

SPECIAL OLYMPICS NEW YORK
SUNY Canton Spring Games
Sunday April 13th, 2025

LOCATION: SUNY Canton
Roo House
34 Cornell Dr, Canton, NY 13617

SPORTS:

- Basketball Team
- Basketball Exhibition/Skill Development
- Athletics (Track & Field)
- Athletics Exhibition

REGISTRATION: **ATTENTION NORTH COUNTRY TRAINING CLUBS:**
For Eligibility for this event, an up-to-date roster must be submitted before the registration deadline!

- Delegation Information Sheet
- Athlete and Coaches Registration Forms (include alternates, staff and drivers)

The above forms may be **mailed, faxed** or **emailed** to:

Erik Kromer Fax: 518-930-4884 **E-Mail:** ekromer@nyso.org

Monday March 31st, 2025

Please be sure to register alternates, as additional athletes will not be able to be added after the registration deadline.



Please Note: ALL coaches must travel with their medical & consent forms for this event.

AREAS/REGIONS: All regions and areas are invited to participate. Preference is given to North Country Region Training Clubs.

AWARDS: Medals awarded for Gold, Silver and Bronze; ribbons for 4th - 8th place

ALTERNATES: An athlete or coach can only be replaced by an athlete or coach that has been **pre-registered**.

ATTIRE: Athletes must be dressed in team attire and adhere to all rules. Athletes Wearing Jeans, of any color, will not compete.

MEALS: **Meals will not be offered at this event. Concession stand availability TBD.**

HOUSING: **Housing Registration must be discussed with your Regional Staff**

TOBACCO POLICY: Special Olympics New York has been designated ***Tobacco Free***. Smoking and use of other tobacco products (such as snuff and chew) will not be permitted at any Special Olympics training or competition.

Name of Person Completing Form:

Training Club Name:

County:

Region/Area:

Head Coach of Training Club:

Day of Event Phone #:

Email:

Number of Athletes: _____

Number of Coaches: _____

Number of Additional Agency Staff: _____

Number of Drivers: _____

Total Head Count for Team: _____

Opening Ceremonies Participation

Please name one individual to hold your team sign for Opening Ceremonies:

Please name one Athlete from your club able to participate in the torch exchange, if selected:

Please name one individual able to perform the Athlete Oath, if selected:

Please name any persons capable of singing the National Anthem:

Out of Region Teams

Scheduled Arrival Day & Time: _____