

North Country Region Winter Classic

**Paul Smith’s College**

**Paul Smiths, NY**

**Wednesday, March 6th, 2024**

**LOCATION:** Paul Smith’s College

 7777 NY-30

Paul Smiths, NY 12970

**REGISTRATION:** **In order to register for this event, each training club MUST have a current roster on file with the Regional Office.**

Registration forms for both athletes and coaches should be submitted no later than **Monday, February 26th, 2024** to Erik Kromer by ***fax at (518) 612-4060*** or ***email at*** ***ekromer@nyso.org***. All registered athletes must have a current medical and consent and COVID-19 forms, all registered coaches must be certified Special Olympics Coaches.

**AREAS/REGIONS:** All area/regional training clubs are invited to participate, with priority going to Capital District and North Country teams.

**MEALS:** Meals to be determined. There will be a break for lunch and a designated indoor area to eat.

**AWARDS:** Athletes will be awarded medals or ribbons, depending upon place.

**EVENTS OFFERED:**

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| **Nordic**10 Meter Ski Race - Classical Technique25 Meter Ski Race – Classical Technique50 Meter Cross-Country Skiing Race - Classical 100 Meter Cross-Country Skiing Race - Classical 500 Meter Cross-Country Skiing Race1 Kilometer Cross-Country Skiing Race2.5 Kilometer Cross-Country Skiing Race | **Snowshoe**25 Meter Race50 Meter Race100 Meter Race200 Meter Race400 Meter Race4 x 100 Meter Relay Race4 x 200 Meter Relay Race |

\*\*Nordic events depend on snowfall, please register but note, event may be cancelled

**EVENT SCHEDULE(to be confirmed at a later date)**

**6:00pm:**  Arrival

**6:15pm:** Opening Ceremonies

**6:25pm:** Coaches Meeting

**6:30pm:** Competition (Finals ONLY)

**7:30pm:** Awards

**Registration Instructions**

**Capital & North Country Region Training Clubs:** Each training club must register individually. Each Capital District & North Country Region Coach will be responsible for submitting their registration directly to Erik Kromer.

**Training Clubs from all other Regions**: Each coach should submit their registration forms to their Regional Office or Area Coordinator. Area Coordinators will submit the registration information for processing.

**Registrations**: Are due to Erik Kromer via fax ***(518) 612-4060*** or ***email at*** ***ekromer@nyso.org*** **no later than Monday, February 26th, 2024. Early Registration is encouraged.** Please include:

* Delegation Information Sheet
* Athlete Registration Forms for all athletes (including alternates)
* Coaches Registration Forms (including alternates, agency staff & drivers)

Athlete Medical & Consent forms not already on file (Capital District and North Country only).

**All coaches must travel with their medical & consent forms to this event.**

**Alternates: You can register an unlimited number of Alternates.** An athlete or coach may be replaced by any **REGISTERED ALTERNATE** athlete or coach.

**On-Site Delegation Registration**

The following steps will be completed at on-site registration:

* Attendance and Event Entry Confirmation
* Checking of Medical/Consent and COVID-19 forms
* Athlete numbers and nametags distributed
* Handouts (coaches, manuals, updated schedules, etc.)

**Logistics**

**Transportation:** Each Training Club, Region and/or Area is responsible for its own transportation to the event.

**Equipment:** **ALL NORDIC ATHLETES MUST HAVE THEIR OWN EQUIPMENT.** **If there is a problem with equipment, please contact Erik Kromer as soon as possible.** If we do not hear from you, we will assume that your athletes have equipment for competition.

##### Divisioning: Events will be divisioned according to their entry scores and times. Please submit accurate times.

**Attire:** Athletes should arrive in the proper attire for competition. **Jeans of any color are not allowed.** Athletes wearing jeans will not be allowed to compete. Please have athletes wear warm clothing.

**Delegation Information Sheet**

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*If completing for a region with multiple teams please provide contact information for each team. Each team must have at least one cell phone contact number listed.*

Region/Area:

Training Club Name:

Head Coach of Training Club:

Day of Event Phone #:

Email:

Total Head Count for Delegation (Athletes, Coaches, Chaperones, Bus Drivers): \_\_\_\_\_\_\_\_\_\_\_\_

**Opening Ceremonies Participation**

Please name one individual to hold your team sign for Opening Ceremonies:

Please name one Athlete from your club able to participate in the torch exchange, if selected:

Please name one individual able to perform the Athlete Oath, if selected:

Please name any persons capable of singing the National Anthem:

**Out of Region Teams**

Scheduled Arrival and Departure Day & Time: Arrival\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hotel rooms needed: \_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_