

VI. SUPPORT SERVICES

Games Management Team Support Services Team

ADMINISTRATION

- Computer
- Finance & Fundraising
- Public Relations
 - Program
- Registration
- Volunteers
- Evaluation

COMPETITION

- Fall Tournament
 - Bowling
 - Cycling
 - Equestrian
 - Soccer
 - Winter Games
 - Alpine Skiing
 - Cross Country
 - Snowboarding
 - Snowshoeing
 - Summer Games
 - Aquatics
 - Athletics
 - Basketball
 - Gymnastics
 - Power lifting
 - Golf Tournament
 - Softball Tournament
- Competition Director
 - Venue Director
 - Competition Coordinators
 - Officials Coordinator

You may or may not need the Directors positions based on the size of the event

- Do you need to combine interests for a smaller team?
- Or split out responsibilities to include a larger group

SUPPORT SERVICES

- Housing
- Meals
- Communications
- Medical
- Facilities, Signage and Equipment
 - Set-up and clean-up

SPECIAL EVENTS

- Awards
- Ceremonies
- Banquet
- Olympic Town
- Hospitality
 - Demonstrations
 - Entertainment
 - Families

VI. SUPPORT SERVICES

A. Facilities

required recommended optional

Staff Liaison: Shane Kiesner skiesner@specialolympicswy.org

How do I secure a facility?

- The best way is, if you know someone associated with the facility, check on who to approach and the best manner in which to approach them.
- After you have determined whom you need to contact, a phone call or a visit is the next step.
- Have ready for them:
 - Dates
 - Hours that you will need the facility
 - Anticipated number of people
 - If you are looking for the facility for free or what you have budgeted
 - Any equipment you may need such as scoreboards, chairs, tables, nets etc
- Ask them:
 - If there are any insurance requirements
 - Any contracts that need to be signed
 - Policy on food being brought in if you are planning a meal
 - If they have a map of the layout
- Follow up with a letter confirming the conversation

At the conclusion of the event meet again with the facilities representative to assess the following; clean-up, equipment removal, damages (if any) and to make a final checkout. This procedure can often prevent charges for facility damage. Remember in most cases we are asking to use the facility at no charge or a greatly reduced rate so how we leave the facility will determine whether or not we will be invited back. Make sure you have clean-up procedures in place.

FAQ's

- Can I sign a contract on behalf of Special Olympics?
No, any contract must be reviewed before it is signed and only the CEO (Priscilla Dowse) of the organization may sign.
- What if the facility we are using wants a Certificate of Insurance?
A form has been included in this manual, please send to Steve Nelson and he will submit to our insurance carrier
- What if the facility requires that each participant sign a waiver?
This is the prerogative of the facility that we are using. Our Insurance carrier discourages the use of individual waivers for athletes, any waiver should be sent to Special Olympics Wyoming so that our insurance carrier can review it.

SPECIAL OLYMPICS REQUEST FOR CERTIFICATE OF INSURANCE

(This form is only utilized when a facility/organization requires a certificate of insurance)

1. Date: _____ Person Completing this Form: _____
2. U.S. Program/Area: _____
3. U.S. Program/Area Address: _____
4. U.S. Program/Area Phone No.: _____ Fax: _____ E-mail: _____

5. Name of Event: _____ Date(s) of Event: _____

6. Site or Location of Event: _____

7. Is this Event a Fundraising Activity? YES NO If the event is a Fundraising Activity, please provide answers to the following:

- a. Will the event last more than 7 consecutive days? YES NO
- b. Will more than 5,000 spectators/participants be in attendance of the event? YES NO
- c. Are participants required to sign a Release of Liability Waiver? YES NO

Please attach any pertinent information regarding fundraising activities (brochure, advertisement, specific details)

Note: If the event involves any of the following, please contact Jina Doyle at jdoyle@amerspec.com or 260-673-1127 immediately, as the policy either specifically **EXCLUDES** coverage for these events or requires the U.S. Program to meet certain underwriting requirements. Coverage is not provided for the following activities unless approved in advance by the Insurer.

- Alcohol
- Rock Climbing Walls
- Aircraft (other than Plane Pull)
- Animals
- Firearms
- Fundraising Events lasting more than 7 consecutive days
- Inflatable Devices
- Mechanical Rides
- Golf Ball Drops
- Fireworks
- Rodeos

8. Is the Event Exclusively for Special Olympics Athletes? YES NO

9. Is the Event Sponsored by a Special Olympics Program? YES NO

10. Is the Event Sponsored by a Special Olympics Program? YES NO

11. Is Alcohol Being Served at the Event? YES NO

If so, please provide additional details (such as alcohol is included in the ticket price, cash bar, donated): _____

12. Certificate Holder (entity requiring certificate): _____

13. Does the Certificate Holder require Additional Insured status*? YES NO

a. If so, please outline the requested Additional Insured wording: _____

b. If so, please outline the Additional Insured's role in the event (such as sponsor, location of event, etc.): _____

14. Certificate Holder Contact Person: _____

15. Certificate Holder Address: _____

16. Certificate Holder Phone No.: _____ Fax: _____ E-mail: _____

***ADDITIONAL INSURED STATUS SHOULD BE PROVIDED ONLY IF IT IS A REQUIREMENT OF THE CERTIFICATE HOLDER.**

17. **Are you required to enter into an agreement/contract/permit with another party relative to the above-referenced event that contains assumption of liability,**

indemnification, or hold harmless language? YES NO **If so, please send a copy of the contract with the Certificate Request Form.**

Original Certificate should be sent to: Certificate Holder U.S. Program

SEND TO:

Special Olympics Wyoming.
232 E. 2nd St. Ste 201
Casper, WY 82601
TELEPHONE: 307-235-3062 FAX: 307-235-3063

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B. Signage

required recommended optional

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Signage is providing visible information for participants on the activities of the event.

Signage falls into three categories:

- Directional
 - How to get to the event
 - Where specific activities are taking place
 - Common needs like bathrooms
- Sponsorship
 - Recognition of in-kind donors
 - Recognition of specific sponsors of the event
- Informational
 - Sports Signs
 - Registration Signs

Signage process

1. You must determine what specific signs are needed for the event.
2. If you have a history of what has been done in the past you're ahead of the game.
3. Ask each Management Team member to determine what they will need for signs, when they will need them and how many.
4. Determine what can be ordered from Special Olympics Wyoming, what you would like to order for your own event and what can be a temporary sign (on a piece of poster board).

If you would like any signs for your event please let Steve Nelson know in advance. If there is more than one Area event in a weekend we may need to split signs up.

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C. Meals

required recommended optional

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Best Practices/Other Resources

Meals and Refreshments processes

1. You must determine what specific needs are for the event
2. If you have a history of what has been done in the past you have a starting point
3. Determine a menu plan
 - a. Nutritionally balanced
 - Determine your ability to accommodate special diets such as vegetarian
 - b. Breakfast – Lunch – Dinner
 - Cold, brought in, cooked on site
 - c. Water – drinks during the course of the event
 - d. Concession stand
4. Ask each Management Team member to determine what they will need: meals and refreshments, when and what they will need
 - a. Ask participating Local Programs how many meals they will need
5. Solicit for donations – be sure to coordinate with marketing and/or fundraising
 - a. Once you have a list of what your needs are and what is already arranged you still need to **ask-**
 - b. Potential Sources:
 - Grocery Stores
 - Restaurants
 - Food outlet stores
6. Be sure to recognize any food donors in the event program and be sure they are thanked at the end.

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D. Set-up required recommended optional
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Equipment – Sound – Communication - Set-up processes

1. You must determine what specific equipment and set-up needs are for the event.
 - a. If you have a history of what has been done in the past, start with that.
 - b. Ask each Management Team member to determine what they will need for equipment and set-up and when they will need it.
 - c. How many PA systems will you need
 - i. Can you use bull horns
 - d. How and with whom you will need to communicate
2. Let the volunteer committee know how many volunteers you will need and at what time
3. Determine your sources for equipment
 - a. Borrow from:
 - i. School District
 - ii. Host Facility
 - iii. Parks and Recreation Dept.
 - b. Purchase:
 - i. Items that will be used often and repeatedly like stopwatches, you may want to budget
 - ii. Supplies such as pencils, paper, tape, wire ties, etc.
4. Solicit - Once you have a list of what you need **-ask-**
5. Keep a list of what you've borrowed to be sure to return
6. Do Thank you's
 - a. Be sure to include anyone you have borrowed equipment from in the program

Equipment needs:

- Battery operated portable sound systems
- Clipboards
- Stopwatches
- Shotputs
- Softballs
- Bocce Sets
- Softball Throw Markers
- Measuring tapes
- Grade Stakes
- Award Stands
- Radio's (6)
- 5 Gallon Water Coolers

VI. SUPPORT SERVICES

E. Medical

required recommended optional

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Best Practices/Resources:

Special Olympics events need to have adequate medical safeguards. Prevention is the key; emergency procedures must be specifically outlined in case of injuries. The medical committee should include certified personnel who are able to handle emergency situations. It is extremely important that all involved know the medical procedures available, meaning that all procedures should be in writing and in the possession of all chaperones and coaches.

Who: Recruit trained first aid personnel from the community. These people should be well briefed on the event, facilities, locations of medical equipment (first aid supplies), telephones, fire alarms and the potential special medical problems incurred during the event.

The Medical Committee Chair should be in contact with the local hospital and fire department for transportation to emergency care. An ambulance on site is recommended, if unavailable, be sure communication is set up to assure a quick response time if needed.

Incident Report form has been included.

Medicals/release forms – Insure that all participants have a medical form on file (this is done in cooperation with the computer committee). Insure that coaches, chaperones, and officials are aware of medical issues within their groups.

Hot Days:

- Insure that ample water and other liquids are available.
- Monitor exposure to the sun
- Assure that shade is available

Cold Days:

- Insure that ample water and other liquids are available.
- Monitor exposure to the sun
- Assure that there is a shelter for participants to get in out of the cold

A Special Olympics Incident report should be submitted whenever any participant at a Special Olympics activity requires medical care, either on-site or transported to a facility.

Special Olympics Incident Report

Injury Date: _____ Injury Time: _____ AM PM
 Injured Person: Athletic Participant Volunteer Coach Spectator Other: _____
 Name: (Last) _____ (First) _____ (Middle) _____
 Date of Birth: _____ Sex: Male Female SS#: _____
 Address: _____
 (Street) (City) (State) (Zip)
 Phone (day): _____ Phone (evening): _____
 Does injured person have other medical insurance? Yes No
 If yes, name of company: _____

Site Where Incident Occurred: _____ Chapter State/Area: _____

Category: Summer Sports Winter Sports Demonstration Sports
 Uniformed Sports Practice/Training Recreation
 Class of Sports: Aquatics Athletics Basketball Bowling Equestrian
 Soccer Gymnastics Roller Skating Softball Volleyball
 Alpine Skiing Cross Country Skiing Figure Skating Speed Skating Floor Hockey
 Poly Hockey Canoeing Cycling Table Tennis Team Handbal
 Tennis Powerlifting

Is Insured Person Employed? Yes No If yes, please complete. Employer: _____
 Address: _____

Is Insured Person's Father Employed? Yes No If yes, please complete: Employer: _____
 Address: _____

Is Insured Person's Mother Employed? Yes No If yes, please complete: Employer: _____
 Address: _____

1. What part(s) of the injured person's body was hurt? No injury
 CLAVICLE PELVIS HAND ARM FOOT LEG SIDE SHOULDERHIP EYE NECK
 L R L R L R L R L R L R L R L R L R
 Stomach Chest Ribs Groin Face Head Back Other _____
 Severe Cut w/Bleeding Broken Nose Less serious bruises, cuts, scratches
 Concussion Paralysis Other _____

2. Disposition: On-site care only Ambulance to: _____ Fatality

3. Occasion: Traveling to and from event Practice Event

4. Please Describe How Accident Occurred:

 Date Printed Name of Special Olympics Official

 Phone (Day) Signature

SEND TO: Steve Nelson • Special Olympics Wyoming • 232 E. 2nd St. 205 • Casper • WY • 82601