

Special Olympics
Newfoundland & Labrador



Special Olympics
Newfoundland & Labrador



Special Olympics Newfoundland & Labrador

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[INSERT DATE]

CELL PHONE NUMBERS

	Last Name	First Name	Cellphone Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

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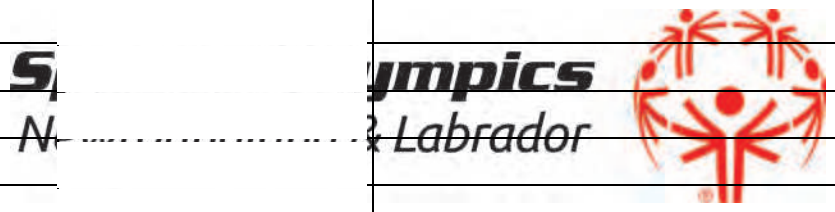


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[INSERT DATE]

HOTEL ROOM LISTING BY NAME

	NAME	POSITION	HOTEL ROOM NUMBER
1			
2			
3			
4			
5			
6			
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9			
10			
11	S		
12	N		
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25			
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28			
29			



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[INSERT DATE]

HOTEL ROOM LISTING BY NUMBER

	HOTEL ROOM NUMBER	NAME	POSITION	
1				
2				
3				
4				
5				
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7				
8				
9				
10				
11	Special Olympics			
12				<i>Newfoundland & Labrador</i>
13				
14				
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21				
22				
23				
24				
25				
26				
27				
28				
29				

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[INSERT DATE]

HOTEL ACCOMMODATIONS

	NAME	POSITION	NAME	POSITION	HOTEL ROOM NUMBER
1					
2					
3					
4					
5					
6					
7					
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16					
17					

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[INSERT DATE]

TEAM REGISTRATION LIST

CHEF DE MISSION:

MANAGER:

MISSION STAFF:

Coaches:

List athletes' names

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List athletes' names

Coaches:

List athletes' names

[INSERT ALL SCHEDULES PROVIDED FROM
SONL HEAD OFFICE THAT ARE REQUIRED
DURING EVENT SUCH AS MASTER
SCHEDULE AND SPORT SPECIFIC
SCHEDULES, ETC]

HOTEL ROOM DOOR NAME TAG TEMPLATES

*(INSERT YOUR CLUBS LOGO IF DESIRED, CUT, LAMINATE
AND RE USE FOR ALL COMPETITIONS/GAMES)*

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NAME

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NAME

EMERGENCY NUMBERS TEMPLATE

[CUT, LAMINATE AND PLACE IN BACK OF ACCREDITATION LANYARD]

EMERGENCY NUMBERS IN CORNER BROOK

Police - 555-5555
Ambulance - Call 911 (if busy call 555-5555)
Hospital ER Dept. - 555-5555

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Police - 555-5555
Ambulance - Call 911 (if busy call 555-5555)
Hospital ER Dept. - 555-5555

TEAM CELL PHONE LISTING

[INSERT CLUB LOGO WHERE DESIRED, CUT, LAMINATE, PLACE IN BACK OF ACCREDITATION LANYARD]

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Name 000-0000
Bus Driver
Name
Name
Name
Name
Name
Name

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Name 000-0000
Bus Driver
Name
Name
Name
Name
Name
Name

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Newfoundland & Labrador

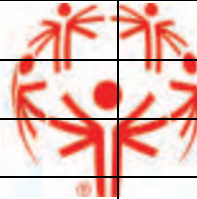



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[INSERT DATES]

ACTION ITEM LISTING IN PREPARATION OF EVENT

	<i>Task</i>	Responsibility	Status
1.			
2.			
3.			
5.			
6.			
7.			
8.	<i>Special Olympics</i>		
9.	<i>Newfoundland & Labrador</i>		
10.			
11.			
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36.	Special Olympics <i>Newfoundland & Labrador</i>		
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64.			
65.			

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AS OF

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[INSERT DATE]

PACKING LIST (SAMPLE)

[this can be used to pass out to athlete prior to competition]

These items must be given to your Head Coach when you are dropped off on Friday (if no respite worker is going with you)

Medications - Clearly marked with name and times to take meds

Toiletries	General Clothing/ Other Items
<input type="checkbox"/> Toothbrush/toothpaste <input type="checkbox"/> Comb/brush <input type="checkbox"/> Deodorant <input type="checkbox"/> Shaving supplies <input type="checkbox"/> Any toiletries that may be required by females	<input type="checkbox"/> Pajamas (1 pair) <input type="checkbox"/> Socks (5 pairs) <input type="checkbox"/> Underwear (4 pairs) <input type="checkbox"/> T-Shirts (2 t-shirts) <input type="checkbox"/> Pants (2 pairs - comfortable for travel on bus) <input type="checkbox"/> Comfortable shoes required for banquet/dance and opening ceremonies <input type="checkbox"/> Flashlight <input type="checkbox"/> Whistle <input type="checkbox"/> Belt

Opening Ceremonies / Team Clothing	
<input type="checkbox"/> Team vest <input type="checkbox"/> Team jacket <input type="checkbox"/> Team black shirt	<input type="checkbox"/> Team gold shirt <input type="checkbox"/> Black pants (your own pair) <input type="checkbox"/> Team hat

Curling Competition Gear/Equipment
<input type="checkbox"/> Curling jacket <input type="checkbox"/> Curling pants <input type="checkbox"/> Gloves or mittens (2 pairs) <input type="checkbox"/> Thermal base layer
<p>Helmet, curling shoes and broom will be transported by your team coach</p>

Snowshoeing Competition Gear/Equipment

- | | |
|---|---|
| <input type="checkbox"/> Snowshoes | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Thermal base layer | <input type="checkbox"/> Team running pants |
| <input type="checkbox"/> Team running jacket | <input type="checkbox"/> Running socks (at least 4 pairs) |
| <input type="checkbox"/> Gloves or mittens (2 pairs) | <input type="checkbox"/> Appropriate racing boots |

Skiing Competition Gear/Equipment

- | | |
|--|--|
| <input type="checkbox"/> Skis | <input type="checkbox"/> Thermal base layer |
| <input type="checkbox"/> Appropriate boots | <input type="checkbox"/> Gloves or mittens (2 pairs) |
| <input type="checkbox"/> Ski poles | <input type="checkbox"/> Skiing outfit |
| <input type="checkbox"/> Neck warmer | <input type="checkbox"/> Skiing hat/headband |

Optional Items

- Athletes can bring an autograph book, game/music device and magazine if they wish
- Athletes can bring some money (not a lot needed - maybe \$20 max.)
- Healthy snacks are permitted
- Camera (responsibility for safekeeping by athlete / respite worker)

No Laptops permitted



Please note - if athlete brings any personal electronic devices such as iPad, iPod, etc., we cannot guarantee the safety of these devices. These items will be the responsibility of the athlete/respite worker to secure.

It is recommended that all clothing/articles be clearly marked with athlete's name.

This packing list is to be used as a reference guide to assist athletes and caregivers when getting ready for the trip to [INSERT LOCATION]. Cell phones are welcomed; however, their use will not be permitted during competition times.

There will be a **No SMOKING POLICY** while we are traveling.

We are traveling to [insert location] on bus. We will leave the [insert location] parking lot on [insert day], [month] [date] at [time]. **Be there by [time] a.m. to load the bus.**

Teams are staying at a hotel in [location]. We will be returning home immediately following competition on [day], [month] [date]. **Estimated departure time is [time] p.m. pending competitions and medal presentations.**

Anticipated time of return to [location] is [time]. We can call any family member/caregiver when we leave [location] so you will know what time to pickup your athlete at the [location] parking lot. Just tell [name/position] know when you drop your athlete off to us.

IN CASE OF EMERGENCY YOU CAN CONTACT THE TEAM MEMBERS LISTED BELOW BY CALLING

Could be Chef de Mission or Manager name and number

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[DATE]

PACKING LIST SPORT SPECIFIC(SAMPLE)

[this can be used to give to athletes prior to competition]

<p>These items must be given to your Head Coach when you are dropped off on [day] (if no respite worker is going with you)</p>
<input type="checkbox"/> Medications - Clearly marked with name and times to take meds

Toiletries	General Clothing/ Other Items
<input type="checkbox"/> Toothbrush/toothpaste <input type="checkbox"/> Comb/brush <input type="checkbox"/> Deodorant <input type="checkbox"/> Shaving supplies <input type="checkbox"/> Any toiletries that may be required by females	<input type="checkbox"/> Pajamas (1 pair) <input type="checkbox"/> Socks (5 pairs) <input type="checkbox"/> Underwear (4 pairs) <input type="checkbox"/> T-Shirts (2 t-shirts) <input type="checkbox"/> Pants (2 pairs - comfortable for travel on bus) <input type="checkbox"/> Suit for banquet/dance <input type="checkbox"/> Comfortable shoes required for dance and opening ceremonies <input type="checkbox"/> Flashlight <input type="checkbox"/> Whistle <input type="checkbox"/> Belt



Opening Ceremonies / Team Clothing	
<input type="checkbox"/> Team vest <input type="checkbox"/> Team jacket <input type="checkbox"/> Team black shirt	<input type="checkbox"/> Team gold shirt <input type="checkbox"/> Black pants (your own pair) <input type="checkbox"/> Team hat

Curling Competition Gear/Equipment
<input type="checkbox"/> Curling jacket <input type="checkbox"/> Curling pants <input type="checkbox"/> Gloves or mittens (2 pairs) <input type="checkbox"/> Thermal base layer
<p>Helmet, curling shoes and broom will be transported by your team coach</p>

Optional Items

- Athletes can bring an autograph book, game/music device and magazine if they wish
- Athletes can bring some money (not a lot needed - maybe \$20 max.)
- Healthy snacks are permitted
- Camera (responsibility for safekeeping by athlete / respite worker)

No Laptops permitted.

Please note - if athlete brings any personal electronic devices such as iPad, iPod, etc., we cannot guarantee the safety of these devices. These items will be the responsibility of the athlete/respite worker to secure.

It is recommended that all clothing/articles be clearly marked with athlete's name.

This packing list is to be used as a reference guide to assist athletes and caregivers when getting ready for the trip to [location]. Cell phones are welcomed; however, their use will not be permitted during competition times.

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There will be a **No SMOKING POLICY** while we are traveling.

We are traveling to [location] on bus. We will leave the [location] parking lot on [day], [month] [date] at [time]. **Be there by [time] a.m. to load the bus.**

Teams are staying at a hotel in [location]. We will be returning home immediately following competition on [day], [month] [date]. **Estimated departure time is [time] p.m. pending competitions and medal presentations.**

Anticipated time of return to [location] is [time]. We can call any family member/caregiver when we leave [location] so you will know what time to pickup your athlete at the [location] parking lot. Just tell [Name/Position] know when you drop your athlete off to us.

IN CASE OF EMERGENCY YOU CAN CONTACT THE TEAM MEMBERS LISTED BELOW BY CALLING

INSERT NAME/POSITION AND PHONE NUMBER



Emergency Action Plan

[COMPETITION NAME] [VENUE]

1. Who is in charge?
 - a. Backup?

2. Who is the "call person"?
 - a. Backup:

3. Emergency Numbers for site?
 - a. **Ambulance: 555.5555**
 - b. **Fire: 555.5555**
 - c. **Police: 555.5555**
 - d. **Hospital: 555.5555**

4. Are athlete medicals on site?
 - a. Where?
 - b. Access available to?

5. First -Aid kit on site?
 - a. Where?
 - b. Who has access?

6. Directions for Emergency Vehicles/ Personnel:
 - a.

7. Safety area in case of evacuation?

[INSERT COMPETITION HERE]

MEDICAL LOG

ATHLETE NAME	FRIDAY		SATURDAY		SUNDAY	
	AM	PM	AM	PM	AM	PM
Molly		10:15PM		10:05PM		
		1 Xtra Stregh Tylenol				
Sally		10:10PM	9:55AM			
		2 Midol	2 Midol	10:05PM	10:00AM	
Billy		10:20PM	8:00AM	10:15PM	8:15AM	
Bobby	NO MEDICINES GIVEN					
Johnny	NO MEDICINES GIVEN					
Suzy		10:20PM	10:00AM	10:20PM	8:00AM	

***This is a sample only**

[INSERT COMPETITION NAME HERE]

BUSSING ATTENDANCE LIST

TRIP 1: FROM [VENUE] TO [VENUE]			TRIP 2: FROM [VENUE] TO [VENUE]		
	NAME	PRESENT		NAME	PRESENT
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		

EMERGENCY CONTACT NUMBERS FOR ATHLETES/COACHES

CONTACT						
	NAME	EMG NAME	NUMBER	EMAIL	DOB	ALLERGIES
1				-		
2				-		
3				-		
4				-		
5				-		
6				-		
7				-		
8				-		
9				-		

**[ADD BLANK SHEETS OF PAPER FOR
NOTE TAKING]**

