

## 2026 USA Games Athlete/Unified Partner Application Team Iowa Information and Expectations

### Application Process

- Applications will be released April 1, 2025
- Applications will be due June 6, 2025
- Selections will be made June 20, 2025

### Sports and Allocation

- Track & Field (2 males, 2 females, 1 coach)
- Swimming (2 males, 2 females, 1 coach)
- Bocce (2 male athlete, 2 female athlete, 1 coach)
- Bowling (2 male athlete, 2 female athlete, 1 coach)
- Tennis (4 athletes, 1 coach)
- Pickleball (1 male athlete, 1 male UP, 1 female athlete, 1 female UP, 1 coach)
- Powerlifting (2 males, 2 females, 1 coach)
- 5-on-5 Basketball (1 male/mixed traditional team – max 10 athletes, 3 coaches)
- Team Volleyball (1 male/mixed traditional team – max 12 athletes, 3 coaches)

### Athlete and Unified Partner Expectations

- Must be in good standing with the Athlete Code of Conduct
- Must receive 1<sup>st</sup> place in their sport during the 2024-2025 sport season
- Must be able to complete activities of daily living independently (shower, dress, eat, etc.)
- Will not have one-on-one supervision or coaching
- Athletes must be able to share living space with other team members.
- 16 years old by the competition is the age minimum
- Will be housed with Team Iowa member in assigned housing at camps and the USA Games
- Will not be allowed to travel with or stay with family members, guardians, local coaches, etc to or during the USA Games
- Will attend all required training camps, if held
- Will attend all required meetings and uniform fittings

### Length of Games

The 2026 USA Games will be in Minnesota. The Special Olympics Iowa Delegation will depart for Minneapolis/St. Paul on June 19, 2026 and return to Iowa on June 27, 2026. Athletes/Unified Partners will be required to be at the Games for the duration or the listed dates.

### Travel and Long Days

Team Iowa transportation to the USA Games will likely be on a bus from Iowa to Minnesota. Athletes must be able to withstand long days of travel and lots of walking during the Games.

### Adjusting to New Coaches

Coaches selected for the SOIA delegation come from all across the state and it is rare for an athlete to already know one of the coaches. Athletes and Unified partners must function as part of a team, including group living and following coaching instructions from unfamiliar coaches.

### **Time Away from Parents/Family**

Because of the structure of the USA Games, athletes chosen can expect to be away from their families for extended periods of time without seeing them and at times, with very limited contact. For some athletes this can cause stress and anxiety.

### **Conform to the Group/Adaptability**

In order for Team Iowa to function well, all members must adhere to team rules and the team schedules. Often times this means that a sport team may need to adhere to a schedule as a group – meaning an athlete cannot direct his/her own schedule. In addition, there will be times when schedules change with little or no notice and athletes must be able to adapt accordingly.

### **Parent/Caregiver Expectations**

It is equally important that parents/guardians are comfortable being away from their athlete for extended periods of time and with limited contact. They should not expect “special” considerations for their athlete or for a particular situation. Parents/family members need to embrace and respect the Team Iowa rules and understand that their potential insistence to be involved with the team and/or their athlete could be very disruptive.

### **Daily Living Skills**

Athletes must be able to independently handle all toileting, showering and daily hygiene needs. Coaches can easily provide reminders to take care of these items but athletes must be able to attend to these needs on their own in an efficient time frame. Athletes must be able to share living space with other team members.

### **Food/Diet**

While accommodations are made for dietary restrictions such as diabetes, gluten-free, etc, special considerations should not be expected for “picky” eaters. Often athletes will dine in settings which involve planned meals served to the group and while there will often be choices, it will be limited.

### **Selecting Athletes who Are Appropriate for the Sport and/or events**

Every effort should be made to ensure that every athlete being considered for selection has trained and competed in his/her sport and the specific/identified events in that sport for at least a minimum of 2 years and is also well-trained and ready for a National level competition.

**Please return completed application with a current headshot to [registrations@soiowa.org](mailto:registrations@soiowa.org) by June 6, 2025. Please direct any questions to Sydney Sloan ([ssloan@soiowa.org](mailto:ssloan@soiowa.org)) or Katie Wiese ([kwiese@soiowa.org](mailto:kwiese@soiowa.org)) or call (515) 986-5520.**

## **ATHLETE CODE OF CONDUCT**

Special Olympics Iowa is committed to the highest standards of sportsmanship, training, rules of competition, and character. I understand I am a representative of Special Olympics, both on and off the field, and my actions should uphold these standards. As an athlete participating in Special Olympics or as a Unified partner, I agree to abide by the Special Olympics Athlete Code of Conduct as stated below:

### **I Pledge that:**

#### **Sportsmanship**

- I will practice good sportsmanship
- I will act in ways that will bring respect to me, my coaches, my team, and to Special Olympics
- I will not swear and/or use bad language
- I will not insult others by my actions, verbal or non-verbal
- I will not fight with others (athletes, coaches, volunteers, or staff of Special Olympics Iowa)

#### **Training & Competition**

- I will train regularly and follow guidelines set-forth on current training requirements
- I will learn and follow rules of sports I participate in
- I will listen to my coaches and officials
- I will consistently do my best in training, attendance and in competitions
- I will consistently compete at the best of my ability during training and competitions

#### **Character**

- I will not make any negative statements about athletes, coaches, volunteers or Special Olympics, which includes social media such as Facebook, Twitter, texting, etc.
- I will not smoke in non-smoking areas
- I will not use illegal drugs
- I will not drink alcohol when involved in Special Olympics activities
- I will obey all laws and Special Olympics rules

By signing below, I understand that if I do not obey this Special Olympics ‘Code of Conduct,’ I will be subject to a range of consequences by my Delegation or Special Olympics Iowa, up to and including not being allowed to participate in any sports or activities.

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Athlete Signature

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Date

**2026 USA Games Athlete/Unified Partner Application**  
Due to [registration@soiowa.org](mailto:registration@soiowa.org) by June 6, 2025

**Athlete/Unified Partner Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Special Olympics Iowa Delegation: \_\_\_\_\_  
Sport(s) applying for: \_\_\_\_\_

**Parent/Legal Guardian Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Local Coach Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

We have read and understand the Athlete/Unified Partner selection criteria and expectations of athletes/partners selected to Team Iowa, have met/interviewed this athlete/partner and believe he/she meets the requirements as outlined and wants to be a part of Team Iowa.

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sports & Training Information**

How many years has the athlete/partner trained in this/these sport(s)? \_\_\_\_\_

Does the athlete/partner own or have access to the needed equipment of this/these sports? Yes No

Has this athlete competed previously at higher competitions? Yes No

If yes, what year(s)? \_\_\_\_\_ If yes, what sport(s)? \_\_\_\_\_

Will this athlete and their support system be willing and able to commit to an intensive training program as prescribed by a Team Iowa coach? \_\_\_\_\_

Can this athlete/partner attend training camps, meetings and practices leading up to the games?  
Yes No

Is this athlete/partner prepared and capable of spending approximately one week away from home, school or work in June of 2026 for the USA Games? Yes No



**Behavior – this section should be completed by a parent, guardian or coach.**

|                          |                               |                          |                             |                          |                              |                          |                           |
|--------------------------|-------------------------------|--------------------------|-----------------------------|--------------------------|------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Bites self or others          | <input type="checkbox"/> | Elevated sexual interest    | <input type="checkbox"/> | Overly dependent on others   | <input type="checkbox"/> | Teases others             |
| <input type="checkbox"/> | Cries or becomes upset easily | <input type="checkbox"/> | Exaggerates pain/illness    | <input type="checkbox"/> | Overly fearful               | <input type="checkbox"/> | Temper tantrums           |
| <input type="checkbox"/> | Difficulty Changing routines  | <input type="checkbox"/> | Excessive cursing/vulgarity | <input type="checkbox"/> | Pulls own hair or others     | <input type="checkbox"/> | Throws objects            |
| <input type="checkbox"/> | Difficulty with authority     | <input type="checkbox"/> | Excessive physical touching | <input type="checkbox"/> | Resistant to changes in diet | <input type="checkbox"/> | Uncomfortable in crowds   |
| <input type="checkbox"/> | Difficulty taking direction   | <input type="checkbox"/> | Hits self or others         | <input type="checkbox"/> | Seeks steady attention       | <input type="checkbox"/> | Wanders/runs from group   |
| <input type="checkbox"/> | Elevated emotional needs      | <input type="checkbox"/> | Mental Health issues        | <input type="checkbox"/> | Seeks steady entertainment   | <input type="checkbox"/> | Other (please list below) |

List detail to help explain areas above or specific methods to support behavior difficulties:

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Do you think athlete/partner will relate and respond successfully to an unfamiliar coach and environment? Yes No

If no, please explain:

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**Self-Help Skills - this section should be completed by a parent, guardian or coach.**

Please check the following as it best describes the applicant:

|            |                        |                          |                              |
|------------|------------------------|--------------------------|------------------------------|
| Dressing:  | Completely independent | Needs minimal assistance | Needs significant assistance |
| Grooming:  | Completely independent | Needs minimal assistance | Needs significant assistance |
| Mealttime: | Completely independent | Needs minimal assistance | Needs significant assistance |
| Toileting: | Completely independent | Needs minimal assistance | Needs significant assistance |

For any skills marked as needing minimal or significant assistance, please provide details to explain needed level of support:

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How long does the athlete/partner take to get out of bed, groom and dressed each morning?

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In evaluating this athlete/partner's behavior and self-help skills, what level of coach support would be required to be successful:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Would require minimal support to be successful. Athlete/partner is relatively independent and/or lives on their own.       |
| <input type="checkbox"/> | Would require moderate support to be successful. Supervision within a group of 4 athletes and 1 coach would be acceptable. |
| <input type="checkbox"/> | Would require significant support to be successful. Supervision on a 1-to-1 basis would be needed.                         |

**Medical Overview - this section should be completed by a parent, guardian or coach.**

|                          |              |                          |                  |                          |                  |                          |                            |
|--------------------------|--------------|--------------------------|------------------|--------------------------|------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Allergies    | <input type="checkbox"/> | Depression       | <input type="checkbox"/> | Hearing Impaired | <input type="checkbox"/> | Special Diet               |
| <input type="checkbox"/> | Asthma       | <input type="checkbox"/> | Diabetes         | <input type="checkbox"/> | Hepatitis        | <input type="checkbox"/> | Surgery (within last year) |
| <input type="checkbox"/> | Autistic     | <input type="checkbox"/> | Down Syndrome    | <input type="checkbox"/> | Non-Verbal       | <input type="checkbox"/> | Uses Cane, Walker, etc     |
| <input type="checkbox"/> | Broken Bones | <input type="checkbox"/> | Glasses/Contacts | <input type="checkbox"/> | Seizures         | <input type="checkbox"/> | Uses Wheelchair            |

Is this athlete/partner self-medicating? Yes No

Is this athlete/partner susceptible to colds, infections, etc? Yes No

**Travel Experience - this section should be completed by a parent, guardian or coach.**

Has this athlete/partner ever traveled by bus? Yes No

Is this athlete/partner claustrophobic? Yes No

Does this athlete/partner have physical discomfort when traveling (motion sickness, cramps, headaches)? Yes No

If yes, please explain \_\_\_\_\_

Does this athlete/partner have emotional discomfort when traveling (homesickness, anxiety, mood swings)? Yes No

If yes, please explain \_\_\_\_\_

Has this athlete/partner taken a long trip without a family member/legal guardian present? Yes No

Is the athlete/partner able to carry/move their own luggage (suitcase and carry-on) and equipment?  
Yes No

Is this athlete/partner able to sit and reasonably occupy oneself (movies, music, electronic games, puzzle books, etc.) for an extended period of time such as a bus ride to/from the Games? Yes No

**Additional Information - this section should be completed by a parent, guardian or coach.**

Please share any additional information that would be helpful to individuals chaperoning this athlete for two weeks:

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**Signatures**

We have read and understood the athlete/partner selection criteria and expectation of athletes/partner selected to Team Iowa, and believe this athlete/partner meets the requirements as outlined and wants to be a part of Team Iowa. The information we provided is true and complete.

We understand that an athlete/partner may be traveling and/or coached by an individual from another local program.

We understand the Team Iowa Heads of Delegation may remove an athlete/partner from the delegation if he/she fails to meet the athlete/partner selection criteria or acts outside of the Athlete Code of Conduct.

It is expected that athletes/partners will actively participate, to the best of their ability, to fundraise and attend fundraising events when such requests are made by the state office. A commitment to help in these fundraising efforts is required for consideration of selection for this opportunity.

Athlete/Unified Partner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Uniform Information**

Please fill in measurements or check the size that would best fit. Fulfillment of size request is based on availability.

Waist \_\_\_\_\_ inches                      Weight \_\_\_\_\_ inches  
 Chest \_\_\_\_\_ inches                      Inseam \_\_\_\_\_ inches  
 Shoe size \_\_\_\_\_ Left \_\_\_\_\_ Right      Hips \_\_\_\_\_ inches

**Female Size Requests**

Please mark requests for all size variations, as we do not yet know how sizes will be offered. Females must also complete section below for any Unisex uniform pieces; or if all Unisex sizes are preferred, complete that section only.

|              |                          |       |                          |        |                          |       |                          |    |                          |     |                          |              |
|--------------|--------------------------|-------|--------------------------|--------|--------------------------|-------|--------------------------|----|--------------------------|-----|--------------------------|--------------|
| Shirt        | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL         |
| Shirt        | <input type="checkbox"/> | 6     | <input type="checkbox"/> | 8      | <input type="checkbox"/> | 10    | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 14  | <input type="checkbox"/> | Other: _____ |
| Short/Pants  | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL         |
| Short/Pants  | <input type="checkbox"/> | 6     | <input type="checkbox"/> | 8      | <input type="checkbox"/> | 10    | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 14  | <input type="checkbox"/> | Other: _____ |
| Warm-up suit | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL         |
| Jacket       | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL         |
| Hat          | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL         |

**Unisex/Male Size Requests**

|              |                          |       |                          |        |                          |       |                          |    |                          |     |                          |      |
|--------------|--------------------------|-------|--------------------------|--------|--------------------------|-------|--------------------------|----|--------------------------|-----|--------------------------|------|
| Shirt        | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL |
| Short/Pants  | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL |
| Warm-up suit | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL |
| Jacket       | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL |
| Hat          | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL | <input type="checkbox"/> | XXL | <input type="checkbox"/> | XXXL |

**Youth Size Requests**

Youth sizes are not guaranteed. Depending on gender, please fill out one or both of the sections above.

|              |                          |       |                          |        |                          |       |                          |    |
|--------------|--------------------------|-------|--------------------------|--------|--------------------------|-------|--------------------------|----|
| Shirt        | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL |
| Short/Pants  | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL |
| Warm-up suit | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL |
| Jacket       | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL |
| Hat          | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | XL |

Please list any additional information that would be helpful in uniforming this athlete/partner:

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**Athlete Profile**

This will be included during the registration process for those selected for Team Iowa. Please include a headshot with the application.

Please tell us your biography:

List the sports you participate in with Special Olympics Iowa:

How has Special Olympics changed your life?

What are your other interest or hobbies?

Have you participated in higher competition in the past? If yes, what games and events?

If selected for Team Iowa, what would you most look forward to?