

**Special Olympics Unified Sports® School Programs**  
Administered by  
**The Connecticut Interscholastic Athletic Association**

**Unified Sports® Program Development**



Special Olympics Connecticut Unified Sports  
30 Realty Drive, Cheshire, Connecticut 06410  
Telephone - (203) 250-1111  
Fax - (203) 250-1345

## WHAT TO DO TO GET YOUR TEAM UP AND RUNNING

1. \_\_\_\_\_ Get faculty on board.  
Principal \_\_\_\_\_  
Special Education Department \_\_\_\_\_  
Athletic Department \_\_\_\_\_
2. \_\_\_\_\_ Choose Coach, Assistant Coach or Aid.
3. \_\_\_\_\_ Determine practice time and place via athletic department.
4. \_\_\_\_\_ Meet with Special Ed Department to identify athletes.
5. \_\_\_\_\_ Hold Organizational meeting with parents, athletes, partners and coaches and AD.  
(Discuss Unified Sports Guidelines).
6. \_\_\_\_\_ Have the Coach, AD and Assistant Complete all Coaching requirements.  
Concussion Training  
First Aide and CPR  
Unified Sports Training Clinic at CAS/CIAC offices.
7. \_\_\_\_\_ Get your Partners on Board.  
(National Honor Society, Student Council, Best Buddies).
8. \_\_\_\_\_ Order Uniforms.  
(Athletes must wear Even number partners wear Odd numbers).
9. \_\_\_\_\_ Order banner (Unified Sports with name of school on it).
10. \_\_\_\_\_ Go online to [www.ciacsports.com](http://www.ciacsports.com) to submit your intent to enter and roster for tournaments.
11. \_\_\_\_\_ Secure Transportation.
12. \_\_\_\_\_ Check with your administration to make sure proper medical information meets all of your schools requirements.
12. \_\_\_\_\_ Call with any questions or concerns 1-203-250-1111
13. \_\_\_\_\_ Have a BLAST!

# Elementary Unified Sports®



Dear Families,

We are very pleased to announce that our school has been selected by the Connecticut Association of Schools to sponsor a Unified Sports program!

Unified Sports seeks to join students with and without disabilities to participate in a variety of athletic events. It was inspired by a simple principle; training together and playing together is a quick path to friendship and understanding.

We are excited to begin the program and want your child to be part of it.

Please have your child wear sneakers and comfortable clothes!

Feel free to contact me with any questions.

Sincerely,

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# Registration form

Students Name \_\_\_\_\_

Parents Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Teacher Name \_\_\_\_\_

1<sup>st</sup> Emergency Contact \_\_\_\_\_ Phone  
\_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone  
\_\_\_\_\_

Your child has been selected to participate in the following program

Practice will be on \_\_\_\_\_ at \_\_\_\_\_

I give my child permission to participate in the Unified Sports Program

I agree to pick up my child at \_\_\_\_\_

**SAMPLE LETTER**

**Dear Parent,**

**Unified Sports® is a registered program of Special Olympics that combines approximately equal numbers of athletes with and without disabilities, on sports teams for training and competition. All Unified Sports players, both athletes and partners, are of similar age and matched sport skill ability. Unified Sports teams are placed in competitive divisions based on their skill abilities, and range from training division (with a skill-learning focus) to high skill competition.**

**This pioneer sports program was started in 1992 under a partnership between the CIAC and the Special Olympics Connecticut to expand athletic opportunities for students of all abilities. The Unified Sports program has grown rapidly, with over 3000 students participating last year in Connecticut alone.**

**We are exploring the idea of starting a Unified Sports program at our school. Your child would qualify for this opportunity. Pleas discuss this idea with your child and complete the information sheet below. Return it to \_\_\_\_\_ by \_\_\_\_\_. A meeting will be planned for all interested parents and students.**

**Please feel free to contact me if you have questions concerning this proposal.**

**Sincerely,**

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**Childs Name** \_\_\_\_\_

**Parents name** \_\_\_\_\_

**Telephone Cell** \_\_\_\_\_ **Home** \_\_\_\_\_

**My Child is interested**\_\_\_\_\_.

**I am available to attend a meeting on this program** \_\_\_\_\_.

**My child is not interested at this time** \_\_\_\_\_.

## ELIGIBILITY FOR UNIFIED SPORTS®

- I. To be eligible for participation in Unified Sports, an outgrowth of Special Olympics, a competitor must agree to observe and abide by the Official Special Olympics Sports Rules.
- II. Unified Sports and its parent-arm, Special Olympics, were created and developed to give individuals with intellectual disabilities the opportunity to train and compete in sports activities. No person shall, on the grounds of sex, race, religion, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of Special Olympics.
- III. Eligibility for participation in Unified Sports:
  - a. General Statement of Eligibility. Every person with intellectual disabilities who is at least five years of age is eligible to participate in Unified Sports.
  - b. Age Requirements. The minimum age requirement for participation in Unified Sports is Grade 2 and up for elementary and for Young Athletes PreK – grade .
  - c. Degree of Disability. Participation in Unified Sports training and competition is open to all persons with intellectual disabilities who meet the age requirement of this Section, regardless of the level or degree of that person’s disability, and whether or not that person also has other mental or physical disabilities, so long as that person registers to participate in Unified Sports as required by these General Rules.
  - d. Identifying Persons with Intellectual Disabilities. A person is considered to have intellectual disabilities for purposes of determining his or her eligibility to participate in Unified Sports™ if that person satisfies any one of the following requirements:
    - 1) The person has been identified by an agency or professional as having intellectual disabilities as determined by their localities; or
    - 2) The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or “IQ” testing or other measures which are generally accepted within the professional community in that Accredited Program’s nation as being a reliable measurement of the existence of a cognitive delay; or
    - 3) The person has a closely related developmental disability. A “closely related developmental disability” means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, self-direction, or self-care). However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to volunteer for Unified Sports.

SPECIAL OLYMPICS CONNECTICUT  
CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE  
30 Realty Drive, Cheshire, Connecticut 06410  
(203) 250-1111 / Fax (203) 250-1345

**UNIFIED PARTNER ELIGIBILITY**

**Definition**

Special Olympics Unified Sports® is a program that combines approximately equal numbers of Special Olympics athletes and athletes without intellectual disabilities (partners) on sports teams for training and competition. Age and ability matching of athletes and partners is specifically defined on a sport-by-sport basis.

**Partner Eligibility**

Though the above definition allows for partners with disabilities other than intellectual disabilities, Unified Sports was developed to provide Special Olympics athletes with the choice of a sports program that brings about meaningful inclusion with their non-disabled peers.

Effective immediately, SOCT will adopt this Partner Eligibility Statement and not allow Unified teams comprised solely of persons with disabilities. This statement will apply for both the Special Olympics Connecticut program and Unified program run through CAS-CIAC.

Questions regarding the Partner Eligibility Statement can be directed to:

CIAC-CIAC Program:                      Bob Hale, Director Unified Sports  
(203) 250-1111 ext. 3904    [rhale@casciac.org](mailto:rhale@casciac.org)



## SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY



Area \_\_\_\_\_

Local Program \_\_\_\_\_

### CERTIFICATION BY PHYSICIANS

We have examined the athlete named in the application, who has Down syndrome and who has been diagnosed as having Atlanto-axial Instability. We certify, based on our examinations of the athlete and our review of the health information contained in this application, that despite the diagnosis of Atlanto-axial Instability, this athlete is not medically precluded from participation in Special Olympics. We further certify that we have explained to the athlete named in this application, (and to the parent or guardian whose signature appears below, if the athlete is a minor), the medical risks associated with Atlanto-axial Instability and in particular, the risks associated with the athlete's participation in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine. (Signatures of two physicians are required.)

Restrictions (if any): \_\_\_\_\_ Restrictions (if any): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

### CERTIFICATION OF ADULT ATHLETE

(Required for adult athletes with diagnosis of Atlanto-axial Instability)

I am the athlete named in this application I certify that:

1. I have been informed by the physicians named above that I have Atlanto-axial Instability.
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences if I participate in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I certify that I am taking these risks knowingly and voluntarily, of my own free will, because of my desire to participate in Special Olympics, including any or all of the sports or events listed above, based on the certifications of the two physicians named above that I am not medically precluded from participating in Special Olympics.

Name: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

Signature of Adult Athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Adult Friend or Family Member \_\_\_\_\_ Date \_\_\_\_\_

### CERTIFICATION OF PARENT

(Required for minor athletes with diagnosis of Atlanto-axial Instability)

I am the mother/father of the athlete named in this application. I certify that:

1. I have been informed by the physicians named above that my son / daughter has Atlanto-axial Instability.
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences of my son / daughter participating in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I hereby give my permission for my son / daughter to participate in Special Olympics, including any or all of the sports or events listed above, based on the certifications of the two physicians named above that my son / daughter is not medically precluded from participating in Special Olympics.

Name: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_