



***Special  
Olympics  
Pennsylvania***



**Winter 2025-2026**

**FLOORBALL**

**Nov. 17, 2026**

# Today's Agenda

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- Pre-Season Reminders
- Athlete Performance Training
- Floorball updates
- Coach – Season Planning
- 2025-26 State Competitions
- Questions

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# PRE-SEASON REMINDERS

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# Season at a Glance



## SEASONS AT A GLANCE



	FALL	WINTER	SPRING	SUMMER
<b>Training Site Registration</b> (see link below)	April 1 - May 1	August 1 - Sept. 1	Nov. 1 - Dec. 1	March 1 - April 1
<b>Athlete, Unified Partner, Volunteer Signup</b>	May 15 - July 15	Sept. 15 - October 15	Dec. 15 - March 1	April 15 - May 15
<b>Season Length</b>	August 9 - Nov. 3	Nov. 1 - March 8	March 14 - June 7	June 1 - Sept. 15
<b>Eligibility Deadline</b>	August 23	December 20	March 28	June 20
<b>Sports Offered</b>	Bocce, Flag Football, Long Distance Running/Walking, Powerlifting, Soccer, Volleyball, Walking Clubs	Alpine Skiing, Bowling, Figure Skating, Floor Hockey, Snowboard, Snowshoe, Speed Skating, Walking Clubs	Athletics (Track & Field), Basketball, Equestrian, Gymnastics, Swimming, Tennis, Walking Clubs	Golf, Softball, Walking Clubs

- **Sign-ups Athletes and Volunteers - October 15**
- After this deadline anyone interested in signing-up must contact the Regional Sport Director. Everyone **MUST** complete a Sign-Up Form.
  - Season officially begins November 1
  - Seasonal Eligibility/Age Group Exemption deadline – Dec. 20

# In-Season Communication

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## SOPA Communication

- **Stay Informed & Supported:** Expect communications throughout the season.
- **Welcome Message:** All participants receive a "Welcome to the Winter Sport Season" message.
- **Weekly Updates:** Regional communications with important dates, deadlines, and more.
- **Winter Games/IWG Email:** Qualifiers receive a dedicated email with vital updates.
- **Text Notifications:** Event reminders & sign-ups. NEW # 1-833-321-0252, add to contacts.

## Head Coach Communication Reminders

- **Coach-Team Connection:** The most important communication is between a head coach and their team!
- **Communicate Continuously:** Engage all participants (assistant coaches, athletes, families), especially new members, before and during the season.
- **Sample Messages:** Need a starting point? **Access sample messages here:** <https://pdflink.to/847f44e3/>
- **Up-to-Date Contact Info:** Always use current contact information found in the trackers.

# Volunteer Eligibility



## Volunteer Eligibility: Class A Volunteers

**Who is "Class A"?** Coaches, Assistant Coaches, Unified Partners, Team Volunteers.

### Required Items:

- **Background Check** (18+ volunteers)
- **General Orientation training** (16+ volunteers)
- **Protective Behaviors training** (16+ volunteers)
- **Concussion training** (16+ volunteers)

**Important Note:** Only Class A volunteers can attend overnight competitions.

### Need Support?

Contact your **Regional Administrative Manager**.

Email us: [volunteer@specialolympicspa.org](mailto:volunteer@specialolympicspa.org)

# Resources for New and Interested Volunteers

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- Volunteer Guidebook:** Access detailed information on sports seasons, competitions, regions, and contacts at: [specialolympicspa.org/images/2023/registration/special-olympics-pennsylvania-volunteer-guidebook-5.2.23.pdf](https://specialolympicspa.org/images/2023/registration/special-olympics-pennsylvania-volunteer-guidebook-5.2.23.pdf)

- Monthly Info Sessions:** Learn about volunteering with Special Olympics Pennsylvania staff. These online sessions are held on the **fourth Wednesday of each month from 6:30 - 7:30 PM**. No pressure, no commitment!

- Zoom Link:** <https://us02web.zoom.us/j/81791877620#success>

- Or join by phone:** Dial +1 309 205 3325 (Meeting ID: 817 9187 7620)

## **Upcoming Dates:**

- October 22nd

- November 26th

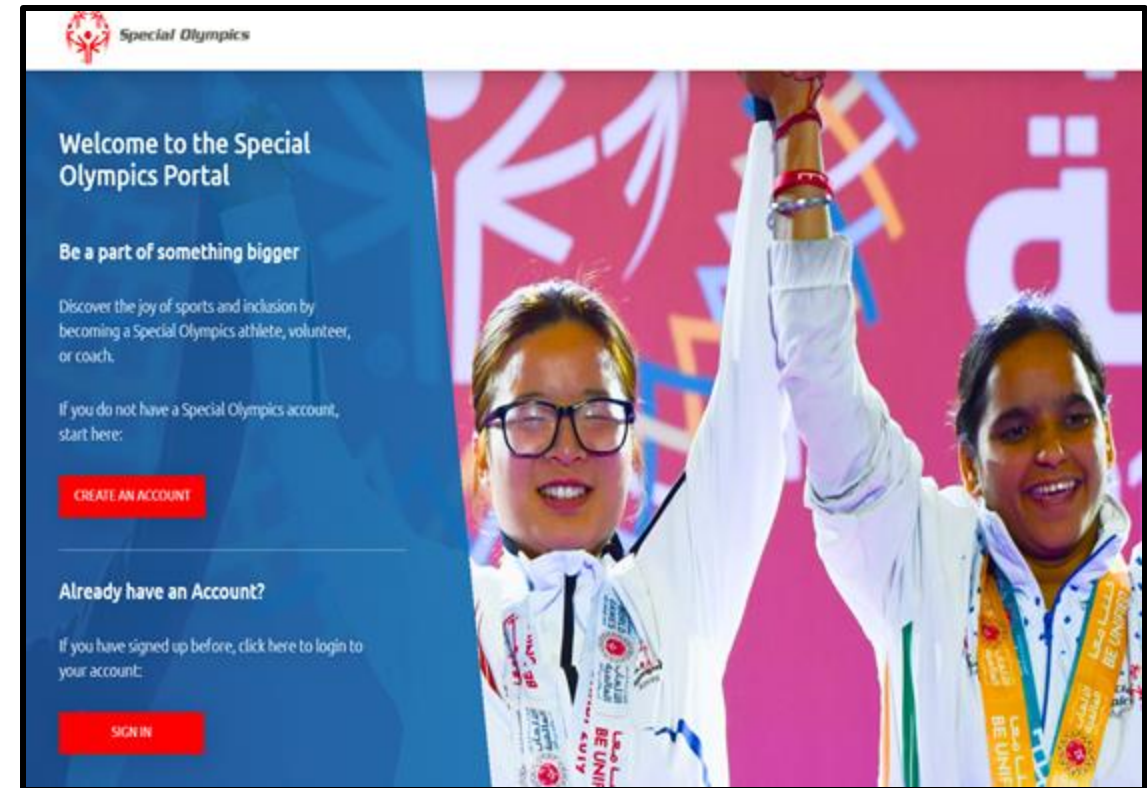
No registration needed, just join!



# Special Olympics Pennsylvania Portal: Volunteer Registration

- **Access the Portal:** Log in at [portals.specialolympics.org](https://portals.specialolympics.org) to check & update your eligibility.
- **Need Help logging into your account?**
  - Contact us at:  
[portalsupport@specialolympicspa.org](mailto:portalsupport@specialolympicspa.org)
- **New Volunteers:**
  - After registering, click "**Select your Volunteer Role**" to select your desired role (e.g., coach, Unified Partner).

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# Special Olympics Pennsylvania Portal: Athlete Registration



## Athlete Registration: New System & Process

- **New System:** Streamlined process for athletes.
- **Resources:** Find written & video guides on the ["Become an Athlete" webpage.](#)
- **Requirements:**
  - **Short Health History & Release Form** (initial screening).
  - If concerns arise, a more detailed **Medical Form** (with doctor input) may be required.

**Note:** If you already created an athlete account you **do not** need to create a new one! Health history forms are good for one year.

### Not Sure How to Begin? Choose Your Path.

To make the registration process as smooth as possible, select the option that best describes your situation:

I'm an Athlete Ready to Register Myself	I'm a Caregiver Registering an Athlete (Existing Volunteer with a Portal Account)	I'm a Caregiver Registering an Athlete (Not a Volunteer)	I'm a Coach/Athlete Registration Volunteer Support
<p>⌵</p> <p>If you have your own email address and want to manage your registration, <a href="#">visit the Portal</a> to click "Create an Account."</p> <p>For your role, select "I am an athlete."</p> <p><a href="#">Visit the Portal</a></p> <p><a href="#">Step-by-Step Instructions</a></p> <p><a href="#">Watch a Tutorial</a></p>	<p>⌵</p> <p>This option is best for you if:</p> <ul style="list-style-type: none"><li>• You are already a registered volunteer with Special Olympics Pennsylvania.</li><li>• You want to register an athlete through your existing volunteer account.</li></ul> <p>You do not need to create a new account. Please log into your volunteer account, and select the "Access Parent/Guardian Zone" to begin registering your athlete(s).</p> <p><a href="#">Visit the Portal</a></p> <p><a href="#">Step-by-Step Instructions</a></p>	<p>⌵</p> <p>This option is best for you if:</p> <ul style="list-style-type: none"><li>• You are the parent/caregiver of an athlete.</li><li>• You are not currently registered as a volunteer.</li></ul> <p><a href="#">Visit the Portal</a> to click "Create an Account." For your role, select "Parent/Guardian/Family." You'll be asked to complete your own registration before entering your athlete's information.</p> <p><a href="#">Visit the Portal</a></p> <p><a href="#">Step-by-Step Instructions</a></p> <p><a href="#">Watch a Tutorial</a></p>	<p>⌵</p> <p>If you're a coach or Athlete Registration Volunteer Support, <a href="#">register athletes through your Portal account</a> only if they cannot register themselves or via a caregiver.</p> <p>On your Portal account, select "Contact Zone" and click on "My Participants."</p> <p><a href="#">Visit the Portal</a></p> <p><a href="#">Step-by-Step Instructions</a></p> <p><a href="#">Watch a Tutorial</a></p>

# Special Olympics Pennsylvania Portal: Coach Zone



- **Coach Zone: Your Team Management Hub** 🏠
- **Access:** Available to Head Coaches (and some key volunteers).
- **Features:**
  - View team member **eligibility status**.
  - Access **athlete Health History forms**.
- **Optional Resource:** You are **not required** to use it.
  - We still provide **eligibility trackers** and a "**Hot Sheet**" for Health History.
- **Athlete Registration:** Coaches should **only register an athlete as a last resort**.
  - Help athletes and caregivers navigate the process themselves.
- **Access Forthcoming:** If you're a Head Coach and don't have access yet, it's coming soon!
- **Video Guide:** [Watch the video guide](#); or here is a step by step walkthrough with screenshots: [Step by Step Guide](#)

# Health History Summary

Primary Region	Primary Area	First Name	Last Name	Preferred Name	Date of Birth	Mobile Phone	Details	Summary	Religious or Other Objection	Do not Consent to Blood Transfusions.	Emergency Contact Name	Emergency Contact Mobile Phone	Emergency Contact Relationship
							-Behavioral, Mental, or Sensory Disorder: DMDD, anxiety, depression, loud noises,		No	No			Parent/Guardian
							-Behavioral, Mental, or Sensory Disorder: Anxiety around crying	-Asthma	No	No			Other Family
									No	No			Parent/Guardian
							-Behavioral, Mental, or Sensory Disorder: Autism,		No	No			Parent/Guardian
							-Behavioral, Mental, or Sensory Disorder: Anxiety	-Heart Condition	No	No			Sibling
									No	No			Parent/Guardian
							-Behavioral, Mental, or Sensory Disorder: Anxiety		No	No			Parent/Guardian
							-Behavioral, Mental, or Sensory Disorder: Anxiety, Claustrophobia, Sensitivity to loud noises		No	No			Parent/Guardian
								-Asthma	No	No			Sibling
							-Behavioral, Mental, or Sensory Disorder: Skin picking - anxiety with loud noises						Parent/Guardian

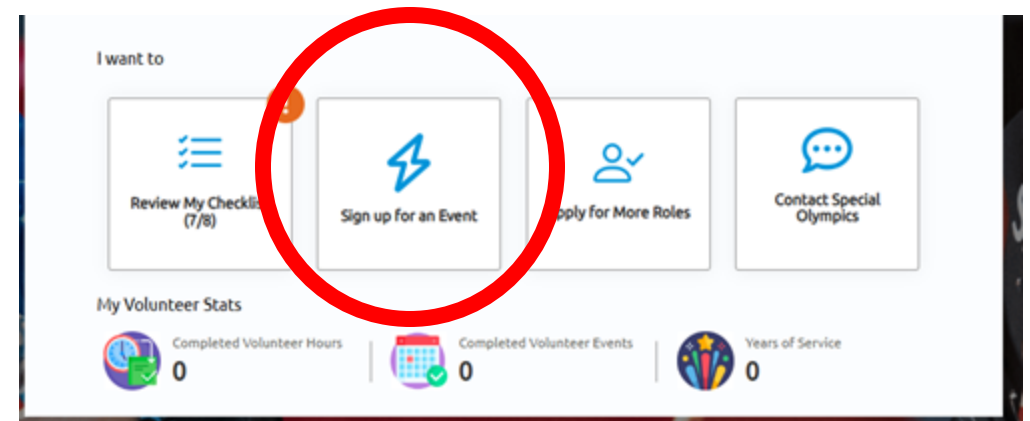
You are required to have this information accessible during all Special Olympics Pennsylvania practices and events.

You may access the spreadsheet electronically (e.g., on your phone or tablet) and are not required to print it if you can access it digitally.

# Special Olympics Pennsylvania Portal: Register for Coach Training Schools



- From Portal home screen - Sign up for event – Training School Registration
- Please contact your Regional Sports Direction ASAP if you need a training scheduled in your Region
- Certified Coaches Required:
  - 1 per team
  - 1 per 25 individuals



# Tracker

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**TRACKER-** is the ONE place to manage your team: Attendance, eligibility and event registration.

**Every individual that signed-up for your training site via the Sign-Up form will appear on your Tracker. If you don't already have your Tracker, please contact your RSD. The Trackers will be locked for editing until August 9th. After that time you are able to populate attendance and the sport specific data columns.**

## **TABS:**

### **Instruction:**

- Explains what is contained on each tab and what needs to be completed by the coach during the season.
- Includes total people count and verifies 1:4 ratio is being met.
- **Athlete/Volunteer:**
  - View Sign-ups, pull contact information, check eligibility
  - Actions to take here - complete LOI, track attendance
- **Sport Specific Roster:**
  - Manage roster, track athlete data throughout the season
  - Actions to take here: assign roles for events, enter sport specific data required for events
- **Rating Form (Team Sports):**
  - We have added a roster to this page, please complete along with jersey number
  - Enter player initials into appropriate box under each evaluation category.

### **APT Tracker**

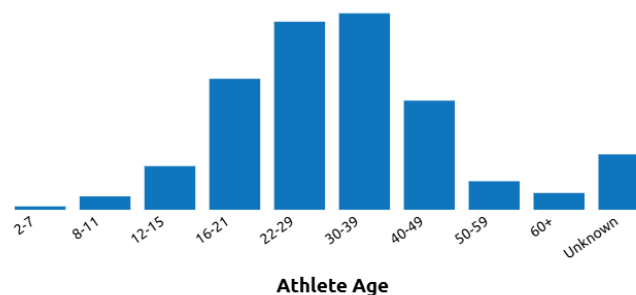
## Athlete Performance Training

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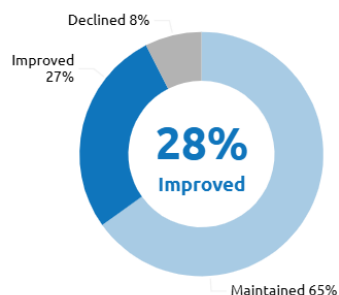


**SOPA's Athlete Performance Training (APT) program has served nearly 600 athletes since Fall 2022!**

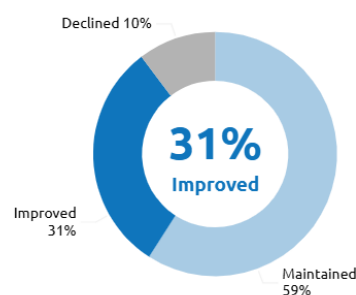
**A majority of high-risk athletes maintained or improved their health status!**



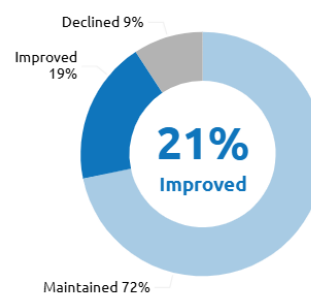
6-Minute Test



Blood Pressure



BMI



If you are looking to participate or learn more, please reach out to [Calvin Trisolini, Research Operations Manager](#), 610-630-9450 ext. 221.

You can also visit:  
<https://specialolympicspa.org/apt>

# Tracker (Last tab) - APT Data Collection Form

Key														
Blood Pressure Key						6 Minute Run/Walk Key				BMI Key				
Normal						Very Good				Developing 1		Underweight		
Elevated						Good				Developing 2		Healthy		
High Blood Pressure (Hypertension) Stage 1						Average				Developing 3		Overweight		
High Blood Pressure (Hypertension) Stage 2						Advancing				Developing 4		Obese		
Hypertensive Crisis														
Pre Data: First Training														
Gender	Age	Height in inches (pre)	Weight (pre)	Systolic BP (pre)	Diastolic BP (pre)	6 Minute Run/Walk (pre)	BMI (pre)	Nutrition (pre)	Hydration (pre)	Physical Activity (pre)	Height in inches (post)	Weight (post)	Systolic BP (post)	Diastolic BP (post)
							n/a							
							n/a							
							n/a							
							n/a							
							n/a							
							n/a							
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- We HIGHLY encourage you to add Athlete Performance Training to your practice routine.
- This is a great way to help the athlete set personal Health and Fitness goals and improve their sport performance.
- Repeating the program allows athletes to see improvements season to season for those who have previously participated and helps maintain health and fitness habits.





## THREE-PEAT!! Manheim Township is your 2025 Unified Track & Field State Champion!

IT'S A THREE-PEAT!!! 🏆🏆🏆 Manheim Township School District wins back-to-back-to-back PIAA Unified Track & Field State Championships, becom...

READ MORE ...



Calvin Trisolini



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# FLOORBALL UPDATES

# Sport Management Team (SMT)

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- Maryellen Brown – [snickersbrown5@gmail.com](mailto:snickersbrown5@gmail.com)
- Brynne Wacker - [bwacker@specialolympicspa.org](mailto:bwacker@specialolympicspa.org)
- Purpose of SMT is to determine future direction of the sport, plan/execute competitions and train coaches and officials.
- We are looking for 1 representative from each Region to form this team.  
If you are interested, please contact Brynne Wacker.





# Floorball Offerings & Officials

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## 2026 State Competition offerings

- Individual Skills
- Team (5v5) play will be available at Indoor Winter Games - Floorball 16-21 (if 3 or more teams are registered) and 22+

## Officials needed

- If you know anyone interested, please share their contact information with Jennifer Tresp ( [jtresp@specialolympicspa.org](mailto:jtresp@specialolympicspa.org)) .

# SOPA Website - Sports Offered Page

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- Links to all the sport pages
- [Sports Offered](#)
- **PA RULES – PA rules have priority over the SOI Rules.**

## General Resources

- Floorball Scoresheet
- Lineup Card
- Floorball Rules & Regulations 
- Floorball Resources – rules, coaching guides, fact sheets, etc.

## Floorball Individual Skills

- Floorball Skills Scoresheet

## Floorball Equipment

- Sizing Chart (sticks & goalie equipment)
- Floorball Equipment Order Form
- 2024 Floorball Catalog

# SOI Sport Rules & Resources

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## SPORTS & COACHING

### Floorball

- Coaching Guide 2014 (Online): [English](#)
- Rules (PDF): [2024](#) • [2022](#)
- Rules Changes (PDF): [2024](#) • [2022](#)
- Warm-Up (PDF): [English](#) • [Chinese](#) • [French](#)  
• [Russian](#) • [Spanish](#)
- Cool-Down (PDF): [English](#) • [Chinese](#) •  
[French](#) • [Russian](#) • [Spanish](#)
- Warm-Up & Cool-Down Videos

## Sports & Coaching - Floorball

- Coaching Guide
- Fact Sheet
- Rules (2024)
- Rule Changes (2024)
- Warm Up and Cool Down Guides

Direct Links:

## Floorball Resources

# Floorball Game and Equipment

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SOPA will play a 5v5 format

- SOI Rules - do not list rules for 5v5 only 5v5 Unified. These are the rules we are using for our traditional Teams. Use the PA Rules on the Sports Offered Page.
- Roster size:
  - ❖ Minimum of 10 (8 players and 2 goalies)
  - ❖ Maximum 12
  - ❖ Travel Roster minimum – 4 athlete and 1 goalie
- Periods: Two (2) - 15-minute periods will be played with a 5-minute halftime. Running clock except for goals, penalties and injuries
- Time out – Each team has 1 30 second time out per game.

Individual Skills are outlined in the SOI Rule Book (pages 45-50)

- 5 skills: Shoot Around Goal, Receiving and Passing, Stickhandling, Shoot for Accuracy, Flip Pass over an Obstacle

Required Field Player Equipment:

- Stick (straight or curved, different lengths based on player height)



# The Goalkeeper Crease & Area



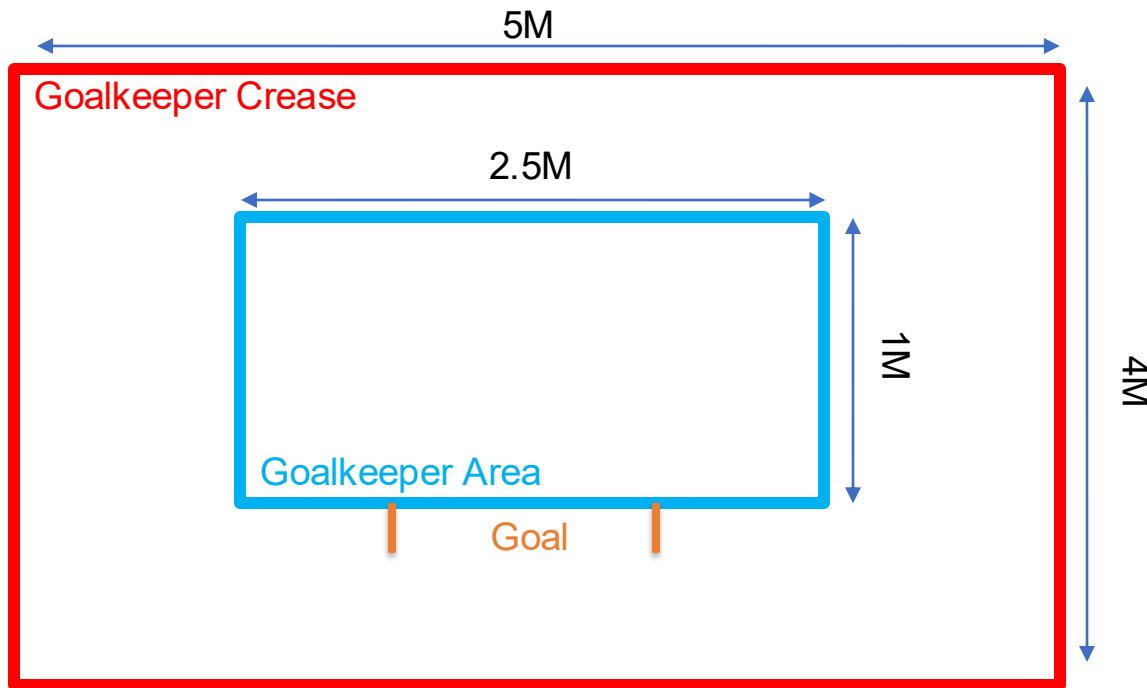
## Goalkeeper Area

- Goalie – Goalies Protection Area
- Field Players - No Players (offense or Defense) are allowed in the Goalkeeper Area. They can play the ball in the Goalkeeper area with their stick, but they can not go into the Goalkeeper area with their feet.

## Goalkeeper Crease

Goalie – designated area where the goalie can play as a goalie (use their hands to play the ball).

- Inside the crease – goalie can pick up the ball to start/resume play
- Outside the crease – Goalie is treated as a field player. Goaling can stop the ball with legs or chest and play with their foot.



# Floorball Uniform and Goalie

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## Uniform:

- Jersey – number front (small) and back (large), numbers 2- 99
- Shorts (long pants/tights are not allowed)
- Knee high socks
- Sneakers

All Players 16 and under must wear eye protection

## Goalkeeper

- Jersey – number front (small) and back (large),
- Numbers 1- 99
- Long Trousers
- Kneepads
- Helmet with IFF facemask, marked accordingly
- Chest Protector
- Thin Gloves



# Floorball Team Assessment Form



- This form is the team assessment form we are using for IWG
- This is in the last tab of your Tracker

FLOORBALL										
TEAM RATING FORM / ROSTER - <i>Must Complete 1 Form per Team</i>										
Head Coach							Delegation and Team Name			
Cell Phone							Team Uniform Color			
Email							Traditional or Unified		▼	
							Total Team Rating: (total team score divided by number of players)		0	
							Team Age Group:		▼	
How do you rate your team: <i>Developing (lowest div); Low (lower divisions); Average (middle divisions); High (top division)</i>										▼
	PLAYER'S NAME	ATHLETE OR PARTNER	AGE	JERSEY #	SHOOT AROUND THE GOAL	RECEIVING & PASSING	STICK HANDLING	SHOOT FOR ACCURACY	FLIP PASS OVER OBSTACLE	TOTAL
1		▼								0
2		▼								0
3		▼								0
4		▼								0
5		▼								0
6		▼								0
7		▼								0
8		▼								0
9		▼								0
10		▼								0
Alt		▼								0
Alt		▼								0
Alt		▼								0
									Total:	0

# Safety & Preparedness: Key Reminders

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## **Emergency Action Plans:**

- Know your facility's Emergency Action Plan (EAP).
- Familiarize yourself with evacuation routes.

## **Weather Awareness:**

- Monitor local weather conditions (e.g., lightning, extreme heat/cold).
- Understand protocols for moving indoors or rescheduling due to weather.

## **Health & Hygiene:**

- Encourage athletes and volunteers to stay home if sick.
- Promote good hygiene practices (handwashing, covering coughs).

## **Equipment & Facilities:**

- Ensure all equipment is safe and in good working order.
- Report any facility hazards immediately.

## **Staying Current:**

- Regularly review updated sport rules.
- Work with Assistant Coaches on seasonal plans and task assignments.

# SOPA Code of Conduct

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- The [SOPA Code of Conduct](#) should be reviewed with all athletes and coaches at the beginning of the season.
- It is the Head Coaches job to ensure their coaches, team members and spectators are acting appropriately and managing the situation if someone is not acting in accordance with this Code of Conduct.
- The Regional Teams can support in working with athletes, coaches, families if issues arise.

# Sportsmanship Statement



*SOPA Sportsmanship Read to be done over PA system at beginning of the day (following national anthem), before each session and several times throughout the day.*

Special Olympics Pennsylvania and its constituents promote the highest ideals of good sportsmanship. Actions or language not in alignment with SOPA Code of Conduct or meant to demean participants, coaches, spectators, officials or SOPA staff will not be tolerated. Let today's competition reflect mutual respect. We request everyone's cooperation in supporting participants and officials in a positive manner. Offensive and unsportsmanlike language or conduct from anyone in attendance will not be tolerated and may serve as grounds for removal. Please respect our participants, coaches, officials, volunteers, and game administration with your cooperation to promote a safe, positive game environment. Thank you.

# Misconduct Form



- Form to be completed when an athlete, volunteer or spectator exhibits inappropriate behavior, as outlined in the SOPA Code of Conduct.
- Extremely important to complete, so there is a track record of behavior
- Not every misconduct must lead to punishment, if minor and first offense this can act as a warning.
- All misconducts forms must be provided to Regional Team.
- RED/RSD will review and collaborate with you on action to be taken.



# Misconduct Form

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## MISCONDUCT/BEHAVIOR REPORT

This form is to be used to document (kept on file) or report misconduct or behavior incidences involving anyone (athletes, volunteers, staff, spectator, etc.) with Special Olympics Pennsylvania. Once fully completed, please forward to the appropriate individual(s) (Program Manager, Event Director, SOPA Staff, etc.) who will follow up as appropriate. Please be sure that your Program Manager receives a copy for his/her files and any future incidences involving the same individual(s). Notes: Please consult your Program Manager or SOPA staff before imposing suspensions.

This report should be completed and forwarded for follow-up within 24 hours of the incident.

### WHO was involved?

Name:	Name:
Address:	Address:
City, State:	City, State:
Day Phone #: ( )	Day Phone #: ( )
Evening Phone #: ( )	Evening Phone #: ( )
E-Mail:	E-Mail:
SOPA Program:	SOPA Program:
Name:	Name:
Address:	Address:
City, State:	City, State:
Day Phone #: ( )	Day Phone #: ( )
Evening Phone #: ( )	Evening Phone #: ( )
E-Mail:	E-Mail:
SOPA Program:	SOPA Program:

### WITNESS

Name:	Name:
Address:	Address:
City, State:	City, State:
Day Phone #: ( )	Day Phone #: ( )
Evening Phone #: ( )	Evening Phone #: ( )
E-Mail:	E-Mail:
SOPA Position:	SOPA Position:
SOPA Program:	SOPA Program:

### PERSON completing this report

Name:	Name:
Address:	Address:
City, State:	City, State:
Day Phone #: ( )	Day Phone #: ( )
Evening Phone #: ( )	Evening Phone #: ( )
E-Mail:	E-Mail:
SOPA Position:	SOPA Position:
SOPA Program:	SOPA Program:

### WHERE (venue court, hotel room, training site locker room, fundraising event, etc.) did the incident occur?

Name of SO Event: 2010 Winter Games	Exact Location:
City:	

### WHEN did the incident occur? (Please provide as much detail as possible.)

Date	Day	Time

### WHAT occurred? (Please provide as much detail as possible.)


### WHAT action or follow up occurred on site or to date? Check here if not involved with the follow up:


If more room is needed, please attach additional sheets.

For SOPA or Local Program Use Only

### RESULT/ACTION taken?


Date by which authority (Manager, SOPA, official, etc.) will notify parties involved: \_\_\_\_\_

### Timeframe for the result/action? (i.e. Suspended for a year, overnight travel restricted for a month, etc.)

Beginning Date	End Date

### WHO conducted the result/action?

Name:
Address:
City, State:
Day Phone #: ( )
Evening Phone #: ( )
E-Mail:
SOPA Program:
SOPA Position/Relationship to Athlete:

### ADDITIONAL information pertinent to this situation/athlete(s):


Co: Manager, SOPA (Event Staff Liaison, Field Director, etc.)  
Name/Signature of Athlete:



U.S. Program/Area: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

**Injured Person/Party Information** Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ (Last) (First) (MI)

Address: \_\_\_\_\_ (Street) (City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

Gender: ☐ Male ☐ Female Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

**TYPE OF INJURY/ACCIDENT:**  
☐ Bodily Injury  
☐ Property Damage  
☐ Automobile  
☐ Other: \_\_\_\_\_

**INJURED PARTY:**  
☐ Athlete ☐ Spectator  
☐ Volunteer ☐ Unified Partner  
☐ Coach ☐ Property Owner  
☐ Employee  
☐ 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: \_\_\_\_\_

<b>ACCIDENT OCCURRED DURING:</b> <input type="checkbox"/> Training/Practice <input type="checkbox"/> Competition <input type="checkbox"/> Traveling to or from SO event <input type="checkbox"/> Other: _____  <b>TYPE OF INJURY:</b> <input type="checkbox"/> Severe cut w/ bleeding <input type="checkbox"/> Less serious bruise or cut <input type="checkbox"/> Break/fracture <input type="checkbox"/> Concussion <input type="checkbox"/> Paralysis <input type="checkbox"/> Fatality <input type="checkbox"/> Other: _____	<b>DISPOSITION:</b> <input type="checkbox"/> Released to parent <input type="checkbox"/> Refusal of care <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Refer to hospital or clinic <input type="checkbox"/> Medical attention <input type="checkbox"/> EMS transport <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Released to personal vehicle <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Report only <input type="checkbox"/> Other: _____	<b>BODY PART INJURED:</b> <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Hand (L / R) <input type="checkbox"/> Finger (L / R) <input type="checkbox"/> Elbow (L / R) <input type="checkbox"/> Shoulder (L / R) <input type="checkbox"/> Leg (L / R) <input type="checkbox"/> Knee (L / R) <input type="checkbox"/> Thigh (L / R) <input type="checkbox"/> Shin (L / R) <input type="checkbox"/> Toe (L / R) <input type="checkbox"/> Other: _____	<b>SPORT:</b> <input type="checkbox"/> Alpine Skiing <input type="checkbox"/> Aquatics <input type="checkbox"/> Athletics <input type="checkbox"/> Badminton <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Bowling <input type="checkbox"/> Cheerleading <input type="checkbox"/> Cross Country Ski <input type="checkbox"/> Cycling <input type="checkbox"/> Equestrian <input type="checkbox"/> Figure Skating <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastics <input type="checkbox"/> Kickball	<b>SPORT cont.</b> <input type="checkbox"/> Power Lifting <input type="checkbox"/> Relay Game <input type="checkbox"/> Roller Skating <input type="checkbox"/> Sailing <input type="checkbox"/> Snowboarding <input type="checkbox"/> Snowshoe <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Speed Skating <input type="checkbox"/> Swimming <input type="checkbox"/> Table Tennis <input type="checkbox"/> Team Handball <input type="checkbox"/> Tennis <input type="checkbox"/> Track & Field <input type="checkbox"/> Volleyball <input type="checkbox"/> Other: _____
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**Contact/Care Provider Information** If an athlete or underage volunteer was injured, please identify care provider and/or responsible party (e.g. parent, legal guardian):

Relationship to the Injured person: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

Does the injured person have medical insurance? ☐ Yes ☐ No

If yes, insurance is provided by: ☐ Injured Person ☐ Care Provider/Responsible Party

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: \_\_\_\_\_

**SUBMIT ACCIDENT MEDICAL CLAIMS TO:**  
**HEALTH SPECIAL RISK, INC. (HSR)**  
 HSR, 8400 Bellevue Drive, Suite 150, Plano, TX 75024  
 Toll Free: 800.328.1114 | Fax: 972.512.5820  
 Email: claims@hsr.com

Special Olympics Policy Number: 5R2014DC-P-050866

**SUBMIT LIABILITY CLAIMS TO:**  
**AMERICAN SPECIALTY INSURANCE**  
 7609 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804  
 Toll Free: 800.566.7941 | Fax: 260.969.4729  
 Email: claims@americanspecialty.com

**IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY**  
**AMERICAN SPECIALTY** at 800.566.7941.  
 We provide 24/7 Emergency Claims Phone Coverage.

# Accident /Incident Report

# Accident/Incident Form

***Special  
Olympics  
Pennsylvania***



- FIRST REPORT OF ACCIDENT/INCIDENT FORM are available in venue bins.
- Complete the form in its entirety.
- It should be signed by Special Olympics PA staff at the venue as the “official representative.”
- Once completed, store in the venue bins to securely to maintain confidentiality.

# Medication Best Practice/Tracker

- [Medication Best Practices](#)
  - General Info for medication
- [Medication Assistance Consent Form](#)
  - Form to be completed by adult athlete or parent/guardian prior to competitions
- [Medication Tracker for Coaches](#)
  - Form coaches complete when providing medication to an athlete

Special Olympics Pennsylvania Medication Assistance Consent Form
Athlete name: _____
Please state name(s) of all medication which the athlete takes, and dosage and times at which they are normally given. PLEASE ATTACH COPY OF PRESCRIPTION FOR CONTROLLED SUBSTANCE MEDICATION.

## Everyday medication

Medication name	Dose	Time	Controlled Substance?	Medication taken for:

## PRN medication

(Medication as required/needed, for example: paracetamol)

Medication name	Dose	Time	Controlled Substance?	Medication taken for:

What level of assistance does the athlete require to administer medication?

Some Supervision/Assistance ☐

Full Assistance ☐

# Athlete Release Form

- To be completed by parent/guardian or other responsible party whenever an athlete is removed from the delegation.

## RELEASE FORM

Special Olympics  
Pennsylvania



Special Olympics Pennsylvania strongly encourages all Athletes to remain with their delegation. However, in the event that a parent, legal guardian or other responsible party wants to take an athlete away from the Delegation activities during the course of the games or from the Games entirely (only after Closing Ceremonies completion), they must complete this form. These times must not conflict with the athlete's competition.

I, \_\_\_\_\_ request Special Olympics Pennsylvania to allow Special Olympics PA Athlete,  
(printed name)  
\_\_\_\_\_ to be released to my custody on \_\_\_\_\_ / 20\_\_\_\_\_.  
(printed name of athlete) (day) (date)

### DAY RELEASE

I agree to the following arrangements;

- Pick Up Point (location): \_\_\_\_\_
- Time of Pick Up: \_\_\_\_\_ a.m. / p.m. (circle one)
- Name of person Picking Up Athlete: \_\_\_\_\_
- Drop off Point (location): \_\_\_\_\_
- Time of Drop Off: \_\_\_\_\_ a.m. / p.m. (circle one)
- Name of Person Dropping off Athlete: \_\_\_\_\_

### POST GAMES (AFTER CLOSING CEREMONIES ONLY) RELEASE

I agree to the following arrangements;

- Pick Up Point (location): \_\_\_\_\_
- Time of Pick Up: \_\_\_\_\_ a.m. / p.m. (circle one)
- Name of Person Picking Up Athlete: \_\_\_\_\_
- Reason for release: \_\_\_\_\_

I further understand that by signing this statement I release Special Olympics Pennsylvania and their agents (staff and volunteers) from any responsibility for any incidence that may occur while the above athlete is in my care.

\_\_\_\_\_  
(Signature) (Relationship to athlete) (Date)

\_\_\_\_\_  
(Signature) (date) (Delegation/Head Coach Signature) (Date) (SOPA Staff)

Note: SOPA Staff has the right to deny this request. If guardianship is questioned, an athlete will not be released.  
THIS FORM MUST BE COMPLETED AND APPROVED 48 HOURS IN ADVANCE OF RELEASE



# 2026 WINTER SEASON COMPETITION



# Winter Events

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## Winter Games

- Alpine, Snowboarding, Snowshoe
  - Seven Springs Resort
  - February 10-12, 2026

## Indoor Winter Games:

- **Bowling, Floorball**
  - York, PA (various locations)
  - March 7-8, 2026
- Speed Skating
  - Hershey, PA (Hershey Ice Arena)
  - March 14-15, 2026
- Figure Skating
  - York Ice Arena
  - February 28, 2026





# Local/Regional Floorball events

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## Speak up or Drop into chat

Are you planning to host an Invitational or Regional Floorball event this season?

**We want to create more of a season for the athletes with practice and games throughout the entire season.**

Are you interested in playing games with training sites local to you? Drop your name, county and email to chat and we can connect these interested coaches.



# Indoor Winter Games:

March 7-8, 2026

## Floorball at York Convention Center

- [2026 State Competition & Important Dates](#)
- Reg Info: Will be out by 1/9
- LOI: Due 1/29
- Final Allocations: 1/30
- Rosters: Due 2/2
- Housing links sent: 2/5
- Housing & Registration: Due 2/12
- Scratch/Activation: Due 2/26





# World Games 2027



## Santiago, Chile

Santiago will welcome more than 6,000 Special Olympics athletes from over 170 nations to compete in 22 Olympic-type sports at Santiago's state-of-the-art competition venues

**We don't have information or timelines for this event to date, but Indoor Winter Games 2026 will be the qualifying event for Floorball and Bowling.**







THANK YOU