SPECIAL OLYMPICS TEAM NEBRASKA

2026 SPECIAL OLYMPICS USA GAMES MINNEAPOLIS, MINNESOTA

Athlete/Partner Information Packet

Applications Are Now Open!

If you would like to be a part of team Nebraska at the 2026 USA Summer Games you can apply to be an athlete, coach or Unified partner today. The sports team Nebraska will be competing in will be:

Athletics Tennis

Bocce (Unified) Flag Football

Bowling Soccer (Unified)

Powerlifting

Completed Forms and a picture of all interested athletes and unified partners must be received by 8AM on January 31st, 2025. Keep a copy for your files.

Special Olympics Team Nebraska

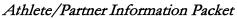
Attn: Nate Parks and Dave Demyan

14216 Dayton Cir., Ste. 1, Omaha, NE 68137

OR

Email: nparks@sone.org ddemyan@soe.org

SPORTSMANSHIP * TEAMWORK * ACCOUNTABILITY * INTEGRITY * RESPECT





Athlete/Partn	er Name:	
	·	
Address:		
City:		
State:	Zip Code:	
Email:		
Home Phone	e #:	
	:	
Parent/Guard	dian:	
Address:		
Citv:		
State:	Zip Code:	
Email:	- '	
Home Phone	» #:	
Cell Phone #	:	
	ompany & Policy	
We have read a Team Nebraska wants to be a pa	ninated For:and understand the Athlete/Partner Selection Criteria and expectations of athletes/partner, have met/interviewed this athlete/partner and believe he/she meets the requirements art of Team Nebraska ort Coach:	
Phono #:	ont Coach	
Email:		
	Signature:	
Date:	•	
	ad of Delegation:	
Phone #		
Email:		
	egation Signature:	
Data		

Completed Forms and a picture of all interested athletes and unified partners must be **received by 8AM on January 31**st, **2025**. Keep a copy for your files.

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

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SPECIAL OLYMPICS TEAM Nebraska 2026 SPECIAL OLYMPICS USA GAMES MINNEAPOLIS, MINNESOTA Athlete/Partner Information Packet



Athlete/Partner Selection Criteria

In order for athletes/partners to be eligible for selection to Special Olympics Team Nebraska, they must have competed in their respective sport/division during the 2024 season. Athletes/partners selected to represent Team Nebraska at the 2026 Special Olympics USA Games must also demonstrate good sportsmanship and the ability to function well as a part of a team. Athletes/partners must not only be dedicated to their sport but must also have the ability to commit extra time to training, travel to training and be involved in other activities as determined by SONE or their coach. The athlete/partner must commit to health and fitness leading up to the games. In addition, the athlete/partner must meet all the individual criteria for selection to the Delegation:

- It is recommended that athletes/partners be at least 16 years of age.
- The athlete/partner should have participated in the sport(s) in which for which they are applying for during the 2024 season.
- Each athlete selected must attend all training sessions as outlined by SONE. This may include weekend training camps that will require athletes to be away from home and work. Transportation problems will need to be worked out in advance.
- Family/legal guardian or Local Program contact must be present at all required meetings and orientations as outlined by SONE.
- Athletes/partners must be able to obtain a physical/physician's signature on a USA Games medical.
- Athletes must be able to handle independently and/or under Team Nebraska supervision a lengthy travel day (primarily air travel).
- Athletes must adhere to the Special Olympics Team Nebraska Code of Conduct.
- Athletes must be able to be assigned to a Team Nebraska Coach for the duration of their travel to/from the Games, during the Games, including in the housing site and competition venues and during the Delegation training camp prior to the Games.
- Athletes must be able to be out of the state, away from their families and jobs for approximately a one-week period to attend the Games (exact travel dates will be available at a later date).
- Athletes must be able to independently manage the activities and skills of daily living ie. toileting, showering, personal hygiene, etc.
- Athletes must be able to take care of themselves during the course of the USA Games with minimal contact from family members.
- Athletes selected to Team Nebraska must commit to a Team Nebraska Training Program in advance
 of the USA Games; This will not only include sport training, but a commitment to health and
 wellness.
- An athlete may be removed from the Delegation, at any time, for failure to adhere to the principals or fulfill the responsibilities of the criteria as set forth by the Special Olympics Team Nebraska HOD's. An athlete may also be removed from the Delegation for health and safety issues.
- All athletes selected to Team Nebraska will be under the direction of a Team Nebraska Coach who will supervise and assist the athletes in taking their medication, including self-medicating athletes.
- Athletes and Unified Partners must be able to fundraise independently an amount \$600 to supplement the Team Nebraska expenses.

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



Athlete/Partner Information Packet

Special Olympics Athlete's Code of Conduct

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

I. SPORTSMANSHIP

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

II. TRAINING AND COMPETITION

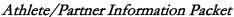
- A. I will train regularly.
- B. I will learn and follow the rules of my sport.
- C. I will listen to my coaches and the officials and ask questions when I do not understand.
- D. I will always try my best during training, divisioning, and competitions.
- E. I will not "hold back" in preliminaries just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

III. RESPONSIBILITY FOR MY ACTIONS

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

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

NAME:	 	 	
DATE.			



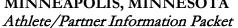


Athlete/Partner Information (please print or type) (Middle): Full Legal Name: (First): (Last): Is there a different first name you prefer to go by? Mailing Address: Email: City, State, Zip: Female Date of Birth: Gender: Male Best Time to Call: Preferred Phone: Languages other than English spoken fluently (please list): Special Olympics State Level Program: Additional Contact Information Parent/Legal Guardian Last Name: First Name: Mailing Address: ____ City, State, Zip: Day Phone: Eve. Phone: Cell Phone: Best Time to Call: Email Address: Emergency Contact (if different from above) Last Name: First Name: Mailing Address: City, State, Zip: Day Phone: Eve. Phone: Cell Phone: Best Time to Call: Email Address: Relationship to Athlete: Local Coach (person who has trained the athlete/partner locally in specific sport) First Name: Last Name: Mailing Address: City, State, Zip: Day Phone: Eve. Phone: Cell Phone: Email Address: Best Time to Call:



Athlete/Partner Information Packet

	Sports & Train	ning Information			
How many years has the athlete	e/partner trained in this/these s	sport(s)?			
Does athlete/partner own the needed equipment for this/these sport(s)?					□No
Has this athlete competed prev	iously at higher competition?			∐Yes	□No
If yes, what year(s)?		f yes, what sport(s)?			
Does the athlete/partner have a Consent Form on file with state If yes, what is the expiration da	nd	∐Yes	□No		
Will this athlete and their supp program as prescribed by a Tea	•	to commit to an intensive training	ng	∐Yes	□No
Can this athlete/partner attend	training camps, meetings, and/	or practices leading up to game	es?	∐Yes	□No
Is this athlete/partner prepared home, school or work in June 2	om	∐Yes	□No		
		navior			
		ska has the most the most complete Check any boxes listing behavior			
Bites self or others	Elevated sexual interest	Overly dependent on others	∐Геа	ises others	
Cries or becomes upset easily	Exaggerates pain/illness	Overly fearful	∐Ter	emper tantrums	
Difficulty changing routines	Excessive cursing/vulgarity	Pulls own hair or others	∐Thi	rows objec	ts
Difficulty with authority	Excessive physical touching	Resistant to changes in diet	∐Un∘	comfortab!	le in crowds
Difficulty taking direction	Hits self or others	Seeks steady attention	□Wa	nders/runs	s from group
Elevated emotional needs	Mental health issues	Seeks steady entertainment			
Other (please list):					
List details to help explain area	s above and specific methods to	o support behavior difficulties:			
-					
Do you think this athlete/partr successfully to an unfamiliar co. If no, please explain:		Yes	No		
J · I I					





Self-Help Skills

Dressing	Grooming	Mealtime	Toileting
Completely independent	Completely independent	Completely independent	Completely independent
Needs minimal assistance	Needs minimal assistance	Needs minimal assistance	Needs minimal assistance
Needs significant assistance	Needs significant assistance	Needs significant assistance	Needs significant assistance
For any skills marked as needing	ng minimal or significant assista	nce, please provide details to exp	plain needed level of support:
How long does the athlete/parmorning?	rtner take to get out of bed, groo	om & dress each	
successful?	ner's behavior and self-help skill		•
Would require moderate sup	port to be successful. Athlete/papport to be successful. Supervision pport to be successful. Supervision	on within a group of 4 athletes a	nd 1 coach would be acceptable.
This sect	Medical ion will be supplemented by physician'	Overview s information on the World Games Me	edical Form.
Please check all that apply to the	his athlete/partner:		
Allergies	Depression	Hearing Impaired	□ Special Diet
Asthma	Diabetes	Hepatitis	Surgery (within last year)
Autistic	Down Syndrome (see below)	□Non-verbal	☐Uses Cane, Walker, etc.
Broken Bones	Glasses/Contacts	Seizures	Uses Wheelchair
If athlete has Down Syndrome	e, has an x-ray been taken to eva	luate Atlanto-axial instability?	Yes No
If yes, was the x-ray positive for At	lanto-axial instability?		Yes No
	any medications? If yes, please list l	helow & attach additional sheet if necessa	ny. Yes No
Medication Name	Date Prescribed/Last Changed	l Dosage	Times Taken per Day

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Athlete/Partner Information Packet

Is this athlete/partner self-medicating?		∐Yes	□No
Is this athlete/partner susceptible to colds, infections, etc?		∐Yes	□No
Travel Experience			
Has this athlete/partner ever traveled by bus?		□Yes	□No
Has this athlete/partner ever traveled by airplane?		□Yes	□No
Has this athlete/partner ever traveled by train?		☐Yes	□No
Is this athlete/partner claustrophobic?		□Yes	□No
Does this athlete/partner have physical discomfort when traveling (motion sich headaches)?	kness, cramps,	∐Yes	□No
If yes, please explain:		_	
Does this athlete/partner have emotional discomfort when traveling (homesicl swings)?	kness, anxiety, mood	∐Yes	□No
If yes, please explain:			
Has this athlete/partner taken a long trip without a family member/legal guard	lian present?	∐Yes	□No
Is the athlete/partner able to carry/move their own luggage (suitcase and carry	v-on) and equipment?	∐Yes	□No
Is this athlete/partner able to sit and reasonably occupy oneself (movies, music puzzle books, etc) for an extended period of time such as a flight to/from train		Yes	□No
Additional Information			
Please share any additional information that would be helpful to individuals ch	aperoning this athlete	for two w	eeks:
 We have read and understand the Athlete/Partner Selection Criteria and Team Nebraska, and believe this athlete/partner meets the requirement Nebraska. The information we have provided is true and complete. We understand an athlete/partner may be traveling and/or coached by an 	ts as outlined and war	nts to be	a part of Team
 We understand an atmete/partner may be traveling and/or coached by an We understand the Team Nebraska Heads of Delegation may remove at fails to meet the Athlete/partner Selection Criteria or acts outside the Athlete/partner 	n athlete/partner from	_	_
 Please forward all completed materials, including the release form an Olympics staff member by 8:00 am, January 31 2025. 	d picture (JPEG), to	your des	signated Specia
Signature of Athlete/Partner Date			
Signature of Parent/Legal Guardian (if necessary) Date			



Athlete/Partner Information Packet

Uniform Information Form

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

First Name:				Last Name:			
In which sport is th	nis athlete ap	plying for the 20	026 Games?				
Gender:	Male	Fen	nale	Date of Birth:			
Height		feet	inches	Local Program:			
Waist:			inches	Weight		1	pounds
Chest:			inches	Inseam:			inches
Shoe Size:		Left	Right	Hips:			inches
Females must also			size variations, a	ze Requests s we do not yet know pieces; or if all Unises			on only.
Shirt:	S	M	L	XL	XXL	XXXL	
Shirt:	6	8	10	12	14	Oher:	
Short/Pant:	S	M	L	XL	XXL	XXXL	
Short/Pant:	6	8	10	12	14	Other:	
Warm-up Suit:	S	M	L	XL	XXL	XXXL	
Jacket:	S	M	L	XL	XXL	XXXL	
			Unisex/Male	e Size Requests			
Shirt:	S	M	L	XL	XXL	XXXL	
Short/Pant:	S	M	L	XL	XXL	XXXL	
Warm-up Suit:	S	M	L	XL	XXL	XXL XXXL	
Jacket:	S	M	L	XL	XXL	XXXL	
Hat:	S	M	L	XL			
				ze Requests			
				ender, please fill out or	e or both of the boxe	es above.	
Shirt:	S			XL			
Short/Pant:	S	M	L	XL			
Warm-up Suit:	S	M	L	XL			
Jacket:	S	M	L	XL			
Please list any add athlete/partner:	litional infor	mation that wou	ıld be helpful ir	n uniforming this			



Athlete/Partner Information Packet

Athlete Profile - This will be included during the registration process for those selected for Team Nebraska
Example biography: Matthew Garcia joined Special Olympics Nebraska in 1999 and immediately became a softball all-star. When Matthew is not on the diamond, he is hanging out with his teammates and cheering on the Chicago Cubs, his favorite team. Matthew also spends his time volunteering at the local animal shelter where he rescued his dog, Wrigley. Matthew continues to improve on his softball game and has recently picked up golf. He is looking forward to winning the gold with his team at the 2018 USA Games!
Please tell us your biography:
List the sports you participate in with Special Olympics Nebraska:
How has Special Olympics changed your life?
What are your other interests or hobbies?
Have you participated in higher competition in the past? If yes, what games and events?
If selected for Team Nebraska, what would you most look forward to?