

## Coach / Medical / Mentor Application USA Games Minnesota 2026 June 20-26, 2026 Minneapolis



APPLICANT CONTACT IN	IFORMATION				
Applicant Name:			Delegation:		
Mailing Address:					
City:		State:		Zip: _	
Phone:		Email Address			
APPLICANT (COACH)					
How many years have you	been a Special	Olympics coach?			
What is your highest level	of Special Olym	npics Certification?			
Have you coached at a pre	vious USA Gam	nes or World Games?	☐ Yes ☐ No		
If yes, list:					
2					
3					
4					
Have you ever coached ou	utside of Special	l Olympics? ☐ Yes 〔	□No		
List Sport		Level (example: High School)			# of years
	_				
What sport(s) are you appl	lying to coach at	t the 2026 USA Game	es? (You can mark r	nore than one i	if eligible)
Athletics (Track & Field	l)	∐ Boo		Bowling	☐ Cornhole
☐ Unified Golf		☐ Go	lf	Swimming	
☐ I am applying as Medic Other:	al Staff.	My certification:	Physician⊡ RN □	Physical Thera	apist Athletic Trainer
☐ I am applying as Youth Le	adership Experie	nce Mentor	Unified Champion Sch	ool Afflilation:	
☐ Yes ☐ No	Are you able to refrain from using tobacco products and consuming alcohol throughout training camp and the Games?				
□Yes □ No	Are you able to walk 5 – 10 miles per day?				

## SIGNATURE OF AGREEMENT

If selected to coach at these Games, this applicant:

- 1. Understands and agrees to adhere to the USA Games and SOWV Code of Conduct at all times leading up to and during the Games.
- 2. Understands and agrees to attend all Zoom meetings, training camps, and the entirety of the Games.
- 3. Understands and agrees to travel and stay with Team West Virginia at all times during the Games.
- 4. Understands you will be responsible for developing a training regimen for your athletes.
- 5. Understands you will serve as both a sport-specific coach and an athlete chaperone for all activities leading up to and during the Games.

Signature	Date

Email to: wendy@sowv.org

Must be received by February 28, 2025