurance or medical plan applicable to the injured participant.

Covered Event, is defined as any scheduled activity authorized, organized, and supervised by Special Olympics. With respect to competition activities, this includes pre-competition activities and practice sessions.

Covered Event also includes activities authorized by Special Olympics that are Directly Supervised by Registered Class A Volunteers, but only when participation is part of the Special Olympics athlete’s overall sports training for Special Olympics, or for the purposes of qualifying for Special Olympics competition

Directly Supervised is defined as supervised in person by a Registered Class A Volunteer.

Registered Class A Volunteer is defined as an individual currently registered in accordance with the Special Olympics Official General Rules, or other Special Olympics policies in effect during the policy period.

Insured Persons are defined as U.S. Special Olympics athletes (including Young Athletes), unified partners, managers, coaches, officials, chaperones, supervisors, fundraising participants, and other volunteers, whose names are on file with Special Olympics, while participating in a Covered Event.

Crime
Description of Coverage: This policy provides insurance coverage to Special Olympics Accredited U.S. Programs against fraudulent, dishonest or criminal acts committed by a Special Olympics employee, volunteer, or board member acting alone, or in collaboration with others, and causing Special Olympics to suffer a loss of money, securities or property.

Directors & Officers Liability
Description of Coverage: Each U.S. Program and Special Olympics, Inc. has bound D & O coverage through Philadelphia Indemnity Insurance Company. The D&O policy provides protection against liability caused by the wrongful acts of directors, officers, trustees, employees and volunteers of Special Olympics, including employment-related practices. The policy does not cover bodily injury losses or breach of contract. Directors, officers, trustees, employees, volunteers, or the entity itself must be named in a lawsuit in order for coverage to respond.

Note: The Kansas Volunteer Protection Act also covers volunteers in liability situations.
**Athlete Code of Conduct**

Special Olympics Kansas 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 individuals.
- 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, competitions 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, Special Olympics Kansas may not allow me to participate.
Coaches Code of Conduct

It is the responsibility of all coaches to maintain the highest standards of conduct for themselves, their athletes and in all trainings and competitions. Failure to do so undermines the official’s authority and the integrity of the game, resulting in a hostile environment for the athletes, officials, coaches, assistant coaches and spectators. As a role model for the athletes, spectators and coaches participating in the event, all are expected to be supportive of and to acknowledge the effort, good play and sportsmanship on the part of ALL players from all participating teams.

By example, coaches and assistant coaches are expected to show that although they are competing, they have respect for the opponent and officials at all times. Special Olympics Kansas will not tolerate negative behavior exhibited either by demonstrative actions and gestures, or verbally by ill-intentioned remarks, including those addressed toward the official or opposing team members. Coaches exhibiting hostile, negative sarcastic or otherwise ill-intended behavior toward officials, opposing athletes or coaches will be subject to disciplinary action by Special Olympics Kansas.

Responsibilities to the Rules of the Game

1. Coaches should be thoroughly acquainted with and demonstrate a working knowledge of the Rules of the Sport.
2. Coaches are responsible to assure their athletes understand the intent as well as the application of the Rules.
4. Coaches are responsible for their athletes actions during competition and must not permit them to perform with intent of causing injury to opposing athletes.
5. The coach must constantly strive to teach good sporting behavior.

Responsibility to the Officials

1. Officials must have the support of the coaches, players and spectators.
2. Coaches must always refrain from criticizing officials in the presence of players or spectators.
3. Professional respect, before, during and after the competition should be mutual. There is to be no demeaning dialogue or gestures between official, coach or players.
4. Coaches must not incite players or spectators or attempt to disrupt the flow of the game.
5. Comments regarding an official should be made in writing to the Management Team personnel.
6. Coaches should not approach officials after the competition to discuss calls.
7. Coaches shall not offer dissent to any call made by an official or referee at any time.
8. Coaches are not to address the official/referee during competition except to: a) respond to officials/referees who has initiated a conversation; b) point out emergency or safety issues; c) make substitutions; and d) ask for the time remaining in regulation play.
Special Olympics Kansas has implemented the following Parent/Guardian Code of Conduct for the important message it holds about the proper role of parents/guardians in supporting their child and other athletes in sports. Parents/guardians should read and understand this Code of Conduct prior to their child participating in Special Olympics Kansas activities and events.

Any parent/guardian guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game or the next day’s activities. Repeat violations may cause a multiple game/day suspension.

Preamble
The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness
- Fairness
- Respect
- Caring
- Responsibility
- Good Citizenship

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

I/We therefore agree:
- I/we will not force our child to participate.
- I/we will remember that individuals participate to have fun.
- I/we will inform the coach of any physical disability or ailment that may affect the safety my child or the safety of others.
- I will learn the rules of the sport and the policies/procedures of SOKS.

Parent/Guardian
- I/we, and my guests will be a positive role model and encourage sportsmanship by showing respect and courtesy and by demonstrating positive support for all players, coaches, officials and spectators.
- I/we, and my guests will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- I/we will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I/we will teach our child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I/we will demand that our child treat other players, coaches, officials and spectators with respect.
- I/we will teach our child that doing one’s best is more important than winning.
- I/we will praise the athletes for competing fairly and trying hard.
- I/we will never ridicule or yell at any athlete for making a mistake or losing a competition.
- I/we will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my own child.
- I will respect the officials and their authority during competitions and never question, discuss or confront coaches at the playing field and will take time to speak with coaches at an agreed upon time and place.
- I/we will demand an environment free from drugs, tobacco and alcohol and we will refrain from their use at the events.
LAW ENFORCEMENT TORCH RUN
Overview

The Torch Run began right here in Kansas! In 1981, Wichita Police Chief Richard LaMunyon saw a need to raise funds for, and awareness of, Special Olympics Kansas. After three years of successful runs in Kansas, LaMunyon presented the program to the International Association of Chiefs of Police (IACP). With the IACP’s enthusiastic support and leadership, the Torch Run expanded into seven states by 1985, 43 states by 1986 and today includes all 50 states and the District of Columbia. The Torch Run is not just a national event, though. In 1987, the program went international and today involves over 45 countries including Torch Runs in Canada, Europe, South America, the Caribbean and the Pacific Rim. And, Kansas can be proud to proclaim that it all started here. We were “FIRST TO CARRY THE TORCH!”

How it Works

At its most basic level, the Torch Run is an actual running event in which Law Enforcement Officers and Special Olympics athletes carry the Flame of Hope™ to the Opening Ceremonies of their Special Olympics Games. The Kansas Torch Run currently involves 1100 runners covering over 1,500 miles of Kansas roadways. Communities along the Torch Run routes in each state or nation organize parades, award ceremonies and other special events to celebrate the Torch’s arrival. Every two years, Law Enforcement Torch Run representatives from each participating state and nation help carry the Special Olympics Torch to the Opening Ceremonies of the Special Olympics World Games.

At its most fully developed, the Torch Run initiative encompasses a variety of fundraising vehicles in addition to the Torch Run itself. Participating officers and agencies raise funds through corporate sponsorships, “Tip-a-Cop” events, Polar Plunges, T-shirt sales, and many other fundraisers. Worldwide, more than 85,000 law enforcement officers participate in the Torch Run, raising more than $34 million annually.

The Kansas Torch Run has grown tremendously since its inception and raises over $500,000 annually for SOKS. The public awareness generated by the Torch Run is just as important as the money it raises. A grass roots event involving well-known public figures, the Torch Run creates deserved recognition of the abilities of individuals with intellectual disabilities. Law Enforcement Officers volunteer with Special Olympics in a variety of duties, including presenting medals to athletes at competitions.

All law enforcement agencies are represented in the Torch Run, including Police Chiefs, Police Officers, Secret Service and FBI agents, Military Police, Sheriffs, Sheriff Officers, Corrections Officers and State Troopers. The IACP endorses the Torch Run, as do numerous Federal, State, and City and County Law Enforcement agencies.

So, what was once an informal run in one community by officers who supported Special Olympics has grown into the largest grass roots fundraising effort for Special Olympics worldwide. And it all started with the dream of a man from Kansas. For more information about your local contacts, contact Luke Schulte, 620-408-4450 or email schultel@ksso.org
LOCAL PROGRAM MANAGEMENT
Local Program Registration Procedure

The first step in organizing a Local Program is getting registered with SOKS. Every Local Program must register with SOKS yearly by completing and submitting the “Application for Local Registration” form to Headquarters. Every athlete must be registered with a Local Program in order to participate in any activity, and no Local Program operations or activities, i.e. fundraising, training etc., are allowed without a current Local Registration on file with SOKS, as stated in the Local Registration Policy.

“Application for Local Registration” forms will be sent to all previously registered Local Program Coordinators in December and are due into Headquarters by December 31. Upon receipt of the “Application for Local Registration” SOKS reviews the form and attached paperwork. The respective Regional Director receives a copy of the registration form. This form can be found on-line on the SOKS website.

New Local Programs may register at any time during the year, but must submit the form again by December 31 for the next year. If changes are needed to your “Application for Local Registration,” please submit them to johnsonm@ksso.org or in writing to Headquarters.

Local Program Structure

After completing the Local Program Registration form, the next step is assembling volunteers to run the Local Program. The following organizational chart and job descriptions demonstrate how to structure and divide responsibilities within the Local Program.

```
Local Program Coordinator

Sports
- Certified Coach
- Assistant Coach
- Program Assistant

Administration
- Competition Director
- Finance Director
- Fundraising Director
- Public Relations Director
- Outreach/Family Director
- Volunteer Director
```

Although every Local Program has different needs, the following job descriptions contain the specific responsibilities of every Local Program. No matter how you organize the Local Program, someone must account for every responsibility listed in the following job descriptions --- ultimately the Local Program Coordinator.
It becomes obvious upon looking at the job descriptions that all of the work should not be done by one person. It takes an entire management team to run a Local Program. The Local Program Coordinator is responsible for putting together the team, involving many individuals. SOKS suggests that every Local Program create an organizational structure and job descriptions specific to the program. See the Volunteer Management section of this manual for information on writing job descriptions. There are also examples of Local Program job descriptions at the end of this section.

Local Program meetings or some type of ongoing consistent communication between the members of the Local Program Management Team is essential to the success of the program. The Local Program Management Team is also encouraged to attend the Local Program Conference for training.

Local Program Management Schedule

The Local Program Management Team looks to the coordinator for guidance, assistance and information. The following Local Program Management Schedule will help everyone involved in the Local Program manage their time. It is a general schedule of needed tasks.

**Weekly**
- conduct practices
- communicate with other Local Program Management Team Members

**Monthly**
- hold Local Program Management Meeting
  a. communicate with athletes and their families about programs available
  b. share information from Newsletters with Local Program Mgmt team

**Quarterly**
- submit financial reports to Headquarters

**Annually**
- attend Kansas Program Conference
- submit “Application for Local Registration”
- develop budget
- develop Local Program plan

**As Needed**
- register volunteers and athletes with the Local Program
- organize trips to events
- organize fundraising events
- report to local media about events
- send coaches to training schools
- raise funds for on-going needs

Local Program Planning

Local Programs should begin planning with the “Application for Local Registration.” This form asks questions about all aspects of the program, from which sports you participate in, to the reporting of your management team members and if all volunteers have a Class A on file. The information is to remind you of the guidelines required of your program, as well as encourage you to continue to develop your program to meet the needs of the athletes. By completing these forms, you and your management team can determine the volunteer, athlete, financial, transportation, equipment
and any other needs of your program. As you determine your needs, write them down and develop a plan to meet those needs. This becomes your program plan. The “Application for Local Registration,” form is in the form section of the manual.

**Athlete Recruitment and Empowerment Committee**

The Athlete Recruitment and Empowerment Committee is responsible for providing leadership and resources for the organization’s athlete recruitment efforts and Athlete Leadership Programs (ALPs). The Committee is responsible for the review, evaluation and assistance in the planning of services for Local and Regional Programs. The Committee shall oversee the organization’s outreach efforts. The committee shall work closely with the Sr. Vice President of Program Operations, the Sr. Vice President of Communications, Local Programs, Regional Directors and key volunteers to determine priorities and explore resources.

The Athlete Recruitment and Empowerment Committee membership consists of Local Program Coordinators/Coaches, SOKS Board Members and SOKS Staff Members. You can find a list of the members of this committee on page 6. If you or someone in your organization has a recommendation for the committee, please contact one of the members listed.

The committee created the following guidelines for Local Programs to use as a model. Local Program Guidelines, Athlete’s Guidelines and The A,B,C’s of Coaching Special Olympics Athletes

**Local Program Guidelines**

**SOKS recommends that Local Programs have a guideline to cover each of the following:**

- Respect others: family, teammates, opponents, coaches, volunteers, officials, etc.
- Refrain from using profanity or inappropriate language at any Special Olympics event.
- Establish guidelines regarding practice and event attendance/absenteeism; create a written guideline to be given to all participants, but giving individual consideration to eligibility as deemed necessary.
- Refrain from name calling, teasing or taunting: teammates, opponents, or other participants within Special Olympics.
- The use of alcoholic beverages and/or tobacco products in competition venues or ceremonies venues will not be tolerated.
- The use of controlled substances at any Special Olympics activity will not be tolerated.
- Prepare properly for Special Olympics events; do not let house/home or personal issues interfere; allow time for discussion and “caring,” after the event (practice, activity, competition).
- Report any injury, medical concern, or other circumstance that could interfere with full participation in an activity to the coach immediately; clearance for return should be determined by (doctor, parent, staff) and included within the Local Program guidelines.
- Establish a guideline (either by dismissal from event or attendance by coach/chaperone/parent) for “behavioral concerns” that interfere with the athlete or “team” safety or participation.
- Parent/Care provider is responsible for athlete medication unless a release is signed giving approval and instructions for dispense.
- Ensure that family members are aware of all available opportunities the Local Program offers.
- Ensure all needed paperwork is submitted by the stated deadline.
- Sportsmanship and fun should be paramount at all Special Olympics activities.
Athlete Guidelines

SOKS expects all Special Olympics Athletes:
- Abide by the letter and spirit of the rules at all times, while conducting him or herself in a sportsman-like manner; failure to do so may result in disqualification from further participation/competition.
- Maintain appropriate language and action towards teammates, coaches, volunteers, opponents, officials, parents, spectators, etc.; failure to do so may result in disqualification from further participation/competition.
- Honestly compete to his/her maximum potential and with maximum effort in all competitive activities (not to take advantage of athletes of lesser skills); failure to do so may result in disqualification from further participation/competition.
- Serve as role models to fellow teammates and other Special Olympics athletes, in both spoken and unspoken manners (dress and action), as to give credit to Special Olympics and him or herself.
- Agree to abstain from the consumption of alcoholic beverages and/or controlled substances at any Special Olympics event; no tobacco products at competition venues or ceremonies venues.
- Assure personal safety by following rules and regulations established by coaches and team, during any Special Olympics event; assure personal safety following any Special Olympics event by departing with the team or parent/guardian, as previously determined.
- Assist coaches/chaperones with the following:
  - take care/account for luggage and personal items
  - remain with coach/chaperone throughout Special Olympics event
  - maintain proper hygiene and cleanliness
  - dress appropriately for participation in events
  - properly “fuel” the body for participation (medication, food, water, sleep)
  - prepare for participation (adequate practice, learning the rules and skills involved, hard work and a positive attitude)
  - exhibit good sportsmanship, polite manners and personal control
  - arrive at practice/events on time
  - help ensure that any needed information is submitted to the Local Program when requested
- Respect others at all times (self, family, teammates, coaches, etc.) – in word and action; refrain from name calling, teasing or taunting.
- Attend scheduled practice sessions and continue further conditioning/practice on own, as deemed capable.
- Notify coach of any injury or circumstance that will limit or restrict practice potential; follow Local Program rules established for practice absenteeism and return to participation.
- Do not let house/home or personal issues interfere with practice or competition.
- Remember that participation in Special Olympics activities is a privilege and honor.
- Have fun!

The A,B,C’s of Coaching Special Olympics Athletes

SOKS expects the following guidelines to be followed:
A. Above all else provide for the general welfare, health, safety, and well being, both physical and emotional, of all Special Olympics’ athletes in his/her care.
B. Abide by the letter and spirit of the rules at all times, while conducting himself/herself in a sportsmanship manner; failure to do so may result in the loss of coaching privileges.
C. Maintain appropriate language and action towards athletes, other coaches, volunteers, opponents, officials, parents, spectators and other Special Olympics’ officials; failure to do so may result in the loss of coaching privileges.

D. Ensure that all athletes have the opportunity to participate to the best of their ability.

E. Be knowledgeable of all existing Special Olympics and International Governing Body competition rules and regulations (and trends for training, beyond Special Olympics sport) applicable to the sport in question (coaching) and shall accordingly prepare athletes for competition.

F. Ensure all athletes are made aware of all Special Olympics’ opportunities and are challenged to meet their potential in all competitive events.

G. Honestly instruct athletes to compete to their maximum potential and with maximum effort in all competitive events; failure to do so may result in the loss of coaching privileges.

H. Be responsible for assessing and submitting accurate preliminary and/or qualifying scores in a timely manner and, reflecting athlete abilities; if ever considered incorrect, the Competition Director will be notified.

I. Ensure all Local Program material/paperwork is submitted in a timely manner.

J. Be responsible for adhering to the established divisioning rules of each competition and for reporting any incorrect placement to the Competition Director.

K. Serve as a role model for athletes, in both spoken and unspoken manners (dress and action), as to give credit to Special Olympics and him or herself.

L. Have (in his/her possession) all athlete medical forms, as well as any other pertinent paperwork/information, at all times; be familiar with and understand each athlete’s specific needs (health, safety, medications, sensitivities, intolerance’s, behavioral concerns).

M. Report all emergencies to the appropriate authorities, following appropriate and immediate action to ensure the health and safety of participants.

N. Agree to abstain from the consumption of alcoholic beverages and/or controlled substances at any Special Olympics event; no tobacco products in competition venues or ceremonies venues.

O. Maintain the safety of all athletes following any Special Olympics event, by assuring their departure is with the team, parent and/or guardian as previously determined.

P. Provide the following specific services/assistance for each Special Olympics athlete in his/her care, during competitive outings:
   1) 24 hour supervision and care (meals, hydration, hygiene/cleanliness, proper clothing – competition and special events, adequate sleep, medication and health concerns)
   2) care of and accounting for luggage and personal items
   3) supervision during competition and special events – prompt arrival, sportsmanship, appropriate behavior, use of polite manners, attitude
   4) attendance at clinics or workshops
   5) maximize the benefits of participation and competition
   6) transport to and from housing to competition

Q. Provide all athletes with the necessary sports skills and competitive spirit that define a true athlete, through adequate instruction, training, conditioning and sufficient time to develop such abilities.

R. Provide opportunities for athletes to build character, emphasizing self worth, ability, courage and capabilities to grow and improve.

S. Instill confidence and self-esteem in all athletes, through sport and action.

T. Assist with coordinating transportation to and from training and/or competition.

U. Assist with coordinating a training facility, with water, shade/shelter, emergency phone, first aid equipment, restroom

V. Maintain the safety and well being of the athletes at all times during training and competition.

W. Be certified in first aid and CPR.

X. Discipline with respect and dignity – firm, fair and consistent.

Y. Have fun and enjoy the experience.

Z. Remember! Coaching Special Olympics athletes is a privilege and an honor.
**Special Olympics Kansas - Job Description**

**TITLE: Local Program Coordinator**

**DESCRIPTION:** The Local Program Coordinator organizes and manages all aspects of a Special Olympics team.

**RESPONSIBILITIES:**
- Recruit, orient and train Local Program Committee Members,
- Recruit athletes for Local Program
- Ensure Local Program complies with all SOKS Policies and Procedures found in the SOKS Manual
- Maintain communication with Regional Director and Headquarters
- Maintain accurate records of all participants
- Maintain a Certificate of Insurance for each practice site
- Hold regularly scheduled Local Program Management Meetings
- Headquarters sponsored regional coaches’ meeting
- Read and forward all appropriate information received from Regional and Headquarters to coaches, committee members, athletes and athletes' families. (Example: Accounting Procedures to Finance Director, Games Packets to Coaches, Games Schedule to Families, Newsletters to entire committee)
- Ensure transportation and facilities are secured for all training, competition and events
- Encourage all coaches and other committee members to attend all training opportunities
- Headquarters sponsored Meetings/Conference

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**TITLE: Certified Coach**

**DESCRIPTION:** The Coach provides athletes on a team with sports training and competition opportunities.

**RESPONSIBILITIES:**
- Rules and the National Governing Body Rules of the sport
- Know, understand and abide by Official Special Olympics Sports Rules
- Attend Coaches Training Schools and any other training opportunities
- Maintain communication with Local Program Coordinator, athletes and athletes' families
- Evaluate athletes' abilities according to the Special Olympics standards
- Record all necessary event registration information according to registration deadlines
- Ensure athletes participate in an eight week training period prior to competing
- Plan and organize practice sessions
- Conduct Assessment Tests for each sport, if needed
- Provide athletes with adequate and proper equipment
- Know emergency procedures
- Carry all athletes Medical/Release forms, Health Information Update forms and Down syndrome Addendum forms to any activity, event or training session
- Provide a safe environment for athletes to train and compete
Job Description

Special Olympics Kansas – Job Description

TITLE: Local Program Outreach/Family Director
DESCRIPTION: The Local Program Outreach/Family Director organizes family involvement and athlete recruitment for the Local Program
RESPONSIBILITIES:
- Arrange for special events and activities for families at local events
- Encourage and train family members for service as volunteers
- Develop a referral system for families who wish to assist in transporting athletes and family members to events
- Encourage family members to play a major role in educating the public about Special Olympics through hosting meetings, developing brochures, etc.
- Develop a mechanism for distributing information to families of athletes in the Local Program
- Identify possible sources of new athletes (i.e. schools, group homes, work places, etc.)
- Develop a tracking system for all athletes in the Local Program to ensure continued participation opportunities for them
- Conduct awareness programs and demonstrations at targeted schools, agencies and organizations; for example: speak at civic group meetings

Special Olympics Kansas – Job Description

TITLE: Assistant Coach
DESCRIPTION: Assists the Certified Coach during practices and at a Regional/State Competition. Responsibilities will vary depending on the Local Program
RESPONSIBILITIES:
- Assist the Certified Coach at practices
- Works one-on-one with athletes to learn a skill
- Have some sports knowledge
- Attend Regional/State Competitions (if possible)

Special Olympics Kansas - Job Description

TITLE: Local Program Volunteer Director
DESCRIPTION: The Local Program Volunteer Director recruits and manages the volunteers involved with the Local Program
RESPONSIBILITIES:
- Know, understand and follow the SOKS Volunteer Registration Procedure including the completion of proper forms
- Obtain from Local Program Coordinator, Coaches and other Local Program Committee members a list of the types of volunteers needed
- Contact any volunteer referrals from Headquarters or Regional Field office
- Encourage volunteers to attend any appropriate training opportunities
- Utilize the SOKS materials in the recruitment, screening, placement and recognition of all volunteers
- Develop and administer a volunteer recognition program

Special Olympics Kansas - Job Description

TITLE: Program Assistant
DESCRIPTION: A volunteer who assists the Local Program in ways other than coaching. (i.e. Chaperone, tracking physicals, van driver, assisting with financial)
RESPONSIBILITIES:
- Pick up team meals and assist during meals
- Help athletes pack and unpack luggage and settle in at hotel
- Support Specific athlete needs
- Provide social instruction and interaction with athletes
### Job Descriptions

#### Special Olympics Kansas – Job Description

**TITLE:** Local Program Competition Director

**DESCRIPTION:** The Local Program Competition Director assists the Local Program Coordinator and Coaches in the organization of athlete registration procedures for events.

**RESPONSIBILITIES:**
- Ensure the Local Program has an adequate number of trained & certified coaches for each sport
- Meet with coach(es) and assist them in completing all necessary registration packets
- Communicate with athlete or athlete’s parent, staff or guardian to keep the athlete’s Medical/Release Form, Health Update Form and Down syndrome Addendum (when applicable) current
- Keep accurate records and copies of all athlete’s Medical/Release forms, Health Update Forms and Down syndrome Addendum (when applicable) according to the SOKS Medical Policy

#### Special Olympics Kansas – Job Description

**TITLE:** Local Program Fundraising Director

**DESCRIPTION:** The Local Program Fundraising Director raises necessary funds for the Local Program.

**RESPONSIBILITIES:**
- Know, understand and follow all SOKS Fundraising Policies and Procedures including: receiving approval of all fundraising activities prior to the activity
- Assist the Local Program Coordinator and Finance Director in the development of annual budgets for the Local Program
- Organize fundraising activities
- Recruit volunteers to assist with fundraising activities
- Maintain a list of current contributors and In-Kind Contributors- provide to finance director

#### Special Olympics Kansas – Job Description

**TITLE:** Local Program Public Relations Director

**DESCRIPTION:** The Local Program Public Relations Director handles all public relations and education for the Local Program.

**RESPONSIBILITIES:**
- Know, understand and follow all SOKS Policies and Procedures regarding the use of the Special Olympics logo, credit line and development of promotional materials
- Work with Local Program Committee members to promote all Local Program activities through press releases, public speaking engagements, public service announcements, etc.
- Develop and distribute a Local Program calendar of events
- Provide local TV, radio and newspapers with information on Local Program activities
- Be familiar with public education tools including videos and written materials provided by SOKS

#### Special Olympics Kansas – Job Description

**TITLE:** Local Program Finance Director

**DESCRIPTION:** The Local Program Finance Director manages all finances for the Local Program.

**RESPONSIBILITIES:**
- Know, understand and follow all SOKS Accounting Procedures including:
  - completing all financial reporting forms
  - submit all financial reports to the Headquarters by the required date
- Report to Local Program Committee the finances of the Local Program
- Review financial reports from previous years to develop an overview of the Local Program's financial condition
- Work with the Local Program Coordinator and Fundraising Director to formulate a budget based on the previous years expenditures and projected income
- Authorize and pay all bills
- Establish a checking and if needed, savings account
SPORTS
Criteria for Offering Existing Sports

The below criteria and conditions must be maintained in order for an official and/or a demonstration sport to continue to be considered for statewide sanctioning and competition.

Criteria and Conditions
1. A sport must be recognized as an official or a demonstration sport by SOI.
2. All athletes and coaches participating in the sport must adhere to the Official Special Olympics Rules and the appropriate National Governing Body Sport Rules.
3. The sport may continue to be offered at statewide competitions provided that at least one-half (3 of 5) of the Regions offer competition in the sport or a reasonable number of athletes participate in the sport at the Region/Local level to offer a quality statewide competition.
4. If Criteria 1 thru 3 are not met, a review of the sport may be conducted by the Sports and Competition Committee. The committee will make a recommendation whether or not to offer the sport for competition at a statewide competition.

Criteria for Development of New Sports

The process outlined below in the criteria and conditions must be met in order for new official and/or demonstration sports to be considered for statewide sanctioning by SOKS. The development of new official and/or demonstration sports will be initiated at the Region/Local levels of the organization.

Criteria and Conditions
1. A proposed sport must be recognized as an official or a demonstration sport by Special Olympics, Inc. (SOI).
2. All athletes and coaches participating in the proposed sport must adhere to the policies and procedures established by SOKS and SOI.
3. All athletes and coaches participating in the proposed sport must adhere to the Official Special Olympics Rules and the appropriate National Governing Body Sport Rules.
4. Competitions must be developed and offered first at the Region/Local levels.
5. The decision to add a sport to Region level competition will be made by the Regional Director, the Regional Management Team and Local Coaches in consultation with the SOKS Sr. Vice President of Program Operations.
6. After a sport is developed at the Region/Local level, the sport may be offered at a statewide competition provided that at least a majority (3 of 5) of the Regions offer competition in the sport or a reasonable number of athletes participate in the sport to offer a quality statewide competition.
7. If a sport does not meet the above criteria, a review of the sport may be conducted by the Sports & Competition Committee to evaluate the benefits of conducting competition in the sport on a statewide basis. The Committee will make a recommendation whether or not to offer the sport for competition at a statewide competition, or to continue offering only at the Region/Local level.

NOTE: Clinics and/or demonstrations of a sport may be offered at a statewide competition for the purpose of increasing awareness and participation.

Official SOI Sports

The following is a list of Official Sports recognized by SOI at the time of print.

Alpine Skiing  Athletics  Badminton  Bowling
Basketball  Bocce  Bowling  Cycling
Cricket  Cross Country Skiing  Flag Football
Equestrian  Figures Skating
Floorball  Floor Hockey  Football (Soccer)
Golf  Gymnastics  Handball  Motor Activities Training (MATP)
Judo  Kayaking
Netball  Open Water Swimming  Powerlifting
Roller Skating  Sailing  Snowboarding
Snowshoeing  Softball  Speed Skating
Swimming  Table Tennis  Triathlon
Unified Sports®

SOKS Sports Offered

Special Olympics Kansas offers competition and training in:

Alpine Skiing  Golf
Athletics (Track & Field)  Powerlifting
Basketball  Soccer
Bocce  Speed Skating
Bowling  Snowshoeing
Cheerleading  Softball
Cross Country Skiing  Swimming
Cycling  Tennis
Figure Skating  Unified Sports®
Figure Skating  Volleyball
Flag Football

65
Regional Events Calendar

Contingent upon Regions offering:

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<tr>
<th>Sport</th>
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<tr>
<td>Unified Bocce</td>
<td>Jan/Feb</td>
<td>Softball</td>
<td>September</td>
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<tr>
<td>Basketball</td>
<td>February</td>
<td>Bocce</td>
<td>October</td>
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<tr>
<td>Athletics</td>
<td>April/May</td>
<td>Soccer</td>
<td>October</td>
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<tr>
<td>Tennis</td>
<td>April/May</td>
<td>Flag Football</td>
<td>September</td>
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<tr>
<td>Cycling</td>
<td>April/May</td>
<td>Bowling</td>
<td>July</td>
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<tr>
<td>Powerlifting</td>
<td>April/May</td>
<td>Volleyball</td>
<td>July</td>
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<tr>
<td>Swimming</td>
<td>April/May</td>
<td>Unified Basketball</td>
<td>October/Nov</td>
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<tr>
<td>Unified Soccer</td>
<td>April/May</td>
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Registration Packets

Regional Field Offices will send the registration information for basketball, spring/summer games, bowling and volleyball. The Regions that offer competition in softball and soccer and bocce will send this registration packet and Headquarters will mail to the remaining Local Programs. Headquarters will send registration packets for Winter Games. All athletes must attend the Regional competition before the State competition. If a Region does not offer a certain sport that is offered at the state level, then the athlete is automatically qualified for the State competition.

One-Step Registration Process

This process allows Local Programs to register for Regional & State competitions with one packet. Packets will be mailed to the Local Program Coordinator one month prior to the event. This process will require a coach, to indicate if the Local Program will be participating in the State competition. The coach should indicate on the master roster that the Local Program will be attending and the information can be corrected during the 1st delegation callbacks. The One-Step Registration Process is as follows:

- Registration packet to Local Program.
- Registration deadline posted in packet.
- Local Programs will compete in Regional competition (if offered).
- Coach will indicate on the Master Roster if the Local Program will be attending the State competition.
- The 1st delegation list will be sent to Local Programs by Headquarters.
- Each Local Program is required to call Headquarters to indicate if the registration is correct (athlete’s age, gender, events, etc.) and report meal numbers along with certified coaches/assistant coaches/program assistants attending.
- Coaches Handbook and Final Delegation is emailed to coaches and posted on the SOKS web site.
- A Registration Fee Invoice will be emailed to each Local Program after the call back.

No athlete may be registered without a current SOKS Medical/Release Form on file at Headquarters prior to the Registration Deadline!
Once athletes have been registered and team numbers have been confirmed, a Final Delegation List and Coaches Handbook will be sent and posted on the SOKS website. **No** changes will be accepted to the Final Delegation List. All information received at this time will include the most up-to-date information about the games. Information in the Final Delegation and Coaches Handbook is final unless an announcement is made at the games.

**State Competition Information**

**John L Cassidy Heartland Winter Games - January**

Competition offered: Alpine Skiing, Cross Country Skiing, Speed Skating, Figure Skating, Snowshoeing, Floor Hockey and Floor Hockey Individual Skills

Each athlete has numerous options for competition; refer to the Winter Games registration packet for the choices.

**Basketball & Cheerleading Tournament - March**

Competition offered: Team Basketball, Individual Skills, Speed Dribble, Team Skills and Cheerleading. Each athlete has numerous options for competition; refer to the Regional/State registration packet for the choices.

**Flag Football & Powerlifting – May**

Competition offered: Bench, deadlift, and squat, Flag Football

**Summer Games - June**

Competition offered: Athletics (Track & Field),
Minor: Cycling, Aquatics, and Tennis

Each athlete has 3 options for competition: 1) compete in 1 minor sport on Friday; 2) compete in Athletics on Saturday and/or Sunday; 3) compete in a minor sport on Friday and Athletics on Saturday and/or Sunday.

**Spikes & Strikes Classic – August**

Competition offered: Team Volleyball, Bowling

All volleyball will be played on Friday. Any athlete playing volleyball and bowling will bowl on Saturday. Athletes just bowling may chose Friday or Saturday.

**Charles E. Watson Softball & Golf Tournament – October**


Each athlete has numerous options for competition; refer to the Regional/State registration packet for the choices.

**Home Run Derby**: Each organization is allowed to enter five athletes per softball team in the Home Run Derby Competition.
Soccer & Bocce Tournament – November

Competition offered: 5-a-side soccer; Bocce Singles, Bocce Doubles

Each athlete has numerous options for competition; refer to the Regional/State registration packet for the choices.

Levels of Competition

Special Olympics training and competitions begin on the Local Level (school, agency, recreation department, etc.), progress to the Regional Level and then to the State Level. Athletes must attend practices and the regional competition, when offered, prior to competing at the State Level.

WORLD GAMES: Offered every two years on an alternating Winter Games and Summer Games basis. The next World Summer Games will be in 2019 (Aub Dhabi, United Arab Emirates), 2023 etc., and World Winter Games in 2021, (Sweden), 2025, etc. U.S. Programs will compete as Special Olympics U.S.A.

USA GAMES: USA Summer Games are held every 4 years. The next one will be June 5-10, 2022 at ESPN Wide World of Sports Complex in Orlando, FL.

STATE EVENTS: Athletes from across the state are eligible, if participation criteria are met.

REGIONAL EVENTS: Athletes from a certain geographic region of the state.

LOCAL EVENTS: Games and events are encouraged as additional competitions prior to a Regional or State event. Individuals wishing to conduct a Local competition must inform the Regional Director of their interest. The Regional Director is responsible for ensuring that the organization and quality of the event meet the acceptable standards of SOKS, and the dates, times and location do not conflict with other scheduled Special Olympics events. The Regional Director may approve the sanctioning of the event. If a request is denied, the name Special Olympics may not be used.

Athlete Training

Special Olympics requires at least an eight-week training program prior to any competitive event. Fitness, stretching, conditioning and drill work are outlined in the Coaching Guides. Athlete clinics are scheduled periodically in many Regions for additional training opportunities.

Coaching Guides

Coaching Guides are training and competition guides for the coaches. These sport-specific books provide information such as an eight-week training program, basic skills techniques, safety concerns, and much more. You can download from the SOI website at:
The Special Olympics Kansas Coach Training System

Coaches are not be permitted on the field/bench at a regional or state competition without the following documents on file with SOKS:

**Step 1:** Complete Class A Form- Please note the Class A form should be on file with SOKS prior to coaching.

**Step 2:** Complete the on-line Protective Behaviors training. The training is valid for 3 years rounded to the end of the year.

**Step 3:** Concussion training. Certificate or documentation of training must be sent into the SOKS Headquarters and on file with SOKS for training to be valid. The training is valid for 3 years rounded to the end of the year. Approved on-line courses:
1) National Federation of High Schools (NFHS) 2) Center for Disease Control (CDC)

Volunteers completing just the minimum requirements listed above will be considered **Assistant Coaches.**

Individuals working with the team but not as a coach on the field/bench instructing the athletes are considered **Program Assistants** still and are required to have Class A and Protective Behavior training on file and up to date. For more information regarding coaching requirements, please visit www.ksso.org/coach

**Certified Coaches**

Special Olympics Kansas is dedicated to providing potential coaches with quality trainings and information that will allow them to become successful Special Olympics coaches. We believe the key to improving athletic performance and maintaining the well-being of our athletes is to have trained coaches. The Better the Coach…The Better the Experiences…The Better the Athlete. With this in mind we have created the Special Olympics Kansas Coaches’ Training System which defines minimum criteria that coaches should meet. It also lays the foundation to create a continuing education program for our coaches.

**To become a Special Olympics Certified Coach an individual will complete the minimum requirements listed below:**


**Step 5:** Sport Specific Training- Coaches should complete sport specific training in each sport they choose to coach. The training is valid for 3 years rounded to the end of the year.

Option 1 (**preferred**): Attend a Face-to-Face sport specific training conducted by Special Olympics Kansas staff or by an instructor* approved by the Regional
Director and Sr. VP of Program Operations. (Documentation of attendance required). Dates for Fall training schools will be posted by 7/01; Winter and Spring training schools will be posted by 11/31; Dates for Summer Sports will be posted by 4/01.

Option 2: Complete a Special Olympics on-line sport specific quiz.

Option 3: Complete on-line or face-to-face ASEP or NFHS sport specific training. Coach must submit documentation of course completion to SOKS. Note: There are fees for some courses conducted by these organizations. Coaches are responsible for any fees associated with these courses.

*An instructor must be a certified coach in that sport and have coached for SOKS for 3 years, or special considerations as approved by the CEO/President. The training would include criteria approved by SOKS staff including the requirement of 80% passing grade on a written exam.

**Re-Certification Process (Sport-Specific training)**
Each coach’s sport specific training will be valid for 3 years rounded to the end of the year. At that time coaches may choose a training from the list below or choose to re-take Options 1-3 under Step 5. We strongly encourage coaches to select different options for each re-certification. Please contact SOKS if you would like SOKS to consider a training course for re-certification.

Approved Courses for re-certification:
1) First Aid – (SOKS Approved)
2) CPR – (SOKS Approved)
3) Coaching Unified Sports- NFHS
4) Heat Illness Prevention- NFHS
5) Sportsmanship- NFHS
6) Bullying, Hazing and Inappropriate Behaviors- NFHS

**SOKS Appreciation for Certified Coaches**

At time of initial Certification coaches will receive:
1) SOKS Certified Coach certificate
2) Certified Coach Lapel Pin

Active coaches that are already certified per the previous policy taking effect on August 1, 2016 will receive their certificate and lapel pin.

Gifts of appreciation for years of service to Special Olympics Kansas as a certified coach will be implemented in the near future.

**Sportsmanship Statement**

Sportsmanship has been a longtime point of admiration for the Special Olympics movement. The program should never be viewed as a “Win at all Cost” proposition. The following are some important things to remember about sportsmanship:

1. Try to keep contact with athletes, coaches, volunteers and officials positive.
2. Coaches are responsible for the conduct of their players.

Should the behavior and/or attitudes of any coach or other members of the organization be contrary to the principles or the goals and philosophies of Special Olympics, then one or more of the following steps will be taken.

1. The individual will be notified of the undesirable behavior and requested to remedy the situation for continued participation.
2. The individual may be requested to withdraw personally, or as an organization from the remainder of the event or tournament.

In the event of extreme or repeated behavior contrary to the best interest of the athletes or SOKS, the suspension of the individual or organization from participating in any or all Special Olympics events for a specified period of time may be required.

**Sports Rules & SOKS Sports Rules Modifications**

The Official Special Olympics Rules shall govern all SOKS competitions. The National Governing Body Rules shall apply only when they are not in conflict with the Official Special Olympics Rules. In such case, the Official Special Olympics Sports Rules shall apply. In some cases, SOKS will have rules specific to Kansas that differ from the National Governing Body or the Official Special Olympics Sports rules. These rules will be noted in each Games Registration Packet. Any questions pertaining to the rules should be directed to the Sr. VP of Program Operations at Headquarters.

**Skills Assessment Test (SAT)**

In order to create fair and equal levels of competition, Special Olympics has gone to great lengths to division athletes of equal or similar abilities on the athletic playing field. The first step in determining an athlete’s ability is their Skill Assessment Test (SAT) score. Each athlete’s score is recorded and the average of the athletes’ scores will be used as the team SAT Score. Basketball, Football (Soccer), Softball and Volleyball require SAT and may be found in the Official Special Olympics Summer Rules. Floor Hockey SAT is found in the Official Special Olympics Winter Sports Rules.

**Suggested Rule Modifications**

A process was created to give those in the field the opportunity to make suggestions to the Sports & Competition Committee for possible rule changes, creation of new events, etc. The form is to be submitted to the Sr. VP of Program Operations at Headquarters. Each form that is submitted will receive, in writing, the decision made by the committee. This form is available in the forms section of this manual.

**Healthy Athletes**

Healthy Athletes improves the overall health of athletes through various health screenings that lead to enhanced sports experience and improved well-being. The initiative focuses on education and screenings in six key areas for any person participating in sporting activities: feet, hearing, eyesight, teeth, health promotion and fitness.
Tobacco Guidelines

The use of any tobacco product is prohibited within the boundaries of any SOKS Competition venue unless a “Designated Area” is established. In the case of no designated area, any use of tobacco products must occur outside of the competition venue.

Alcohol Guidelines

Consumption of alcohol is strictly prohibited during a games or event, and during transportation to/from a games or event.
Effective Volunteer Management

Effective volunteer management is a form of personnel management. Often it will come down to your ability to deal with other human beings.

The effective involvement of volunteers requires management skills. A widely accepted definition of the term “manager” is someone who works with and through others to accomplish organizational goals. Special Olympics works daily with volunteers, as they are the backbone of the program.

Identifying Needs/Job Descriptions

Begin by defining your need for volunteers. Determine how many and what kind of volunteer jobs you will need to manage the program, and then identify the qualifications necessary to carry out those jobs. Volunteers need job descriptions so they know what is expected of them in terms of duties, qualifications and time commitment. Job descriptions for each of the volunteer positions to manage a local program are printed in the Local Program Management section of this manual.

Use the job descriptions provided as a starting point. Add to them; change the titles, etc., as necessary according to the needs of your program. When writing job descriptions, ask the following questions: What do you want done? Why do you want it done? What will the job offer the volunteer? When and how long will the volunteer be needed?

Recruitment

The most important thing to remember when recruiting volunteers is if you don’t ask, people can’t say “yes.” Volunteers come from all types of source including high schools (especially service clubs like NHS, Key Club or FFA), Rotary Clubs, Knights of Columbus, local businesses, and local sports clubs. Contact your Regional Director for assistance in locating volunteers.

If a Local Program has a specific volunteer need, Special Olympics Kansas can post the opportunity on our website and on VolunteerMatch.org. Additionally, SOKS get several phone calls from interested volunteers. Let SOKS HQ know your specific needs to direct volunteers appropriately as opportunities arise.

Screening

Accepting volunteers who are not right for the job is a disservice to them and your program. Screening is the process for appraising and selecting individuals. This is a required step in maintaining quality control. The variety of volunteer positions available within Special Olympics should allow you the ability to place an individual in a volunteer assignment that fits their interest area.

Orientation & Training

Orientation covers the general facts about Special Olympics, including our history, motto, and summary of program offerings. Training covers specific items the volunteer will need to know in order to effectively perform a particular job responsibility.

Every volunteer should be given an orientation and training. It is suggested that new volunteers
shadow experienced volunteers if possible. Local Program Coordinators and Regional Directors are responsible for administering the orientation and training program. It is important that all volunteers understand the Special Olympics system and where their job fits within the system, as well as their own individual job responsibilities.

**Supervision & Evaluation**

Expectations should be made clear through the job description, so the volunteer knows his/her responsibilities. Show the volunteer respect as an individual and give credit when it is due, both publicly and privately. It is important to provide feedback, including praise and constructive criticism.

Evaluation is a process of seeing how effectively both you and the volunteer establish a mutually productive working relationship. It is important to evaluate the volunteer, but also for the volunteer to evaluate whether he/she feel well utilized in the program.

**Evaluation Results** - If a volunteer’s work is not what it should be, the volunteer can come to several conclusions: the expectations of the job need changing; the volunteer simply needs to try harder; the volunteer needs a different assignment; the volunteer should terminate his or her involvement with the organization.

Note: **Assess actions, not people or personalities.**

**Volunteer Management Tips**

Keeping volunteers motivated and committed can keep them involved with your local programs. Following are some suggestions to keep in mind as you work with volunteers.

1. **RECRUIT** volunteers who are emotionally drawn to the organization’s goals and values.
2. **RECOGNIZE** individual needs, interests and skills by placing volunteers in appropriate positions.
3. **REWARD** work well done both formally and informally.
4. **RESPOND** quickly and sensitively to volunteers’ questions, concerns and feedback.
5. **RELIEVE** isolation and stress through peer support and collaboration which encourages shared authority among colleagues and a sense of community.
6. **REACH OUT** proactively to volunteers at risk, recognizing where the problems exist and are likely, so that corrections can be taken.
7. **REMIND** others to show appreciation for volunteer assistance as often as possible.
8. **REDESIGN** jobs, if necessary, so that they are intrinsically satisfying as possible.
9. **RE-INSPIRE** on a regular basis by reiterating organizational values and program achievements and the meaningfulness of the volunteer’s contribution.

**Recognition**

A volunteer’s pay is recognition so it should be an integral part of your volunteer program. SOKS has established an annual Awards and Recognition Program. Always be mindful of nominating volunteers, coaches, families, sponsors etc. for these awards. Current deadlines for nominations along with award descriptions can be found at [www.ksso.org/awards-and-recognition](http://www.ksso.org/awards-and-recognition). Remember the best reward is personal and oriented toward what best motivates a particular individual, which means no one type of recognition will work with everyone.
SOKS Volunteer Certifications Implementation Procedure

New Class A Volunteers - Upon receipt of an Adult Class A Volunteer Application Form, the volunteer is screened by a national criminal database and sexual offender list. ALL Class A volunteers must complete the Class A Application form AND Protective Behaviors training.

Background screening – Background screening authorization forms will only need to be completed by a subject once. Thereafter, SOKS will automatically rescreen subjects via a contracted background screening vendor, so long as the Local Program Coordinator lists the subject on the annual Local Program Registration. If not, the subject will be marked inactive and a new authorization form may be required.

Subjects and Local Program Coordinators will only be notified if a background screen requires adverse action.

Protective Behaviors Training and Concussion Training - Continued education on these very important topics is required for Special Olympics. These trainings must be completed online to renew certification. They expire every three years rounding to the end of the year.

Implementation

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<tr>
<th>Cycles</th>
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<td>01-01-19 thru 12-31-19</td>
<td>12-31-22</td>
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<td>01-01-20 thru 12-31-20</td>
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<td>01-01-22 thru 12-31-22</td>
<td>12-31-25</td>
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Tracking of Volunteer Information

Local Programs annually receive a printout of volunteers who have a “Class A Volunteer Application” on file at Headquarters. Each Local Program Coordinator is asked to review the information on each volunteer, update and return to Headquarters. This form registers a volunteer with SOKS and places the volunteer on the email list to receive the Newsletter in addition to granting permission to SOKS to conduct a background re-screening.
FINANCE/ACCOUNTING
Financial Accounting

It is important for the success of SOKS, as well as the regional and local Special Olympics programs in Kansas, to be accountable for the income and expenditures required for our programs. The full financial accountability is required of SOKS, Regional Programs and Local Programs, except those programs identified in their Application for Local Registration as not involved in fundraising activities, in order to maintain our program’s accredited status with Special Olympics, Inc. Furthermore, this is in compliance with I.R.S. requirements.

In order to maintain the required level of accountability, a system has been established, which includes the following:

1. Posting and reconciliation of all accounts in a timely manner (reports are to be prepared monthly and can be submitted to Headquarters either monthly or quarterly). Even if there is no activity for the month, a copy of the bank statement must be submitted.
2. Providing reasonable assurance that the accounts are being maintained with proper accounting procedures.
3. Maintenance of open and positive communication with the Regional Directors and Local Program Coordinators charged with the responsibility of overseeing SOKS' funds.
4. Providing assistance and support to the Local Program Coordinators handling funds.

Board Members, Staff, Regional Directors and Local Program Coordinators responsible for SOKS' funds have a unique relationship of trust to uphold. These key people are expected to adhere to high standards of honesty and integrity in the conduct of their Special Olympics financial affairs.

Responsibilities of Local Programs to SOKS

All donations generated through cash contributions, pledges, public support, in-kind donations, and fundraising events are to be reported to Headquarters.

If your Special Olympics program receives contributions and/or raises funds in the name of Special Olympics, you are required to FOLLOW ACCOUNTING PROCEDURES as provided by Headquarters. This applies even if your program is not directly involved in the fundraiser. If your Special Olympics program is part of a school or community based facility and DOES NOT raise money in the name of SOKS – BUT YOU DO receive contributions, you need to be aware:

1) If the contribution (check) is made out to your Special Olympics program's name -- you are required to follow the SOKS’ accounting procedures and report such contributions quarterly.
2) If the contribution is made out to your facility or school, you are NOT required to report it to SOKS.

In other words, anytime you raise or receive monies in the name of Special Olympics (your Local Program), you must request instructions and accounting forms for filing financial reports to Headquarters.
Federal & State Income Tax Exemption

Special Olympics Kansas, Inc. is a 501 (c)(3) organization. This specification informs any potential donor that we are exempt from Federal and State income tax. All SOKS Local Programs are under the umbrella of this document and need to include a copy of said document when applying for a grant or donation. A copy of this document is found in the form section. The SOKS Federal Tax ID is available upon request and is necessary when applying for grants and donations. A copy of this form (W-9) is found in the form section. SOKS is also exempt from State Sales Tax, which is available upon request at the Headquarters office.

Fiscal Year

The SOKS fiscal year is January 1 thru December 31.

Accounting Procedures

I. Implementation
   Headquarters will provide each Local Program Coordinator the following financial record keeping forms. (Samples of these forms are in the forms section or the SOKS website http://www.ksso.org/forms).
   - Cash Receipts Journal
   - Cash Disbursements Journal
   - Cash Reconciliation
   - In-Kind Contributions
   - Cash / In-Kind Receipt Forms

II. Reporting
   All donations generated through cash contributions, pledges, public support, in-kind services and fundraising events as well as all expenditures must be maintained on a monthly basis and reported to the SOKS office quarterly.

<table>
<thead>
<tr>
<th>Records</th>
<th>Due in Headquarters Office</th>
<th>Late</th>
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</thead>
<tbody>
<tr>
<td>January/February/March</td>
<td>4/15</td>
<td>5/1</td>
</tr>
<tr>
<td>April/May/June</td>
<td>7/15</td>
<td>8/1</td>
</tr>
<tr>
<td>July/August/September</td>
<td>10/15</td>
<td>11/1</td>
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<tr>
<td>October/November/December</td>
<td>1/15</td>
<td>2/1</td>
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The following are to be mailed to Headquarters according to the above schedule:

- Cash Receipts Journals (for 3 months) with copies of receipts for payments exceeding $1,000 must be attached
- Cash Disbursements Journals (for 3 months) (copies of bills less than $1,000 are not necessary, but must be kept for 7 years for the IRS and must be available for internal SOKS’ audits)
- Cash Reconciliation Forms (for 3 months)
- In-Kind Contribution Forms (for 3 months)
- Bank statements for each month
III. **Bank Accounts:** A registered Local Program may open a Local SOKS checking/savings account by following the listed requirements:

   **A. Checking Account**
   In order to properly operate the SOKS accounting system, a checking account at a financial institution must be established or maintained.

   The name on all **Local Program** checking accounts is to be as follows:

   Special Olympics Kansas, Inc.
   Special Olympics (Name of your local team)

   Since all Special Olympics programs in Kansas are "branches" of SOKS, it is important that programs use the **Federal Identification Number** assigned to SOKS. It is very important for you to include the name of SOKS on your account as noted above. (If the IRS should check your Special Olympics program through the Federal Identification Number assigned to SOKS and they don't find SOKS identified, they would ask questions.)

   The bank signature card must include John Lair, President/CEO

   - CHECKS IN EXCESS OF $250.00 REQUIRE TWO SIGNATURES.
   - IT IS HIGHLY RECOMMENDED THAT ALL ACCOUNTS (CHECKING, INVESTMENTS, SAVINGS) REQUIRE TWO SIGNATURES FOR ALL TRANSACTIONS.

   **B. Investment Accounts**
   The name on investment accounts is to be the same as noted in the checking account section and the SOKS' President/CEO's signature is required. A monthly statement must be submitted with your quarterly reports.

   **C. Savings Account**
   The name on a savings account is to be the same as noted in the checking account section and the SOKS' President/CEO's signature is required. A monthly statement must be submitted with your quarterly reports.

   **D. Signature Cards (Steps to Follow)**
   1. Obtain card from institution and fill in appropriate signatures for Local Program;
   2. **Send card to Headquarters for President/CEO’s signature**;
   3. SOKS will return to institution promptly;
   4. Any changes to the account during the year require a new card to be processed.

   **REASON FOR PRESIDENT/CEO'S SIGNATURE:** SOKS is ultimately responsible and accountable for all monies received and/or raised in the name of Special Olympics Kansas. If a Local Program should dissolve, SOKS would have the authority to transfer any monies left in the dissolved Special Olympics' account to the SOKS account for safekeeping until such time as the local Special Olympics program is reformed, at which time the monies would be directed back to the local program.
IV. Receipts (See Cash Receipts Journal Form)

All donations, whether general donations or in-kind donations (see section on in-kind), MUST be recorded. ALL REVENUE, CHECKS OR CASH, MUST BE DEPOSITED WITHIN 15 DAYS OF RECEIPT INTO A SPECIAL OLYMPICS ACCOUNT.

A receipt is to be written for all donations received by a Local Program. Receipts are to be written for single donations, fundraisers, in-kind donations, corporate donations, etc.

Fundraisers that generate a large number of checks and cash may be receipted as a lump sum, rather than individual receipts of small amounts. IN THIS CASE, DO attach a photocopy of the checks to your copy of the receipt. If an individual donation is $25.00 or greater, we suggest that you receipt it individually. Also, should a person request a receipt, even if the donation is very small, a receipt should be issued.

ALL REVENUE IS TO BE DEPOSITED IN A SPECIAL OLYMPICS ACCOUNT BEFORE IT IS USED FOR ANY PURPOSE.

V. Disbursements (See Cash Disbursements Journal Form)

When writing checks, note on the check stub what the payment covers. Be sure to keep copies of all receipts. All expenses need to be listed on the Cash Disbursement journal.

Special Olympics Kansas as an organization does not permit the use of debit cards.

NOTE: In the event you must make a cash disbursement (not a recommended procedure), all cash disbursements must be accompanied by receipts. Example: Any check written to a coach for a reimbursement or check written for cash needs to have receipts that equal the amount of the check.

If an individual is being reimbursed, copies of all receipts for items purchased must be submitted with the monthly reports. Receipts must total the amount of the reimbursement.

INVOICES OR BILLS MUST BE PAID THROUGH THE CHECKING ACCOUNT ONLY.

VI. Cash Reconciliation (See Cash Reconciliation Form)

The purpose of the Cash Reconciliation Form is to reconcile revenues and expenses (receipts and disbursements) to your bank records. To perform this reconciliation the totals shown on the Cash Receipts Journal and Cash Disbursement Journal are compared to deposits and checks shown on the monthly bank statement.

Outstanding Checks at the End of the Month
Checks which you have written that have not yet appeared on your checking account statement are called outstanding checks. The total of these outstanding checks must be entered under Checks Outstanding on the Cash Reconciliation Form.
VII. In-Kind Donations
Any donation made to a Local Program that is not money (meals, equipment, facilities, volunteers, etc.) is considered to be an In-Kind Donation and should be reported on your financials.

How To Record In-Kind Donations
The recording of donated materials and services is to be documented on the In-Kind Receipt form or the SOKS Monthly In-Kind Contributions form provided by SOKS. The In-Kind Receipt should be used anytime the donor requests a receipt. The SOKS Monthly In-Kind Contributions form should be used for all In-Kind donations. The In-Kind Receipt and SOKS Monthly In-Kind Contribution forms are to accompany financial reports sent monthly/quarterly to Headquarters.

SOKS will provide:
1. Receipt forms (used for in-kind contributions)
2. In-Kind summary forms

When an In-Kind contribution is made:
1. Determine the fair market value by asking donor
2. Complete receipt noting the donation description and value
3. Give 1 copy to donor, 1 to SOKS and retain 1 for your files
4. Send all In-Kind receipts to SOKS quarterly

Examples of In-Kind contributions

1. Local high school providing, without cost or at a reduced rate, the use of the school pool for a Special Olympics swim meet
2. Contribution of hamburgers to a local Special Olympics event
3. Sporting goods store providing uniforms for local athletes
4. Computer time provided by a local business to list scores from games
5. Lawyer giving a day to represent Special Olympics in a legal matter
6. School District buying uniforms
7. Use of buses to transport athletes to events
8. Volunteers – coaches, parents, anyone who helps at practices and events. Please provide the number of hours provided by each person

Note: Need assistance or have a question concerning the filing of these forms, call 913-236-9290, ask for Betty (ext. 114) or Sheri (ext. 102).
FUNDRAISING
Fundraising

Fundraising is like coaching. Both require planning and preparation. SOKS offers technical assistance to teams and can provide you with fundraising ideas/opportunities. Recruiting volunteers to assist with fundraising will allow you to better support your team’s needs. This section will serve as a road map to assist you with your fundraising efforts.

Ask yourself: How is our team presently raising money? Are we using our volunteers and family members effectively?

1. Do we have enough money to provide our athletes every opportunity they desire?
2. Do we have someone leading our fundraising efforts that will ask for money?

If you feel comfortable with the answers to these questions, your team is probably in pretty good financial shape. If you aren’t happy with your answers, we have included some ideas that will help you to improve. Developing a list of needs and a comprehensive fundraising plan will lead to successful funding efforts.

Do you know of a successful event that another local program is hosting in your region, or in the state? Don’t hesitate to call other volunteers/coaches and ask them about their event – how they do it, who do they ask to participate, how did they get it started? Work together, why re-invent the wheel?

Developing a Fundraising Plan

One of the most important things your team can do is establish a procedure for raising the required money with the least amount of effort. Fundraising is something that anyone can do if the right approach is taken. There are five fundamental steps which, when properly utilized, will ensure the success of any fundraising project.

- **Budget** – A good budget will help you determine the cost-effectiveness of your fundraising project. List every need that the project may have and be aware of all the costs involved. Evaluate the cost to raise a dollar to ensure that it is worth the effort of putting the project together. An ideal fundraising ratio is 80/20, 80% goes to the program and 20% or less is used to cover expenses. What will be donated in-kind to defer costs?

- **Goals** – Goals are useful tools that will assist in measuring success. What is the outcome of the event? How much money will be raised? What attendance participation is needed to meet budget? What will be donated In-Kind to defer costs? These as well as other questions should be reviewed and answered when you are setting your plan.

- **Time Frame** – All fundraising projects should have a beginning and an end. You should also look at other activities that may be taking place during your planned project. What else is happening in your neighborhood or school at the same time? Check out days, times, holidays, and locations before you choose dates. This could make a huge difference in your project.
➢ Evaluation – Constantly monitor the progress of your project. Ask questions along the way. Was the timing right? Would the project have been more successful if held at a different time of the year? Would a different location be helpful? Was the effort and cost of putting on the project worth its financial outcome?

➢ Recognition – Recognition is very important! Make sure you properly thank each individual, company or organization that participates in your project. Everyone likes to know that their efforts were appreciated. Recognition can come in many different ways (some ideas are listed later in this section).

Fundraising Traps to Avoid

Here are a few friendly reminders about planning fundraising events and campaigns:

• **Don’t overestimate what your event will raise.** You need to be realistic about the time you can spend on an event and your resources. Don’t aim too high with regard to expected net amount and over spend on expenses.

• **Don’t forget important details.** Make sure you covered all the event planning bases – do you need permits, insurance or licenses? Call your Regional Director if you are unsure of what you need.

• **Don’t invest too much money.** Try to keep expenses for your events under 20%. Try to get everything you can donated – the room fees, food and beverages, invitations, auction items, etc.

• **Don’t plan an event that doesn’t excite you!** If you wouldn’t participate, why would anyone else?!

• **Don’t forget to say “Thank You!”** Remember to send thank you notes to sponsors acknowledging their contribution – within 48 hours is preferable. You might also send key sponsors/individual donors a letter after the event to brag about your success.

Fundraising Registration Form

Per the Fundraising Policy, Regions and locals planning to hold a fundraiser or submit a grant proposal are required to submit a “Fundraising Registration Form” (found in the form section and on the SOKS website - http://www.ksso.org/forms) to Headquarters a **minimum** of 60 days prior to the event.

Forms are also available from your Regional Field Office or Headquarters. The Vice President of Development and the President/CEO will approve these forms. Upon approval, the event is logged at Headquarters and the Regional Director is notified of Local Program events with a copy of the form.

It is imperative that Headquarters is aware of all fundraising activities across the state to minimize confusion over legitimate fundraising events. Individuals and Corporations are being solicited more and more. Additionally, there is an accompanying increase in awareness of the legitimacy of fundraisers and Headquarters receives many calls checking on the validity of fundraisers throughout the state. Having the form on file will ensure that the Headquarters Staff can verify and lend merit to the fundraiser.
Donor vs. Sponsor

It is important that all involved in fundraising for SOKS understand the difference between a donor and a sponsor. A donor is making either cash or an in-kind donation to Special Olympics. They are not expecting to receive anything in return for their contribution, except for maybe a tax write-off. Donors do not need to be recognized with signage, media exposure or logos on volunteer shirts. They should be thanked, but it does not have to be a publicized thank you. Examples of a donor would be foundations and civic organizations, as well as individuals.

A sponsor is an organization or business making a contribution to Special Olympics in return for exposure. A sponsor hopes to use their relationship with SOKS to market their product or service. Sponsors view their cash or in-kind gift as an investment. It is important that we understand what it is they want to receive through this partnership, so we can do our part to make sure the needs of the sponsor are met. Most sponsors will be businesses, but some foundations and organizations may fall into this category as well.

Gift Acknowledgement

Each of us has given a gift to a friend or family member and heard those very special words thank you. Hearing that phrase makes your day. Giving to another makes us feel good. On the other hand, what if you don’t hear those words? You might be offended, feel rejected and frankly it sometimes leaves you with ill feelings toward that individual.

Our donors feel the same way – when they write a check to your team, name Special Olympics as the recipient of a memorial or give in honor of someone that is their gift to us. It is extremely important that donors are acknowledged in a timely fashion. If we fail to say those 2 words – thank you – we run the risk of tainting the name of Special Olympics. Donors don’t forget.

If you have any questions regarding proper acknowledgement, or would like a sample thank you letter please contact your Regional Field Office or Headquarters.

Ways to Acknowledge Donations

- Always send a thank you letter.
- Give an in-person thank you.
- Send a tax deduction verification letter.
- Tell them what you accomplished with the money.
- Give them a receipt.
- List your donors in your annual publication, i.e. newsletter.
- Put them on mailing lists to receive materials, newsletters, etc.
- Acknowledge them in press releases.
- Get an article put in your local newspaper about them.
- Send a letter to their boss.
- Send a letter to their family.
- Buy them a small gift such as a plaque, or present them with a gift such as a team photograph, autographed by team members.
IRS Requirements

Cash Contributions of $250 or More: SOKS Accounting Procedures require that Local Programs send a written receipt for all donations received by the Program. However, it is important to understand that IRS regulations require that cash donations of $250.00 or more are acknowledged by the receiving charity.

Acknowledgements must be written and include:
1. The amount of cash contributed;
2. Whether the organization gave the donor any goods or services as a result of the contribution (i.e. fees to play in a golf tournament, cost associated with dinner provided to donor, cost of shirt given to donor, etc.); and
3. A description and good faith estimate of the value of any goods or services described in (2).

Example of good faith estimate:
DONOR attends a golf tournament. The entry fee for the DONOR is $250.00 cash. SOKS incurs fees for cost of greens and cart fees ($55); participation shirt for DONOR ($10); Lunch ($10); Dinner ($30). The total that SOKS paid for the DONOR’S participation in golf tournament is $105.00; therefore the goods and services received by the DONOR is $105.00 and the tax deductible value of their contribution is $145.00.

The statement in the letter to the DONOR should read something to the effect of:
“SOKS (LOCAL PROGRAM-NAME) golf tournament is in receipt of your contribution of $250, for which you received benefits associated with the tournament valued at $105.00, making the tax deductible value of your contribution $145.00.”

If the donor makes an outright cash contribution of $250.00 or more the letter must contain a statement similar to:
“SOKS (LOCAL PROGRAM-NAME) is in receipt of your cash contribution of $250.00, for which no goods or services were exchanged making the contribution fully tax deductible.”

For IRS tax deductibility purposes, for any cash contribution of less than $250.00 the donor can provide:
1. A canceled check or a legible and readable account statement that shows:
   ✓ If payment was by check – the check number, date posted, and to whom paid;
   ✓ If payment was by electronic funds transfer – the amount, date posted, and to whom paid;
   ✓ If payment was by credit card – the amount, transaction date, and to whom paid;
2. A receipt (or letter) from the organization with name of organization, date and amount of contribution.

**However, the Local Program should follow the accounting procedure of receipting all donations.**

This information was taken from IRS Publication 526 for your reference or you can go to http://www.irs.gov and enter the publication number. If you have any questions about the above, please contact the Assistant Director of Finance at Headquarters.
Grant Writing

Grants are another way to raise funds for your team. A number of SOKS teams have received gifts through both state and corporate and family foundations. However, it is important to stress that success will hinge on a proper fit with the mission, goals and objectives of the foundation from which you are requesting funds. A “Fundraising Registration Form” needs to be submitted to Headquarters for each grant request. (Forms available in Forms section of manual or on-line at http://www.ksso.org/forms)

Grants will typically have an application format for you to follow. If you need help with the application, please contact your Regional Field Office or the Development Department at Headquarters.
PUBLIC RELATIONS
Public Relations Awareness

Through Public Relations, SOKS strives to heighten awareness and educate the Kansas public about the Special Olympics purpose, while promoting acceptance of individuals with intellectual disabilities.

Essentially, everyone involved with SOKS is responsible for providing the public with a consistent, clear message that evokes acceptance and positive feelings toward the organization. Recognition is key to the success of any program, and Special Olympics is no exception. Through consistent wording and logo use, as stated throughout “Branded,” an impressionable image that remains a visible part of a community can be created.

Branding – Special Olympics Kansas

A brand is the look and feel of an organization - and the emotional response it triggers in the public. Branding can help SOKS stand out from other non-profit organizations and invite the public to share in our vision. To be effective with the public, we must:

A. Provide clear images and messages;
B. Use consistent wording and graphics;
C. Incorporate frequent appearances of our name and logo.
D. At all times – comply with branding guidelines issued from SOKS, SOI and LETR.

BRAND IDEA – a simple, differentiated and relevant meaning you establish for your brand. It is what SOKS stands for in people’s minds. SOKS Brand Idea:

Energized by pride and power of teamwork, Special Olympics Kansas provides individuals with intellectual disabilities the opportunity to be an athlete, and more, through achievement, acceptance, inclusion, physical fitness, health and nutrition programs and leadership development.

BRAND DRIVER – a word, phrase or notion that captures the essence of the brand and is relevant to the target audience. As the driver, it must be clear and simple—to intuitively stimulate every brand-related activity and behavior. It must be memorable and drive inspired branding. SOKS Brand driver:

Choose to Include.

BRAND MANTRA

There is something about the thrill of competition. The sweat, the hustle, the effort that comes with doing your best. The joy of victory, the challenge of falling behind, the support of a team and the encouragement of a cheering crowd. Behind it all – there is achievement.
Achievement for each and every athlete, participant, volunteer, donor and staff member. This is what makes Special Olympics Kansas so special. Here, each athlete is included. Here, each athlete is challenged. Here, achievement comes in many forms. Not by winning or losing or making a personal record. Here, it’s more than that.

At Special Olympics Kansas, achievement is found in the spirit of the game, in the smiles of a teammate, in the skills that are developed and fostered and used for a lifetime. It lies in the opportunities of leadership, in the confidence that is build, in the open arms of family and friends. And it remains in the lives that are empowered each step of the way.

Across the state of Kansas, more than 4,000 athletes participate in events each year - yet our reach goes so much further. Thousands more are touched by the willpower and drive of these athletes through volunteering their time, their talents and their donations. And, in turn, our athletes are inspired by their dedication and support.

For 50 years, Special Olympics has been building a movement to break down barriers – both on and off the field in health and education – all through the power of sport. Through the power of our athletes and our sports, Special Olympics is ushering a new world of unity, tolerance, and respect.

CALL TO ACTION – a direct statement provoking an action. SOKS Call to Action is:

Choose to Include.

KEY MESSAGES – important tools for everyone involved with Special Olympics Kansas. They allow our brand to stay focused and provide a foundation for any marketing and communications opportunities that arise for the organization.

MAKE AN IMPACT
- Special Olympics Kansas provides an opportunity to make a positive change in the lives of aspiring athletes throughout the state.
- We provide an inclusive outlet for health, wellness and competition to the intellectually disabled.
- Special Olympics Kansas creates a lifelong impact on the athletes, coaches, volunteers and staff that share in our mission.
ACHIEVE MORE

- We support individuals with special needs across Kansas to realize their full potential through athletics, health and wellness and leadership development.
- We provide opportunities for volunteers to answer a challenge to help others share in the glory that comes with Special Olympics.
- In concert with Special Olympics International, we work together as an organization to provide a first-class experience for all who share in our mission.

COMPETE TOGETHER

- We promote acceptance and inclusion for individuals with intellectual disabilities.
- Together as an organization of volunteers, athletes and coaches, we create a safe, healthy and active environment for all.
- Among those with special needs and those who support the cause, we ensure the spirit of togetherness and competition is alive and well across the state of Kansas.

The Organization

Name: Special Olympics Kansas (not all caps) NOT Kansas Special Olympics

Legal Name: Special Olympics Kansas, Inc. (not all caps)

Mission of SOI: To provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendships with their families, other Special Olympics athletes and the community.

Purpose of SOKS: Special Olympics Kansas is dedicated to empowering individuals with intellectual disabilities to become physically fit, productive and respected members of society through sports competitions, health and nutrition programs, and leadership development. Offering year-round initiatives to children and adults with intellectual disabilities, Special Olympics Kansas is a platform for acceptance and inclusion as well as one of the largest advocates for healthy lifestyles in the state – regardless of race, religion, ethnicity or cultural differences.

Athlete Oath: “Let me win. But if I cannot win, let me be brave in the attempt.”

Vision: The current successes of participants will be the stepping stones on which future generations will build to achieve even greater life accomplishments. To work towards solidifying the current educational sports program, thus insuring the next generation of persons with intellectual disabilities the opportunity to share in a
cutting edge sports training program which will assist them in becoming productive and participative members of society.

**Philosophy:** Special Olympics believes that through Healthy Athlete programs, Athlete Leadership Programs, sports training and athletic competition, individuals with intellectual disabilities benefit physically, emotionally, mentally, socially and spiritually; families are strengthened; and the community at large, both through participation and observation, is united in understanding people with intellectual disabilities in an environment of equality, respect and acceptance.

**Impact:** A Yale University study confirmed that Special Olympics measurably enhances the lives of those who participate. The results of the study suggest that Special Olympics has a direct and positive effect on the self-image of participating athletes and their ability to function in a social setting. According to the study, Special Olympics athletes perform better at school, at work, and at home the longer they participate in the program. The study measured such social competency skills as the ability to live independently, hold a job, participate in community activities, and develop close friendships.

**Definition:** In the United States, an individual is diagnosed with an intellectual disability if the three conditions are present: (1) An IQ that is below 70-75, (2) the condition has been present from childhood (18 years of age or less), (3) The individual has two or more significant limitations in adaptive skills areas.

**Causes:** Intellectual disabilities can be caused by any condition that impairs development of the brain before birth, during birth or in the childhood years. The three major known causes of intellectual disabilities are Down syndrome, fetal alcohol syndrome and fragile X syndrome.

**Prevalence:** Approximately 170 million people or 3% of the world’s population, have intellectual disabilities - which makes it the largest disability population in the world. Approximately 80,000 people in Kansas are diagnosed with an intellectual disability. Intellectual Disabilities are: 7 times more prevalent than deafness, 10 times more prevalent than cerebral palsy, 25 times more prevalent than blindness, and 35 times more prevalent than muscular dystrophy.

**History:** Founded by Eunice Kennedy Shriver in 1968. The first Special Olympics Games were held in 1968 at Soldier Field in Chicago. (Kansas sent 6 athletes to the inaugural Games.) Special Olympics
Kansas began hosting its own competitions in 1970. Today, Special Olympics programs exist in all 50 states, the District of Columbia and 160 foreign countries.

**SOKS History:**

The first games in Kansas were held for 300 athletes in Parsons in 1970 for track and field events. Today, athletes from 75% of the counties participate in Local Programs throughout the state. Twenty sports are currently offered in the year-round program utilizing over 9,900 volunteers on an annual basis. Check with Headquarters if you need the current number of athletes.

**Eligibility:**

Persons are eligible for Special Olympics provided:

- The person has been identified by an agency or professional as having intellectual disabilities as determined by their localities; or
- The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or “IQ” testing or other measures which are generally accepted within the professional community of Kansas as being a reliable measurement of the existence of a cognitive delay; or
- The person has a closely related developmental disability. This means functional limitations in both general learning and in adaptive skills.

**The Official Logo/Mark**

The Special Olympics Logo (also referred to as the *Mark*) includes two elements - the Symbol (often called the globe), and Logotype. The Special Olympics Kansas Logo is the official trademark of the Program and incorporates the Program name into the design as show below:

![Special Olympics Kansas Logo](image)

Permission for the use of the SOKS name, Logo, and/or Symbol, must be authorized by Headquarters prior to its use, including the Logo’s use in conjunction with a fundraising activity or event and on T-shirts. Special Olympics, Inc. has passed a resolution requiring the use of the same Special Olympics logo, with appropriate chapter/area designations, by all programs throughout the world. To verify your logo use meets standards, contact Headquarters at 913-236-9290. All brand standards for logo use on apparel, including approved colors for the logo, can be found at ksso.org/teamapparel.
**Required Use of SO Logo.** SOKS and Associated Local Programs shall use the Logo in conjunction with all official SOKS materials, including, and without limitation: stationery, business cards, news release letterhead, games programs, yearbooks, flags and banners, athletes’ identification tags/bibs, athletes’ uniforms, posters, brochures, and all informational and promotional material distributed to participants in Special Olympics, to sponsors or to the general public.

Standard Logo formats include the three Logos illustrated below.

![Special Olympics Logos](image)

The Symbol is the circular seal with five stick figures (globe) and the Logotype is the words “Special Olympics”. These parts of the logo cannot be:

- separated;
- used independently;
- rearranged into a different alignment;
- outlined around the elements; and
- must have clear space around the Logo – it should not touch other graphic elements.

The official colors and typography are listed below:

**Official Primary Colors:**

- SO Red: 186c Pantone, 0/100/100/0 CMYK, 255/0/0 RGB, #FF0000 Hex
- SO Black: Black Pantone, 0/0/0/100 CMYK, 0/0/0 RGB, #000000 Hex
- SO Dark Grey: 418c Pantone, 0/0/15/75 CMYK, 99/99/89 RGB #636359 Hex
- SO Mid Grey: 415c Pantone, 0/0/8/50 CMYK, 148/149/141 RGB, #94958D Hex
- SO Light Grey: 413c Pantone, 0/0/0/30 CMYK, 188/190/192 RGB, #BCBEC0 Hex
- SO White: – Pantone, 0/0/0/0 CMYK, 000/000/000 RGB, #FFFFFF Hex

**Official Logotype:**

- Special Olympics - Serpentine, Bold, Oblique
- Program/Local Program Name - Ubuntu, Italic

**Color Scheme:** The logo may only appear in official Primary colors as listed above.
**Dynamic Curve:** in flat or layered colors, designed to acknowledge the world wide spirit shared across the movement. Curve elements can be used on stationery, banners or flyers and are available through SOKS headquarters.

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**Special Olympics Regional and Local Team Logos.**

The words Special Olympics must precede any state, state must precede the area or local designation. There are no longer any Regional/District logos with the exception of the KC Metro Region which is multi-jurisdictional.

For all team recognition, see current branded apparel guidelines at ksso.org/teamapparel

**No State/Region/Local Program shall have the right use or display the Symbol (globe) standing alone, without the required juxtaposition with the name Special Olympics and the State and/or Local Program, nor may any Sub-Program or third party make any such “stand-alone” use of the logo. Similarly the Symbol may not be distorted in any fashion.**

**The Official Credit Line**

The Official Credit Line to be used by all Special Olympics programs is:

> Created by the Joseph P. Kennedy, Jr. Foundation for the Benefit of Persons with Intellectual Disabilities.

**Requirements for Use of Credit Line:** The Credit Line must be displayed prominently on all permanent collateral pieces used by all Special Olympics Programs. This includes, but is not limited to, stationery, annual reports and websites. It is not necessary to use it on flyers and brochures.
Commercial Messages on Uniforms at Competitions Policy

In order to avoid commercial exploitation of persons with intellectual disabilities, no uniforms, and no bibs or other signs bearing competition numbers, which are worn by Special Olympics athletes during any competition or during any Opening or Closing Ceremonies of any Games may be emblazoned with commercial names or commercial messages. The only commercial markings which may be displayed on athlete’s uniforms during Games competitions and Opening and Closing Ceremonies are the normal commercial markings of the manufacturer*. The display of any clothing or equipment marked conspicuously for advertising purposes shall normally result in immediate disqualification.

The following practices are not prohibited by the above rules:

Volunteers may wear jackets, T-shirts, caps and other apparel bearing small and attractively designed identification of corporate or organizational sponsors; and

Athletes may carry and use non-apparel items such as tote bags bearing designed identification of corporate or organizational sponsors.

Opening and Closing Ceremonies are deemed to be a part of competition for the purposes of these rules. Hence, athletes and anyone else associated with a Special Olympics team in an official capacity shall not wear warm-up suits, jackets, caps, etc., which bear corporate or organizational identification which might be considered as advertising.

*The Marks that are referred to would normally be a Nike “swoosh” or Adidas logo…marks that are associated with athletic apparel manufacturing.

Contact the SR VP for Public Relations & Communications for clarification 913.236.9290
Language Guidelines for Covering Special Olympics

Appropriate terminology:

- Refer to participants as **Special Olympics athletes**, not Special Olympians. In no case should the word *athletes* appear in quotation marks.
- A person **has intellectual disabilities**, rather than is suffering from, afflicted with, or a victim of intellectual disabilities.
- Individuals, persons or people **with** intellectual disabilities.
- A person **uses a wheelchair** rather than is confined or restricted to a wheelchair.
- Distinguish between adults and children with intellectual disabilities. Use **adults** or **children**, or **older** or **younger** athletes.
- “**Down syndrome**” has replaced “Down’s Syndrome” and “mongoloid.”
- When writing, refer to persons with a disability in the same style as persons without a disability: full name on first reference and last name on subsequent references.
- A person is **physically challenged** or **disabled** rather than crippled.
- Use the words “**Special Olympics, Inc.**” when referring to the worldwide Special Olympics program. “**SOI**” may be used on second reference.
- Use the words “**Special Olympics Kansas**” when referring to the Kansas Chapter of Special Olympics. “**SOKS**” may be used on second reference.

Terminology to avoid:

- Do not use the label **“kids”** when referring overall to Special Olympics athletes. Adult athletes are an integral part of the program.
- Do not use the adjective **unfortunate** when talking about persons with intellectual disabilities. Disabling conditions do not have to be life-defining in a negative way.
- Do not use the word “**the**” in front of Special Olympics unless describing a specific Special Olympics event or official.
- Do not **sensationalize the accomplishments of persons with disabilities**. While these accomplishments should be recognized and applauded, people in the disability rights movement have tried to make the public aware of the negative impact of referring to the achievements of physically or mentally challenged people with excessive hyperbole.
- Do not use the word “**special**” when talking about persons with intellectual disabilities. The term is distancing and inappropriate and describes that which is different about any person.
Working with the Media

To be effective in your communications with the media, it is essential to understand the media. There are a few simple rules to follow:

1. Be aware of the media’s deadlines.
2. Speak with one voice. Have one individual who is your media contact and is thoroughly familiar with the news release and all aspects of your organization.
3. Take the time to learn the name of the news directors and reporters in your area, developing personal contacts is crucial to improving coverage.
4. Make yourself accessible to the media. They may have additional questions.
5. Familiarize yourself with the media stylistic rules. Many media outlets follow Associated Press Stylebook (found at local bookstores).
6. Treat all media equally. Do not show favoritism for one medium or another.

Media Releases

The media receives hundreds, even thousands of media releases every day! Before writing a news release, evaluate the following: Is the event worthy of media attention? If the media is constantly inundated with Special Olympics mail, the media may tend to overlook our events. Take this into consideration when writing news releases.

Sometimes a Local Program in a small community will only need to call the editor of the newspaper to ask for coverage of an event or story. It is still important to give them information in writing, such as a news release.

The following are tips to consider when submitting information to your local newspaper:

Top Ten List of Writing Rules

1. Answers the questions who, what, when, where, why and how?
2. Does the release have an interesting headline?
3. Does the lead grab the reader’s attention?
4. What questions would the reader have after reading the release or story?
5. Does the piece have a consistent theme?
6. Can any information be deleted without taking away from the piece? If so, delete it. Make the information simple to read and understand.
7. Are all statistics, names, dates, etc. accurate?
8. Are there any typos?
9. Are there quotes that can be included from credible sources?
10. Has a contact name and phone number been provided?
Manhattan Special Olympics Team Sweeps Tournament

Make sure the news is important and then LOCALIZE it. Give the media enough information to print a story from your media release; however, spark enough interest to get them to come for an interview or to attend the event.

In today’s trivia society, many media outlets like tidbits, trivia and important facts about the organization or event. Is it the 100th gold medal your team has won? The 20th anniversary of your team? Any unique athlete stories? Let the media know.

Three parts comprise a media release:

1. **Lead Paragraph:** The lead should be three or four sentences that tell the basic information (who, what, where and when). Never begin the lead with a question. In this IMPORTANT paragraph, the basic subject matter and theme should be established.

2. **Body Paragraph:** In this paragraph, the questions “why” and “how” should be answered. Put important quotes in this paragraph. Remember that sometimes the audience reads only the first two or three paragraphs, so put the important information first!

2. **Concluding Paragraph:** Readers sometimes skip this one altogether. However, do not neglect interested readers. Restate why the news is important, as well as basic information on Special Olympics.

### - signifies ending
Helpful Hints for Media Releases

- Keep the media release to one page.
- If it has to go over a page, make sure you type “MORE” at the bottom of page one. Also put the story name at the top of page two.
- At the end of the story type the following: ###. This signifies the end of the media release.
- Distribute releases 10 days to two weeks prior to the event. Follow-up with a reminder release or media alert 2-3 days prior to the event.

Public Service Announcements

Public Service Announcements (PSAs) are an excellent way to inform the public about the activities of your Local/Area program. Need more volunteers? Area competition coming up? PSAs utilize print and broadcast media to carry the message to the public.

One of the best resources or mediums for PSAs is radio stations. Most radio stations are willing to help out not-for-profit organizations, especially in smaller communities. Headquarters can assist in the creation of scripts for any event.

1. Live Radio Broadcast - The radio disc jockey reads the PSA live over the air. The copy is derived from press releases or pre-written statements. Time these statements, including all the important facts, and send it with the press release. The PSAs should be: 10, 15 or 30 SECONDS in length. Please indicate the time length at the top of the page. It is a good idea to include several PSAs with different time lengths.

2. Taped Radio Broadcast - These are pre-recorded either by you (must be professionally done) or by the radio station. Many radio stations like to do their own PSAs. If at all possible, enlist the help of a local celebrity to record the PSA.

Television PSAs are usually more difficult to produce and more expensive. However, if you can get the help of a local television station, it is the best medium to get your message across. Call your local TV Station and talk to the Public Service Announcement Director. If the station does not employ someone in this position, ask for the news director or sports director.

Newspapers will sometimes include space in their community events calendar or free advertising space for not-for-profits. Usually, high quality print ads are available from SOI Public Awareness Campaigns. If slicks of the ad are needed, please contact the Senior VP of Communications and Public Relations at Headquarters. Call local papers and ask them for their policy.

Newsletters

Newsletters are an effective way to convey information to athletes, coaches, families, volunteers and supporters of Special Olympics. Newsletters are a reflection of your
organization.

**Basic Steps in Newsletter Production:**

1. Decide how often the newsletter will be published - quarterly, monthly or bi-monthly.
2. How many pages will you include in your newsletter?
3. What will be the visual appearance of the newsletter?

The newsletter articles adhere to the same guidelines as news releases. Include the who, what, when, where, why and how in the lead paragraph. Quotes and additional information will help explain the lead.

**Elements of a Newsletter:**

1. Use personal style: I, you, and we.
2. Avoid clichés.
3. Include human interest stories. People enjoy reading about themselves or others like them.
4. Include a calendar of events. This is probably the most essential part to your newsletter.
5. Be consistent with the newsletter style.

**Public Relations Support**

To keep the message of SOKS consistent throughout the state, Headquarters welcomes requests for assistance with newsletters, brochures, facts and other marketing materials. We will work with you to create a visually appealing piece with your message. We will provide the design, but you are responsible for the printing and distribution of the materials. In addition, videos and DVD’s are available for promotions. Please contact Headquarters at 913-236-9290 for a list of available materials or if you need assistance.
FORMS
# Medical/Release Form

Each participant MUST have a current medical / release form on file with Special Olympics Kansas, 5200 Fordege Drive, Mission, Kansas 66202, and in the possession of the coach prior to participating in any event/training/competition.

## DEMOGRAPHICS

<table>
<thead>
<tr>
<th>TEAM NAME:</th>
<th>NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athlete's Name:</td>
<td></td>
</tr>
<tr>
<td>Athlete’s Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth (month/day/year):</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Athlete Home Phone #:</td>
<td></td>
</tr>
<tr>
<td>Parent Email Address:</td>
<td></td>
</tr>
<tr>
<td>Parent Primary Phone #:</td>
<td></td>
</tr>
<tr>
<td>Parent Cell/Airline Phone #:</td>
<td></td>
</tr>
<tr>
<td>Parent Employer:</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact (if other than parent/guardian):</td>
<td></td>
</tr>
<tr>
<td>Health/Accident Insurance Company:</td>
<td></td>
</tr>
</tbody>
</table>

## PARTICIPATION AND CONSENT TO TREATMENT:

I hereby give permission for the participant named above to participate. To the best of my knowledge, the athlete is physically and mentally able to participate and full disclosure of the participant’s medical history has been made to the physician whose signature appears below.

I acknowledge that the participant will be using facilities at his own risk and said parent/guardian, on his behalf, hereby releases, discharges and indemnifies from all liability for alleged injury to person or damage to property of himself and applicant.

I hereby irrevocably grant permission to record the above participant’s likeness and/or voice for use by television, film, radio or printed media to further the aims of Special Olympics.

If I am not personally present at activities, in case of necessity, you are authorized, on my behalf and at my account, to take such measures and arrange for such medical and hospital treatment as may deem advisable for the health and well-being of the participant.

## HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease / heart defect / high blood pressure</td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
</tr>
<tr>
<td>Seizures / epilepsy / fainting spells</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Coronary or serious heart injury</td>
<td></td>
</tr>
<tr>
<td>Major surgery or serious illness</td>
<td></td>
</tr>
<tr>
<td>Blindness / visual problem</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Heat stroke / exhaustion</td>
<td></td>
</tr>
<tr>
<td>Contact lens / glasses</td>
<td></td>
</tr>
<tr>
<td>Hearing loss / hearing aid</td>
<td></td>
</tr>
<tr>
<td>Bone or joint problem</td>
<td></td>
</tr>
</tbody>
</table>

*Requires physical examination.*

Date of most recent tetanus immunization: / / 

Medications:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Prescribed</th>
<th>Times per day</th>
<th>Date</th>
<th>Prescribed</th>
<th>Times per day</th>
</tr>
</thead>
</table>

## NOTE:

If there is any significant change in the athlete’s health, the athlete’s condition should be reviewed by a physician before further participation.

## PARENT / GUARDIAN / ADULT PARTICIPANT SIGNATURE

## DOWN SYNDROME:

[ ] YES  [ ] NO  CHECK ONE: ATLANTO-AXIAL  [ ] NEG.  [ ] POS.

## MEDICAL CERTIFICATION

A physical examination can only be conducted by a Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Chiropractic (DC), Physician’s Assistant, or an Advanced Registered Nurse Practitioner (ARNP).

## PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>Blood pressure:</th>
<th>Weight:</th>
<th>Height:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal/Abnormal</td>
<td>Normal/Abnormal</td>
<td>Normal/Abnormal</td>
</tr>
<tr>
<td>Vision</td>
<td>Hearing</td>
<td>Oral cavity</td>
</tr>
<tr>
<td>Neck</td>
<td>Extremities</td>
<td>Skin</td>
</tr>
<tr>
<td>Cardiovascular system</td>
<td>Respiratory system</td>
<td>Gastrointestinal system</td>
</tr>
<tr>
<td>Cranial nerves</td>
<td>Oculomotor</td>
<td>Genitourinary system</td>
</tr>
<tr>
<td>Dorsal column</td>
<td>Reflexes</td>
<td></td>
</tr>
<tr>
<td>Other: Primary MRI Etiology/Category (If known):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate.

RESTRICTIONS:

EXAMINER’S SIGNATURE:          DATE: / /

EXAMINER’S NAME:          PHONE: ( )

ADDRESS:
NOTICE TO ALL
PARENTS, GUARDIANS, COACHES, TEACHERS OF INDIVIDUAL WITH
Down Syndrome

A condition exists in about 10% of all individuals with Down syndrome. This condition, known as Atlantoaxial Subluxation, is a weakness between the 1st and 2nd vertebrae in the neck. Athletes who have this condition may be seriously injured if involved in certain activities which over-extend the neck muscles.

The Board of Directors of Special Olympics Kansas has developed a policy which will prohibit all athletes with Down syndrome from participation in athletic competition or any Special Olympics Kansas event including training, clinics or any activity sponsored by SOKS or any Area or Local Program, until they have been examined for Atlantoaxial Subluxation. Although the chance that your athlete has this condition is very slight, we do not want to endanger his/her safety.

The only way to check for Atlantoaxial Subluxation is by x-ray. Therefore, if your athlete is Down syndrome, the athlete must have an x-ray to check for this condition prior to any participation. The Headquarters Office has a Down Syndrome Addendum which the physician must complete upon x-ray examination. Please contact the Headquarters Office at 913-236-9290 to request this form.

The examination for Atlantoaxial Subluxation is a one-time examination. If the examination has been performed on the athlete, a new examination is not necessary. However, the current Down Syndrome Addendum must be signed by the doctor. The report of such examination becomes a permanent part of the athlete’s record and will be held on file at the Headquarters Office. If your athlete is Down syndrome, please contact the Headquarters Office prior to making arrangements for examination should you have any questions.

Athletes with Down syndrome who have been examined and found to have no evidence of Atlantoaxial Subluxation, will be allowed to participate in a Special Olympics Kansas events, unless as a result of another medical condition the athlete should not participate in an activity, as soon as the Down Syndrome Addendum form is on file in addition to a Parent/Medical Release Form at Headquarters.

If the examining physician finds positive or equivocal evidence of Atlantoaxial Subluxation, the athlete must have approval from his/her examining physician and family physician regarding in which Special Olympics Kansas sports he/she may participate. In addition, the parents/guardian must sign and return to Headquarters an Assumption of Risk Form prior to any participation by the athlete in any SOKS event including training, competition, clinics or any other activity sponsored by SOKS or any Region or Local Program.

If you have any questions, please contact Headquarters at 913-236-9290.
Down syndrome Form

SPECIAL OLYMPICS KANSAS
MEDICAL ADDENDUM FOR DOWN SYNDROME INDIVIDUALS

This form must be completed and signed by the examining physician for each individual with Down syndrome who desires to participate in any Special Olympics event or competition. Upon completion, please mail this form (which is signed by the attending physician) to: Special Olympics Kansas, 5280 Foxtail Drive, Mission, Kansas 66202.

**Part I.**

Name of Athlete ____________________________

Sex ______ Age ______ Birthdate (Mo./Day/Yr.) ______

School/Organization ____________________________ City ________________

Name of Coach ____________________________ Phone ( ) ________________

**Part II.**

Note to Examining Physician:

Studies have shown that approximately 10% of persons with Down syndrome have the condition of Atlantoaxial Subluxation. Special Olympics Kansas requires cervical spine x-rays, including full flexion and full extension views, in order to confirm the existence of the Atlantoaxial condition.

**Part III.**

Physician Statement:

Upon examination of cervical spine x-rays, including full flexion and full extension views, I find that the above named athlete has:

(check one)

- **Negative** or no evidence of Atlantoaxial Subluxation (Proceed to Part V unless as a result of another medical condition the athlete should not participate in an activity.)

- **Positive** or equivocal evidence of Atlantoaxial Subluxation (Proceed to Part IV and check all activities in which the individual may participate on a year-round basis.)

I have notified the parent/guardian of the nature and extent of the condition.

Yes ______ No ______ Not applicable ______

**Part IV.**

<table>
<thead>
<tr>
<th>ALPINE SKIING*</th>
<th>ATHLETICS (Track &amp; Field)</th>
<th>BOCCE</th>
<th>POWERLIFTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>AQUATICS</td>
<td>ASTRONAUTICS (Track &amp; Field)</td>
<td>BOWLING</td>
<td>ROLLER SKATING</td>
</tr>
<tr>
<td></td>
<td>Race Walking</td>
<td>CHEERLEADING</td>
<td>SNOWSHOEING</td>
</tr>
<tr>
<td></td>
<td>Running Long Jump</td>
<td>CYCLING</td>
<td>SOCCER*</td>
</tr>
<tr>
<td></td>
<td>Standing Long Jump</td>
<td>EQUESTRIAN SPORTS*</td>
<td>Ind. Skills</td>
</tr>
<tr>
<td></td>
<td>Breaststroke</td>
<td>FIGURE SKATING</td>
<td>SOFTBALL</td>
</tr>
<tr>
<td></td>
<td>Backstroke</td>
<td>HIGH JUMP</td>
<td>SPEED SKATING</td>
</tr>
<tr>
<td></td>
<td>Butterfly*</td>
<td>SHOT PUT</td>
<td>TEAM HANDBALL</td>
</tr>
<tr>
<td></td>
<td>Freestyle</td>
<td>SOFTBALL THROW</td>
<td>TENNIS</td>
</tr>
<tr>
<td></td>
<td>One-Meter Dive*</td>
<td>PONTYARDS</td>
<td>VOLLEYBALL</td>
</tr>
<tr>
<td></td>
<td>Springboard Dive*</td>
<td>BASKETBALL</td>
<td>NORDIC SKIING</td>
</tr>
</tbody>
</table>

*High Risk Sports – very dangerous for positive Atlantoaxial Subluxation.
If athlete is **Positive**, check all the activities in which the individual may participate on a year-round basis.

**Part V.**

Signature of Examining Physician: ____________________________

Name of Physician (Please Print): ____________________________

Date: ____________________________

Address/City: ____________________________

Signature of Family Physician: ____________________________

Name of Family Physician (Please Print): ____________________________

Date: ____________________________

Address/City: ____________________________

MAKE A COPY OF THE FORM PRIOR TO SENDING IT TO SOKS HEADQUARTERS.
Assumption of Risk Agreement  
(With Indemnity and Hold Harmless)

We, the undersigned parents and/or legal guardians of Special Olympics Athlete _____________________________________________, hereinafter referred to collectively as “Special Olympics Athlete” enter into this ASSUMPTION OF RISK AGREEMENT (With Indemnity and Hold Harmless) hereinafter referred to as “The Agreement” with Special Olympics Kansas, Inc., a Kansas Non-Profit Corporation, hereinafter referred to as “SOKS” upon the following terms and conditions:

WHEREAS, SOKS conduct various sporting events throughout the State of Kansas from time to time involving, among others, individuals with conditions diagnosed as Down syndrome, and

WHEREAS, the Special Olympics Athlete involved herein has been diagnosed as having Down syndrome and wishes to participate in various events involving SOKS, and

WHEREAS, SOKS desires that the Special Olympics Athlete be allowed to participate in the events to the extent deemed appropriate by the Special Olympics Athlete’s physician and parents and/or legal guardians:

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein and SOKS allowing the Special Olympics Athlete to participate in various events the parties agree as follows:

1. That Special Olympics Athlete, his or her parents and/or legal guardians have been advised of the following:

WARNING !!!

There is now increasing evidence from medical research that up to 10% of individuals with Down syndrome suffer from a condition known as Atlantoaxial Subluxation, which is a malalignment of cervical vertebrae C-1 and C-2 in the neck. This condition exposes Down syndrome individuals to the possibility of injury if they participate in activity that hyperextends or radically flexes the neck muscles.

The doctors say that this is a serious problem because the Atlantoaxial Subluxation leaves a part of the spinal cord vulnerable. An injury to the upper spinal cord is terribly serious because it can create a life long paralysis.

It is possible for a Down syndrome individual to suffer serious injury and even life long paralysis by participating in sporting activities such as those sponsored by SOKS if the Special Olympics Athlete has the condition referred to as Atlantoaxial Subluxation and participates in Special Olympics sporting activities.

2. That the Special Olympics Athlete, his or her parents and/or legal guardian acknowledge that they have been warned of the problems relating to Atlantoaxial
Subluxation and that they are willing for the Special Olympics Athlete to assume the risk of these serious and potentially permanent injuries. The Special Olympics Athlete, his parents and legal guardian acknowledge that they have been advised of the dangerousness of this condition and that they understand the warnings and the dangerousness of this condition particularly as it relates to the Special Olympics Athlete listed herein.

3. Special Olympics Athlete, his or her parents and/or legal guardian acknowledge that if this danger is construed to be a hidden or unknown peril, that they have been fully, fairly, completely and accurately advised as to the dangers and potential problems of Atlantoaxial Subluxation.

4. That the parents and/or legal guardian of the Special Olympics Athlete named herein represent and warrant that they have authority to act on behalf of the Special Olympics Athlete, to bind the said Special Olympics Athlete to this contractual relationship and to receive warnings of potential harm or danger on behalf of the Special Olympics Athlete.

5. If an athlete presents themselves as their own legal guardian, this document must also be signed by an adult witness. The athlete and witness named herein represent and warrant that they have authority to represent themselves, binding them to this contractual relationship and to receive warnings of potential harm or danger to the Special Olympics Athlete. The said athlete and witness further warrant and represent that they are fully, fairly, accurately and completely advised of the dangers incident to this condition, the injury that could be sustained by the said Special Olympics Athlete and the adverse effect such an injury could have upon the Special Olympics Athlete’s life.

6. The said undersigned parents, legal guardian, Special Olympics Athlete and/or witness agree to indemnify and hold harmless Special Olympics Kansas, Inc., its agents, servants, and employees for any and all injuries received of any kind or nature by the above referenced Special Olympics Athlete as they may relate to activities of Special Olympics in general or SOKS in particular.

Dated this _____day of __________________,_________.

____________________________________
PARENT/ATHLETE

____________________________________
LEGAL GUARDIAN

____________________________________
WITNESS
Health Information Update

HEALTH INFORMATION UPDATE

TEAM NAME: _______________________________________________________________

NUMBER: _____________________________

Gender: [ ] Male  [ ] Female

Date of Birth (month/day/year) _______ / _______ / _________

Athlete’s Name ____________________________________________

Athlete’s Home Phone # (_____) ______________________

City: ____________________________ State: ________ Zip: __________

Parent/Guardian’s Name ____________________________________________

Parent Primary Phone # (_____) ______________________

Parent/Guardian’s Address (if different from athlete) ____________________________

Parent Secondary Phone # (_____) ______________________

Parent/Guardian’s Address (if different from athlete) ____________________________

Parent Cell Phone # (_____) ______________________

Parent/Guardian’s Address (if different from athlete) ____________________________

Health/Accident Insurance Co. ____________________________

Primary Phone or Cell # (_____) ______________________

Policy # ____________________________________________

1. Heart disease/heart defect/high blood pressure [ ] [ ]

2. Chest pain [ ] [ ]

3. Seizures/epilepsy/fainting spells [ ] [ ]

4. Diabetes [ ] [ ]

5. Concussion or serious head injury [ ] [ ]

6. Major surgery or serious illness [ ] [ ]

7. Blindness [ ] [ ]

8. Asthma [ ] [ ]

9. Down syndrome [ ] [ ]

   Has cervical spine (neck bone) x-rays been performed for Atlantoaxial Instability? [ ] [ ]

10. Parent/Sibling (under 40) died of heart disease [ ] [ ]

NOTE: PHYSICAL EXAM PERFORMED BY A LICENSED EXAMINER REQUIRED FOR ATHLETES WITH YES IN ITEMS 1-10

*11. Absence of one kidney or testicle [ ] [ ]

*12. Heat stroke/exhaustion [ ] [ ]

*13 Impaired motor ability [ ] [ ]

*14 Other problem that would interfere with sports participation [ ] [ ]

List: ____________________________________________

*NOTE: AN EXAM IS REQUIRED IF NEW PROBLEM IS CHECKED IN 11-14

COMMENTS: ____________________________________________

MEDICATIONS: Please print medication name, amount, date prescribed and number of times per day medication needs to be taken

________________________________________________________________________

Person completing form (normally parent/guardian or adult athlete) ________________________________________

Signature ____________________________ Date ____________________________

IF HISTORY SIGNED BY ADULT ATHLETE – I have reviewed the health history with the athlete whose signature appears above

Signature ____________________________ Date ____________________________ Relationship to athlete ____________________________

*IMPORTANT: If there is any significant change in the athlete’s health, the athlete’s condition should be reviewed by a licensed examiner before further participation

*A NEW Special Olympics Kansas Medical/Release form must be completed by a Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Chiropractic (DC), Physician Assistant (PA) or an Advanced Registered Nurse Practitioner (ARNP).
First Report of Accident/Incident

U.S. Program/Area: __________________ Date of Incident: ________________

Injured Person/Party Information  Date of Birth: / /  Age: ________________
Name: _________________________ (Last) __________________ (First) _______
Address: ______________________ (Street) ____________________________ (City) (State) (Zip)
Home Phone: ( ) ______ Work Phone: ( ) ______
Gender: □ Male  □ Female  Social Security Number: __________

Injured Party:  □ Athlete  □ Volunteer  □ Coach  □ Employee  □ Spectator  □ Unified Partner  □ Property Owner  □ Other: __________

Description of Accident (If automobile accident occurred, please attach a copy of the police report).
Describe how the accident occurred (Attach a separate sheet if necessary):

Site / event where accident occurred:

Accident Occurred During:
□ Training/Practice  □ Competition  □ Traveling to or from SO event  □ Other: __________
Type of Injury:
□ Severe cut or bleeding  □ Less serious lacerate or cut  □ Break/fracture  □ Concussion  □ Paralysis  □ Fatality  □ Other: __________

Disposition:
□ Released to parent  □ Refusal of care  □ Refer to doctor  □ Refer to hospital or clinic  □ Medical attention  □ EMS transport  □ Patient requested EMS transport  □ Released to personal vehicle  □ Police  □ Ambulance  □ Report only  □ Other: __________

Sport
□ Alpine Skiing  □ Aquatics  □ Athletics  □ Badminton  □ Baseball  □ Basketball  □ Broche  □ Bowling  □ Cheerleading  □ Cross Country Ski  □ Cycling  □ Equestrian  □ Figure Skating  □ Floor Hockey  □ Golf  □ Gymnastics  □ Kickball  □ Power Lifting  □ Relay Game  □ Roller Skating  □ Sailing  □ Snowboarding  □ Snowshoe  □ Softball  □ Speed Skating  □ Speed Consulting  □ Table Tennis  □ Tennis  □ Track & Field  □ Volleyball  □ Other: __________

Body Part Injured:
□ Head  □ Neck  □ Torso  □ Back  □ Hand (L/R)  □ Finger (L/R)  □ Elbow (L/R)  □ Shoulder (L/R)  □ Leg (L/R)  □ Knee (L/R)  □ Thigh (L/R)  □ Shin (L/R)  □ Toe (L/R)  □ Other: __________

Contact/Care Provider Information
If an athlete or underage volunteer was injured, please identify the care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person:
Name: ___________________________ Employer Name: ________________
Address: ___________________________ Employer Address: ________________
Home Phone: ( ) ______  Work Phone: ( ) ______
Does the injured person have medical insurance? □ Yes  □ No
If yes, insurance is provided by:
Please provide name of Company and Policy Number: __________

Witness Information (Please provide names and phone numbers of any witnesses to the incident)
Witness #1 Name: __________________________ Daytime Phone: ( ) ______
Witness #2 Name: __________________________ Daytime Phone: ( ) ______

Special Olympics Official / Representative (other than claimant)
Name: ___________________________ Daytime Phone: ( ) ______
Signature: __________________________

Send completed form to: Special Olympics Kansas, 5280 Foxridge Dr, Mission, KS 66202
IMMEDIATELY notify American Specialty Insurance & Risk Services, Inc.
Telephone: (800) 566-7941 (24 hours a day / 7 days a week)
Amer : 62707 - SpecOlym Inc. Rep. Form 03-04

110
Injury Report

DATE: _____________________________

TIME: ______________________________

EVENT/LOCATION: _________________________________________________

ATHLETE’S NAME: ____________________________________________________

ATHLETE’S TEAM NAME: ______________________________________________

WITNESS NAME: _____________________________________________________

DESCRIPTION OF ACCIDENT/INJURY: ________________________________

_______________________________________________________________________

_______________________________________________________________________

TREATMENT REQUIRED: _____________________________________________

_______________________________________________________________________

WHO ADMINISTERED: _________________________________________________

SIGN BY WITNESS: _________________________________________________

SIGNED BY COACH: _________________________________________________

DATE: _________________________________

*Please complete this form in case of sickness or injury and return it to any GMT Member or SOKS staff person.

MAIL FORM TO: Special Olympics Kansas
5280 Foxridge Dr
Mission, KS  66202
2019 Special Olympics Kansas
Application for Local Registration

**Administration**
Local Program
Name ___________________________  Program # ________________
Local Program Coordinator ___________________________

Please indicate if current Class A Form [ ] Protective Behaviors [ ]

Mailing Address ____________________________
City ____________________________ State __________ Zip ____________________________
Cell # ____________________________ Home # ____________________________ Work # ____________________________
Email ____________________________ Address ____________________________ Local Program Website ____________________________

Will be listed on SOKS Website

Local Programs, please list all Class A volunteers for your team below.  *Please mark if they are a Certified Coach, Assistant Coach or Program Assistant.  Classifications for these positions are attached.

<table>
<thead>
<tr>
<th>Certified Coach</th>
<th>Asst. Coach</th>
<th>Program Asst.</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Local Program Registration Deadline  **DECEMBER 31, 2018**
### Competition & Training

#### 20 Official Sports in Kansas

<table>
<thead>
<tr>
<th>Alpine Skiing</th>
<th>Athletics</th>
<th>Basketball</th>
<th>Bocce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowling</td>
<td>Cheerleading</td>
<td>Cross Country Skiing</td>
<td>Cycling</td>
</tr>
<tr>
<td>Figure Skating</td>
<td>Flag Football</td>
<td>Floor Hockey</td>
<td>Golf</td>
</tr>
<tr>
<td>Powerlifting</td>
<td>Snowshoeing</td>
<td>Soccer</td>
<td>Speed Skating</td>
</tr>
<tr>
<td>Softball</td>
<td>Swimming</td>
<td>Tennis</td>
<td>Volleyball</td>
</tr>
</tbody>
</table>

#### Fundraising/Finance

Does the Local Program participate in fundraising?

- [ ] Yes  
- [ ] No

If yes, please list fundraising projects for 2019:

Please list other sources of income for 2019:

If Local Program participates in fundraising, please fill out a Fundraising form at [http://www.ksso.org/forms](http://www.ksso.org/forms).

Does the Local Program have a bank account in the name of the Local Program?

- [ ] Yes  
- [ ] No

If yes, does the Local Program use online banking?

- [ ] Yes  
- [ ] No

#### Individual responsible for filing financial reports

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
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<tr>
<th>Phone ( )</th>
<th>Cell ( )</th>
<th>Email</th>
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<tbody>
<tr>
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</tbody>
</table>

Please attach-- Local Program Budget for 2019 including both expenditures and revenue

#### Program Information

Please list any competitions that the Local Program may host.

<table>
<thead>
<tr>
<th>(Date)</th>
<th>(Competition)</th>
<th>(Date)</th>
<th>(Competition)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Please list where athletes participating with Local Program are from (ex: school, agency, town or community):

Local Programs must have Medical/Release Forms on file with Headquarters on every athlete before allowing them to participate in any Special Olympics activity, practice, event, clinic, etc.

Does the Local Program have at least one current copy of the SOKS Manual?

- [ ] Yes  
- [ ] No

Volunteer needs for the Local Program, please contact Chris Burt @ burte@ksso.org

Please describe how the Regional Office or Headquarters could improve services to assist you in the operations of your local Program

What new SOI official sports (SOKS Manual) would you like to see offered at Region/State? Please email Tim Rehder at rehdert@ksso.org
Suggested Rule Modifications

Name: _______________________________ Date: ______________

Program Name & Number: ________________________________________________

Address: _______________________________________________________________

City: ___________________ State: ________ Zip: ______________

Email: ___________________________ Phone: _____________________________

Sport: ________________________________

Rule Change: _____________________________________________________________

_______________________________________________________________________

Benefit/Reason: __________________________________________________________

_______________________________________________________________________

We appreciate your input and will respond to your suggestion following the decision made by the Sports & Competition Committee. The committee meets in August during the Local Program Conference and various times throughout the year.

Please Return To: Special Olympics Kansas
5280 Foxridge Drive
Mission, KS  66202
Volunteer Check-In

Day-of-Event Volunteer

Class B Waiver

In consideration for being permitted to volunteer my services to Special Olympics Kansas, I hereby agree to accept any and all risks of injury, damage or loss of personal property. I understand the relationship between Special Olympics Kansas and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Kansas. By signing, I grant Special Olympics Kansas and Special Olympics, Inc. permission to use my likeness, image, voice, and words in or on television, radio, film, and on Special Olympics Kansas and Special Olympics, Inc.'s website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

*These fields are required.

Email collected will be added to our monthly e-newsletter but not shared with any third party.

<table>
<thead>
<tr>
<th>Full Name*</th>
<th>Gender</th>
<th>Shirt Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address*</td>
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<tr>
<th>City*</th>
<th>State*</th>
<th>Zip*</th>
<th>DOB / /</th>
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</table>

<table>
<thead>
<tr>
<th>ID Check</th>
<th>Email*</th>
<th>Phone* ( )</th>
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<table>
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<tr>
<th>Assignment</th>
<th>Volunteer Group</th>
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<tr>
<th>Signature*</th>
<th>Date* / /</th>
<th>Time : _M</th>
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<tr>
<th>Signature*</th>
<th>Date* / /</th>
<th>Time : _M</th>
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</thead>
</table>

*These fields are required.
# Class A Volunteer & Unified Partner Registration Application

- A Class A Volunteer & Unified Partner has regular, close physical contact with athletes, is in a position of authority or supervision with athletes, is in a position of trust of athletes and /or handles cash, checks or other assets of SUKS.

- To serve as a Class A Volunteer or Unified Partner for Special Olympics Kansas, you must complete the following:
  1. Submit Class A Volunteer & Unified Partner Registration Application: 5280 Foxridge Dr, Mission, KS 66202; Fax 913-236-9771; Email kso@ksso.org
  2. Class A and Unified partners who are 18 years and older are required to complete the Online Protective Behaviors Training www.ksso.org/pb

---

## Volunteer / Unified Partner Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Home Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Email</th>
</tr>
</thead>
</table>

## LOCAL PROGRAM NAME/SCHOOL NAME:

<table>
<thead>
<tr>
<th>Race/Ethnicity (Optional):</th>
<th>American Indian/Alaskan Native</th>
<th>Asian</th>
<th>Two or More races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>Hispanic or Latino (specific origin group:</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language(s) (Optional):</th>
<th>English</th>
<th>Spanish</th>
<th>Other (please list)</th>
</tr>
</thead>
</table>

## PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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<table>
<thead>
<tr>
<th>Same as contact information above</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>E-mail</th>
</tr>
</thead>
</table>

## EMERGENCY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
</table>

## BACKGROUND INFORMATION (only required for participants 18 years and older)

<table>
<thead>
<tr>
<th>Do you use illegal drugs?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Have you ever been convicted of a criminal offense?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Have you ever been charged with and/or convicted of neglect, abuse or assault?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has your driver’s license ever been suspended or revoked in the past 3 years?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, please provide: DL# State:  

---

**Please read the following:**

- I grant Special Olympics Kansas permission to use my likeness, voice, and words in television, radio, films or any form to promote activities of Special Olympics.

- I understand that the relationship between Special Olympics Kansas and volunteers is an “at will” arrangement and that it may be terminated at any time, without cause, by either the volunteer or Special Olympics Kansas.

- I will notify Special Olympics Kansas of any change to the information I have provided on this Application within 90 days of its occurrence.
Class A Volunteer Application Page

HEALTH INFORMATION **Health information is collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate. Please mark if you have any of the following conditions and provide details:

- Special Dietary Needs:
- Allergies:
- Assistive or Implanted Devices:
- High Blood Pressure:
- Heart Condition:
- Asthma or Respiratory Condition:
- Mental Health Condition:
- Epilepsy or Seizure Disorder:
- Neurological Condition:
- Diabetes:
- Sickle Cell Anemia/Trait:
- Chronic Infection:
- Missing Organ (e.g. spleen, kidney):
- Other Health Conditions:

Please list any medications, vitamins, or dietary supplements below:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Times per day</th>
</tr>
</thead>
</table>

I agree to the following:

1. Ability to Participate: I am physically able to take part in Special Olympics activities.
2. Release/Release: I give permission to Special Olympics, Inc., Special Olympics Games, local organizing committees, Special Olympics accredited programs, and volunteers, including staff, to use and distribute personally identifiable information (PII) and health-related information (PHI) in special Olympic publications, newsletters, social media, and other communications for marketing or communications purposes, including direct-mailing through a mail service.
3. Health Information: I understand that Special Olympics will be collecting health information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifiable and health-related information (Personal Information). I agree to the following:
- Providing and using my personal information in order that I may participate safely in programs and events.
- Sharing my personal information with (i) researchers, such as universities and medical centers, and (ii) health care providers who are conducting research on Special Olympics.
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Printed Name: [Volunteer/Unified Partner Signature] (required for adult with capacity to sign legal documents)
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Volunteer/Unified Partner Signature: [Date]

Parent/Guardian Signature: [Required for participant who is a minor or lacks capacity to sign legal documents]
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.

Parent/Guardian Signature: [Date]

Printed Name: [Relationship]
SPECIAL OLYMPICS KANSAS INC
5200 FOXRIDGE DR
MISSION KS 66202-1567807

Employer Identification Number: 48-0890981
Person to Contact: Mr. Barker
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 30, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in January 1980, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations
W-9 Form

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Names required on this line; do not leave this line blank.
2. Business name/trade or service name, if different from above.
3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   a. Individual tax payer or;  b. C Corporation;  c. S Corporation;  d. Partnership;  e. Trust/Estates
      or;  f. Single-member LLC;  g. Limited liability company. Enter the tax classification of (A-C corporation, S-C corporation, or Partnership) with or without any parenthetical qualifications.
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member entity.
   h. Other (see instructions on page 2.
5. Address (number, street, and apt. or suite no.
6. City, state, and ZIP code
7. List account number(s) here (optional).

Part I

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account in is more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II

Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am not a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of a secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 1.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislative changes) is available at IRS.gov/iforms.

Purpose of Form

An individual or entity who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN). This number is your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN) as applicable. To provide the correct TIN, see the instructions on page 3. If you do not return Form W-9 with a TIN, the IRS may refuse to process your return. By signing the filled-in form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; and
3. Certify that if you are a U.S. person, you are subject to backup withholding on any payments of interest on any partnership interest if a U.S. partnership is not subject to tax and you provide a correct certification that the income is not subject to tax because the payment is from a partnership or you are not subject to backup withholding because you are not a U.S. person (see the instructions on page 3).

Cat No. 1039X

Form W-9 (Rev. 12-2016)
<table>
<thead>
<tr>
<th>Deposit Date</th>
<th>Received From</th>
<th>Amount</th>
<th>Description</th>
<th>Event or Activity</th>
</tr>
</thead>
</table>

Page Total: 

Cash Receipts Journal
Special Olympics Kansas
Monthly
Cash Disbursements Journal

Program Name: ___________________________  Month: _______  Year: _______
Team Number: __________________________

<table>
<thead>
<tr>
<th>Check Date</th>
<th>Check #</th>
<th>Check Payable To</th>
<th>Amount</th>
<th>Description</th>
<th>Event or Activity</th>
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</tbody>
</table>

Page Total

White Copy: Special Olympics Kansas, 5280 Foxridge Drive, Mission KS 66202
Pink Copy: Retained by Area/Local Program
1. **CASH BALANCE, BEGINNING OF MONTH:**
   (Ending balance from prior month’s cash reconciliation)

   Checking Account ................................................................. +  

   Savings Account ................................................................. +  

   Other (Investments, CD’s) please specify ................................ +  

   1a. Total (Should equal Line 4 of previous Month) ...................... =  

2. **RECEIPTS** (Total from Cash Receipts Journal) .......................... +  

3. **CHECKS** (Total from Cash Disbursements Journal) ................... -  

4. **TOTAL CASH BALANCE** (End of Month Checking, Savings & Other) =  

5. **CHECKS OUTSTANDING** (Checks listed on disbursements journal which have not cleared the bank.) +  

6. **DEPOSITS IN TRANSIT** (Deposits listed on receipts journal which have not cleared the bank.) -  

   Total .................................................................................. =  

7. **TOTAL CASH BALANCES** ..................................................... =  

---

White Copy:  Special Olympics Kansas, 5280 Foxridge Drive, Mission, KS 66202  
Yellow Copy: Retained by Region/Local Program  
03/08/2005
Receipt Form

SPECIAL OLYMPICS KANSAS, INC.
5280 Foxridge Dr., Mission, KS 66202
Federal Tax ID: available upon request

RECEIPT

☐ Cash Donation
☐ In Kind Donation

PROGRAM NAME: _______________________________________________________
TEAM NUMBER: _______________________________________________________
RECEIVED FROM: _______________________________________________________
ADDRESS: ___________________________________________________________
CITY, STATE & ZIP: _____________________________________________________
DONOR PHONE NUMBER: ______________________________________________
ITEM(S) DONATED: _____________________________________________________

VALUE OF DONATION*: ____________________________ , of which you have
received __________________________ in return. The amount of the contribution that is tax
deductible is the value of the donation less goods or services received.

Special Olympics Kansas, Inc. is a registered 501c3
charitable organization in the State of Kansas.

Received By:___________________________________________________________ Date:________________________

Special Olympics _________________________________________________

(Address)

(City) (State) (Zip)

Created by the Joseph P. Kennedy, Jr. Foundation. 
Authorized and Accredited by Special Olympics, Inc.,
for the Benefit of Persons with Intellectual Disabilities.

White Copy: Contributor
Pink Copy: SOKS Headquarters Office
Yellow Copy: Retain at Region/Local

123
### Monthly In-Kind Journal

**Program Name:** ____________________________  
**Month:** __________  **Year:** __________

**Team Number:** ____________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Received From</th>
<th>Description of Item(s) Received</th>
<th>Value</th>
<th>Event or Activity</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Page Total**

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**White Copy:** Special Olympics Kansas, 5280 Foxridge Drive, Mission KS 66202  
**Pink Copy:** Retained by Area/Local Program

Examples of Items: Mileage, Volunteer Time, Facility, Meals, Equipment, Lodging, ETC.
**SPECIAL OLYMPICS KANSAS**
**FUND RAISING REGISTRATION FORM**

<table>
<thead>
<tr>
<th>Applicants</th>
<th>Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Phone (w)</td>
<td>Phone (Hm/cell)</td>
<td></td>
</tr>
<tr>
<td>School/Agency</td>
<td>Address</td>
<td>City</td>
<td>Zip</td>
</tr>
<tr>
<td>County</td>
<td>Phone (w)</td>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>

**Accredited Area Program (Please Circle) | Yes | No | Registered Local Program (Please Circle) | Yes | No**

A. Briefly describe the proposed plan to raise funds and the estimated amount to be raised.

**Date of Event:**

**Details:**

---

B. I am fully aware of the guidelines set forth by Special Olympics Kansas in soliciting and raising funds by using the name “Special Olympics”.

C. This fund raiser will benefit

**(Name)**

**(Special Olympics Group)**

Signed

**(Applicant)**

Date

**(Director of Development)**

**(Executive Director)**

---

**1st Copy – Special Olympics Kansas**

**2nd Copy – Area Director**

**3rd Copy – Area/Local Program**

---

**Return Completed Form to:**

Special Olympics Kansas
5280 Foxridge Drive
Mission, KS 66202

**SUBMIT 60 DAYS IN ADVANCE OF EVENT**
Sample of Annual Expense and Income Budget

# Sample Annual Expense & Income Budget

## Expense Budget

<table>
<thead>
<tr>
<th>Sport</th>
<th>Facilities</th>
<th>Equipment</th>
<th>Uniforms</th>
<th>Transportation</th>
<th>Misc.</th>
<th>Sub-total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport</td>
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</tbody>
</table>

## Income Budget

<table>
<thead>
<tr>
<th>List Special Events (Candy/Cookie Sales, Car Washes, Spaghetti Dinners, etc.):</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>List Service Organizations:</td>
<td>$</td>
</tr>
<tr>
<td>List other groups (church, social, etc.):</td>
<td>$</td>
</tr>
<tr>
<td>Local Business</td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$</td>
</tr>
</tbody>
</table>

List only the anticipated net figures on this sheet (e.g. Candy Sale Income = $300, Candy Sale Cost = $100, then the Net figure = $200).

Many of the items listed on this sheet can or will be donated by your local school or organization.