

## **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](mailto:nparks@sone.org) [ddemyan@soe.org](mailto:ddemyan@soe.org)

**SPORTSMANSHIP \* TEAMWORK \* ACCOUNTABILITY \* INTEGRITY \* RESPECT**

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



**Special Olympics**  
Nebraska

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

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

Insurance Company & Policy  
#: \_\_\_\_\_

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

*Completed Forms and a picture of all interested athletes and unified partners must be **received by 8AM on January 31<sup>st</sup>, 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](mailto:nparks@sone.org)  
[ddemyan@sone.org](mailto:ddemyan@sone.org)

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### **Athlete/Partner Selection Criteria**

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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.



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## Special Olympics Athlete's Code of Conduct

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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)*

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Full Legal Name: *(First):* \_\_\_\_\_ *(Middle):* \_\_\_\_\_ *(Last):* \_\_\_\_\_

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Is there a different first name you prefer to go by? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Languages other than English spoken fluently *(please list):* \_\_\_\_\_

Special Olympics State Level Program: \_\_\_\_\_

**Additional Contact Information**

**Parent/Legal Guardian**

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact** *(if different from above)*

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

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

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Email Address: \_\_\_\_\_



**Sports & Training Information**

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

Does athlete/partner own the needed equipment for this/these sport(s)?  Yes  No

Has this athlete competed previously at higher competition?  Yes  No

*If yes, what year(s)?* \_\_\_\_\_ *If yes, what sport(s)?* \_\_\_\_\_

Does the athlete/partner have a current "Application for Participation in Special Olympics" and Consent Form on file with state program?  Yes  No

If yes, what is the expiration date of the medical? \_\_\_\_\_

Will this athlete and their support system be willing and able to commit to an intensive training program as prescribed by a Team Nebraska coach?  Yes  No

Can this athlete/partner attend training camps, meetings, and/or practices leading up to games?  Yes  No

Is this athlete/partner prepared and capable of spending approximately one(1) week away from home, school or work in June 2026 for the USA Games?  Yes  No

**Behavior**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you think this athlete/partner will relate and respond successfully to an unfamiliar coach and environment? Yes No

*If no, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Self-Help Skills**

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

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

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

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

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

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

**Medical Overview**

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

Please check all that apply to this athlete/partner:

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

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

Yes **No**

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

Yes **No**

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

Yes **No**

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



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 sickness, cramps, headaches)?  Yes  No  
*If yes, please explain:* \_\_\_\_\_  
 Does this athlete/partner have emotional discomfort when traveling (homesickness, anxiety, mood swings)?  Yes  No  
*If yes, please explain:* \_\_\_\_\_  
 Has this athlete/partner taken a long trip without a family member/legal guardian present?  Yes  No  
 Is the athlete/partner able to carry/move their own luggage (suitcase and carry-on) and equipment?  Yes  No  
 Is this athlete/partner able to sit and reasonably occupy oneself (movies, music, electronic games, puzzle books, etc) for an extended period of time such as a flight to/from training camp and Games?  Yes  No

**Additional Information**

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- We have read and understand the Athlete/Partner Selection Criteria and expectations of athletes/partners selected to Team Nebraska, and believe this athlete/partner meets the requirements as outlined and wants to be a part of Team Nebraska. The information we have provided is true and complete.
- We understand an athlete/partner may be traveling and/or coached by an individual from another local program.
- We understand the Team Nebraska Heads of Delegation may remove an athlete/partner from the delegation if he/she fails to meet the Athlete/partner Selection Criteria or acts outside the Athlete Code of Conduct.
- Please forward all completed materials, including the release form and picture (JPEG), to your designated Special Olympics staff member by 8:00 am, January 31 2025.

Signature of Athlete/Partner

Date

Signature of Parent/Legal Guardian (if necessary)

Date

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**Uniform Information Form**

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

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

In which sport is this athlete applying for the 2026 Games? \_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_\_

Height \_\_\_\_\_ feet \_\_\_\_\_ inches Local Program: \_\_\_\_\_

Waist: \_\_\_\_\_ inches Weight \_\_\_\_\_ pounds

Chest: \_\_\_\_\_ inches Inseam: \_\_\_\_\_ inches

Shoe Size: \_\_\_\_\_ Left \_\_\_\_\_ Right Hips: \_\_\_\_\_ inches

**Female Size Requests**

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

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

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

**Unisex/Male Size Requests**

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

**Youth Size Requests**

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

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

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



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

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

**Please tell us your biography:**

**List the sports you participate in with Special Olympics Nebraska:**

**How has Special Olympics changed your life?**

**What are your other interests or hobbies?**

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

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