



***Special
Olympics
Pennsylvania***



Winter 2025-2026

Snowshoeing

Nov. 20, 2025

Today's Agenda

- Snowshoeing Updates
- Pre-Season Reminders
- 2026 State Competition
- Questions

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Snowshoeing UPDATES

Sport Management Team (SMT)

- 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 join this team.
- If you are interested, please contact Heather Hudson
hhudson@specialolympicspa.org
- Northwest Region 1:
- Wilds Region 2:
- Susquehanna Valley Region 3: Lester Loner, Sean Brink
- Northeast Region 4:
- GLVP Region 5:
- Greater Philadelphia Region 6: Tom Delaney, Lisa Rigeftsky, Dawn Renson
- Capital Region 7:
- Ridge & Valley Region 8: Sue Putman, Sharon Schoonmaker, Christina Schoonmaker
- Three Rivers Region 9: Michelle Jordan, Michael Grubb
- SOPA: Heather Hudson



Mid Season Coaches Call

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The SMT would like to host a Mid-Season coaches call!

Thursday December 18th @ 6pm

Register in advance for this meeting:

[Registration Link for Mid-Season Snowshoe Coaches Call December 18th @ 6pm](#)

After registering, you will receive a confirmation email containing information about joining the meeting.

2024 Rule Changes

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SOI Additions

- Addition of a 4x50 Meter Relay Race
- Each Zone will be 10m in length and clearly marked

SOPA Additions

- Multi-team relays
 - Team preferably within regions
 - Must practice appropriate legs and practice together 2-3 times before competition
 - Must REGISTER as a team prior to competition in order to receive awards

2025 Updates

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SOPA Updates

- Up to 3 Events + Relay (athlete does not have enter all 3+Relay)
- 25, 50 (Entry level, prefer shorter quicker races)
 - 25, 50, 100 + Relay (4x50 or 4x100)
 - 50, 100, 200 + Relay (4x50 or 4x100)
- 100, 200, 400, 800, 1600
 - (3 events + 4x100 or 4x400)
- Relays:
 - Traditional: 4x50, 4x100, 4x400
 - Unified: 4x100, 4x400

It's important to encourage athletes to compete in appropriate events for their abilities and speeds. This allows for healthy competition.

The SMT is developing a guide on Time standards to help guide event entry.

Recommended Snowshoes



- <https://crescentmoonsnowshoes.com/>
- Lightweight
- Easy to run in
- Affordable

LABEL with County & Region names!!!



Attire



Layer 1 (against your body):

- Liner socks (thin polypropylene)
- Long underwear (polypro, Lycra tights)
- Polypropylene shirt (or some other wicking material)

Layer 2:

- Wool socks (or wool blend ski socks)
- Polar fleece pants or long underwear
- Polar fleece top or wool sweater
- Lightweight gloves

Layer 3:

- Wind pants or lightweight ski pants
- Lightweight jacket (windbreaker) or vest
- Headband or hat
- Leg/ankle Gaiters & Neck gaiter
- Mittens or overmits

Attire

NO COTTON



**Cotton gets cold when
it gets wet!**

SOPA Website - Sports Offered Page



- Links to all the sport pages
- [Sports Offered](#)
- [Seasonal Sign-up](#)
- Lots of great resources!

SOI Sport Rules & Resources

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Special Olympics Resources

- Coaches Guide
- Fact Sheets
- Rules (2024)
- Rule Changes (2024)

Direct Links:

Snowshoeing Resources



RESOURCES

Participants in the 2022 World Winter Games will compete under the 2018 versions of the Sport-specific Rules.

Coaching Guide 2021 (Online)

Coaching Guide 2021 (PDF)

Fact Sheet

Rules (2022)

Rules Changes (2022)

Rules (2020)

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.

Air Quality

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If air quality levels are in an Unhealthy Zone (151) or above, no outdoor activities should occur (social or active); as indicated within the documents these activities should be rescheduled or moved indoors.



You can monitor Air Quality levels at <https://www.airnow.gov/> enter your location and the current status will be provided.



You can use this [Air Quality Guide](#) document as an overall reference.

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

ACCIDENT OCCURRED DURING: <input type="checkbox"/> Training/Practice <input type="checkbox"/> Competition <input type="checkbox"/> Traveling to or from SO event <input type="checkbox"/> Other: _____ TYPE OF INJURY: <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: _____	DISPOSITION: <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: _____	BODY PART INJURED: <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: _____	SPORT: <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	SPORT cont. <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

- First report of ACCIDENT/INCIDENT FORM are available on SOPA website and at events within venue bins.
- Complete the form with as much detail as possible.
- At events they will typically be completed by medical staff and should be signed by Special Olympics PA staff at the venue as the “official representative.”
- At training or social event, should be completed by Class A volunteer (if medical is not present) and shared with Regional Staff as soon as possible.
- Form should be completed if the incident could lead to further complications; it is not needed for basic first aid.

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

PRE-SEASON REMINDERS



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In-Season Communication



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 Email:** Qualifiers receive a dedicated email with vital updates.
- **Text Notifications:** Event reminders & sign-ups. Add 1-833-321-0252 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

Resources for New and Interested Volunteers

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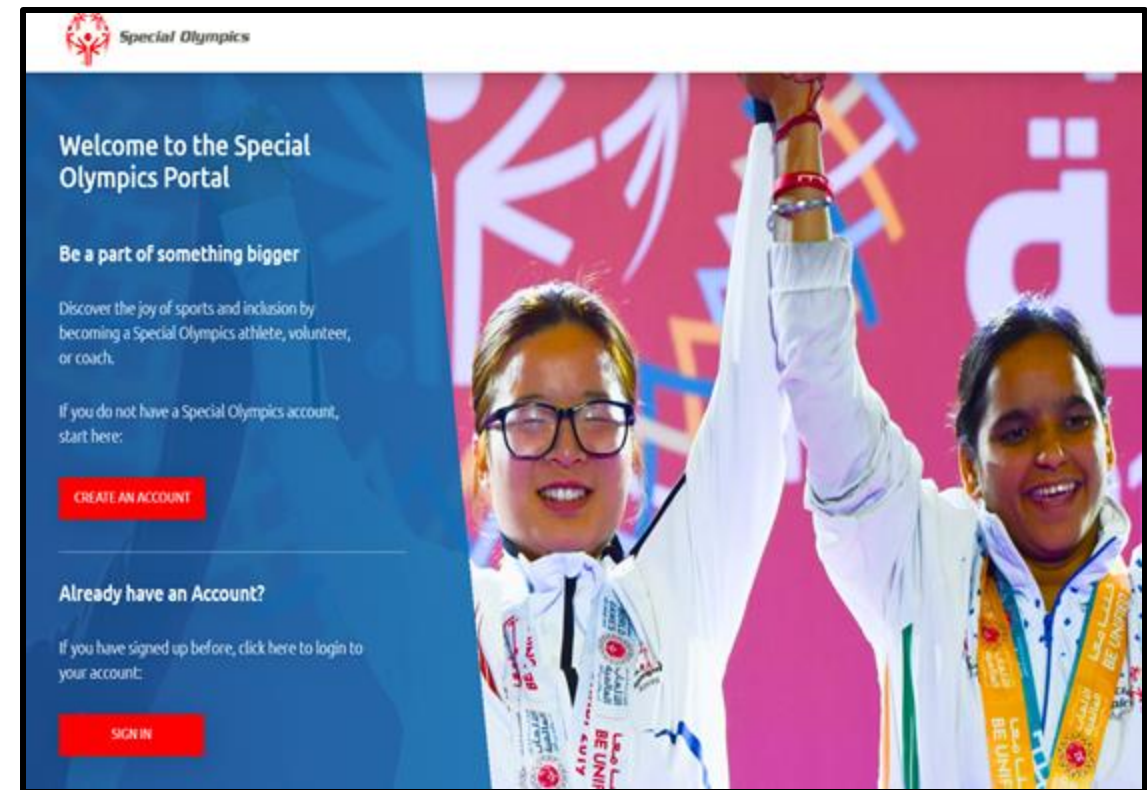


- **Volunteer Guidebook:** Access detailed information on sports seasons, competitions, regions, and contacts at: specialolympicspa.org/images/2023/registration/special-olympics-pennsylvania-volunteer-guidebook-5.2.23.pdf
 - **Monthly Info Sessions:** Learn about volunteering with Special Olympics Pennsylvania 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 to check & update your eligibility.
- **Need Help logging into your account?**
 - Contact us at:
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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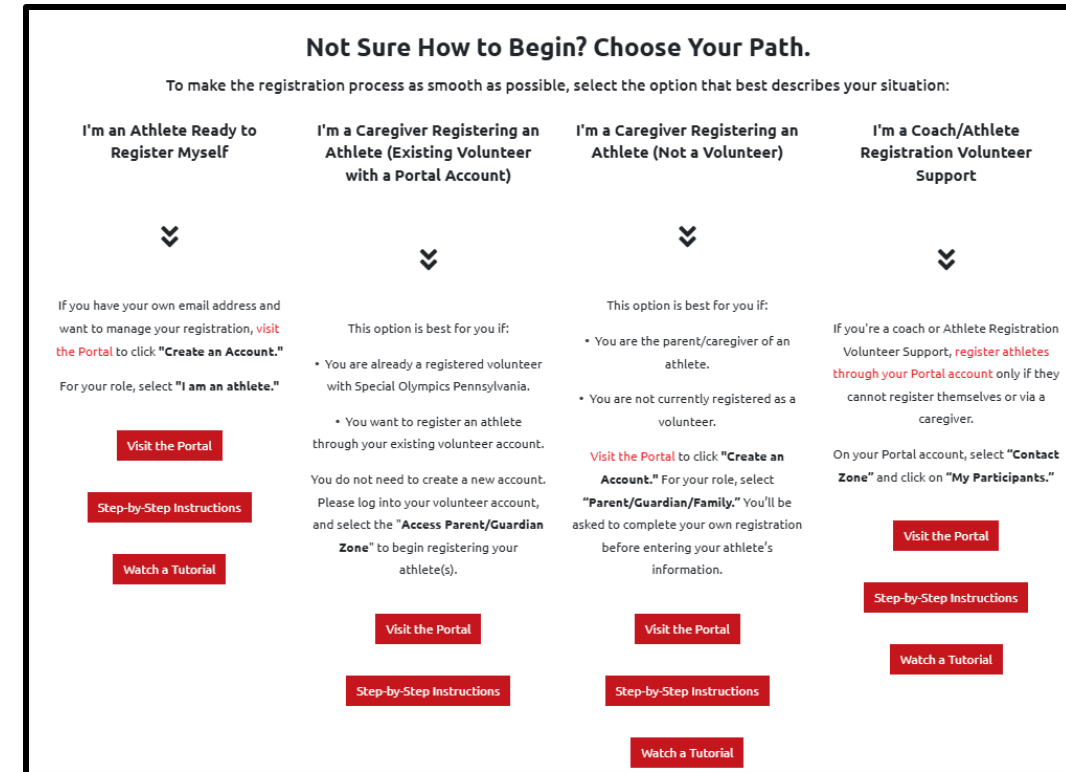


Special Olympics Pennsylvania Portal: Athlete Registration

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.



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

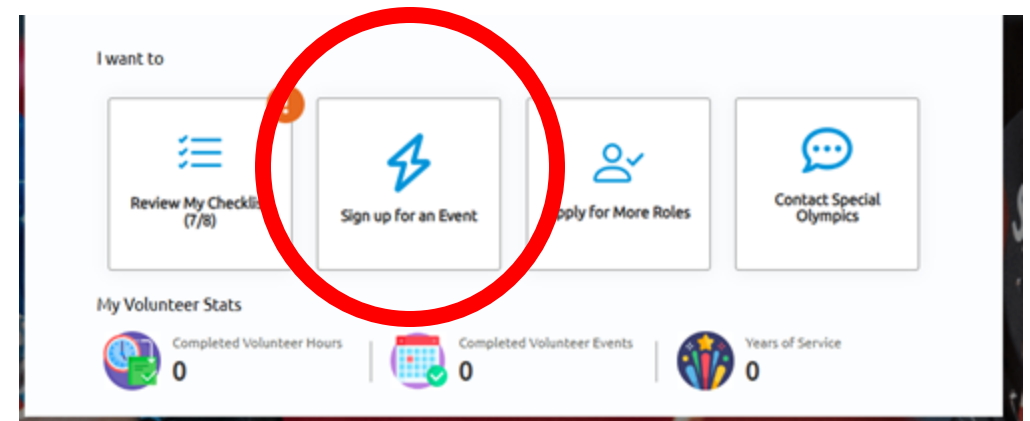
You are required to have this information accessible during all Special Olympics Pennsylvania practices and events.

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 Updates



TRACKER- is now 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 initially, 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
- **APT Tracker**

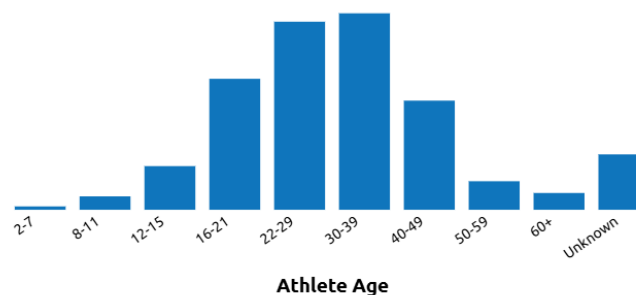
Athlete Performance Training

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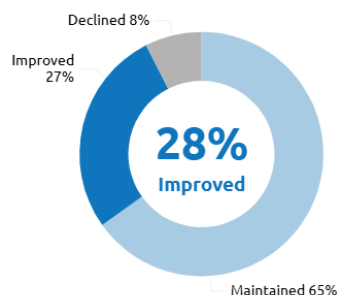


SOPA's Athlete Performance Training (APT) program has served nearly 600 athletes since Fall 2022!

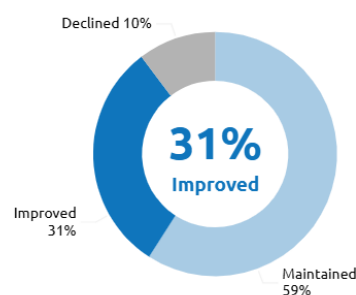
A majority of high-risk athletes maintained or improved their health status!



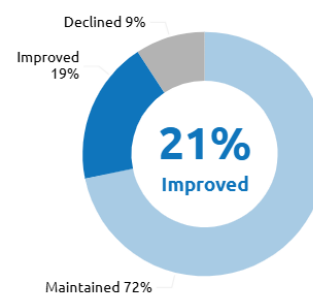
6-Minute Test



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				
Elevated						Good				Developing 2				
High Blood Pressure (Hypertension) Stage 1						Average				Developing 3				
High Blood Pressure (Hypertension) Stage 2						Advancing				Developing 4				
Hypertensive Crisis										Obese				
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							
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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



2026 WINTER SEASON COMPETITION



Winter Events

Winter Games

- **Seven Springs Resort**
February 10-12, 2026

Indoor Winter Games:

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



Winter Games: Tues. February 10 - Thurs. February 12, 2026

Seven Springs Mountain Resort: Seven Springs,
PA

- Reg Info: Will be out by 12/19
- LOI: Due 1/8
- Final Allocations: 1/9
- Rosters: Due 1/12
- Housing links sent: 1/15
- Housing & Registration: Due 1/22
- Scratch/Activation & Score Updates: Due 2/3





THANK YOU