

DISTRICT 1

2017 SR. OLYMPICS

GENERAL INFORMATION

Friday, October 20

**Conway Expo Center
2505 E Oak St., Conway, AR 72032**

9:00 a.m. to 3:00 p.m.

9:00 a.m. to 9:30 a.m. – Check-in 9:30 a.m. – Games
12:00 p.m. – Lunch 2:00 p.m. – Awards

AHCA/AALA DUES:

Facility AHCA/AALA dues must be current before you can enter residents. If you are unsure of dues status, please call Pam White at the Association Office at (501) 374-4422.

THEME:

The theme for the Olympics will be Halloween. Be creative and unique. Remember, there will be recognition for the best spirited facility and the best banner. Banners cannot be professionally made. Anyone interested in working on the planning committee can contact Vickey Kirkemier at (501) 327-4421 or vkirkemier@salemplacerehab.com

LUNCH:

Facilities will be responsible for bringing their own lunch, drinks, and ice. Chairs and tables will be provided.

ENTRY FORMS AND REGISTRATION FEES:

District dues are \$50 per facility and must be paid in advance. The entry fee per facility to participate in the Olympics is \$125.00 and must be paid in advance.

Mail checks to: 1401 W Capitol Ave, Suite 180, Little Rock, AR 72201.

Checks should be made payable to: AHCA District 1

Return all forms to Vickey Kirkemier at Salem Place Nursing and Rehabilitation
P.O. Box 1408, Conway, AR 72033

Fax: (501) 329-8997, vkirkemier@salemplacerehab.com

Forms must be received by October 13.

QUESTIONS:

Please contact Vickey Kirkemier at (501) 327-4421 or
vkirkemier@salemplacerehab.com.

RESIDENT ENTRY FORM

*PLEASE COMPLETE ALL INFORMATION AND PLEASE PRINT OR TYPE LEGIBLY

Resident Name: _____

Resident Age: _____

Sex: ___ M ___ F

Please check all event competitions this resident is entering:

___ Discus Throw ___ Shot-Put
___ Horseshoe Throw ___ Bean Bag Toss

Wheelchair Races:

___ Using Hands Only ___ Using Feet Only
___ Using Both Hands & Feet ___ Electric Wheelchair

Physician Release: The resident names above, a resident of the facility named above, is under my care and to the best of my knowledge, is capable of the required level of physical activity for the above--indicated events, and the necessary travel involved, having no medical restrictions that would prevent participation in the 2017 District 1 Sr. Olympics.

Physician Signature: _____ **Date:** _____

Agreement to Participate & Permission for Photograph Use:

I agree that I want to participate in the 2017 District 1 Sr. Olympics in the event competitions indicated above, holding harmless all associated with the event for accidents, injuries, and claims arising as a result of my participation. I also agree that photographs of me taken during this even may be used by my facility, the Arkansas Health Care Association, Arkansas Assisted Living Association, District 1, and/or the member facilities for purposes approved by the Associations including, but not limited to, Media Releases. I understand that if I do not want my picture taken, I need to choose not to attend and partake of these events.

Resident Signature: _____ **Date:** _____

Resident's Legally Appointed Representative/Guardian agree to the above:

_____ **Date:** _____

AHCA DISTRICT 1 GUIDELINES/RULES

ENTRY QUALIFICATIONS:

Participants **MUST** have signed releases with all required signatures

AGE GROUPS:

Women 70 years of age & younger
Women 71 years of age & older
Men 70 years of age & younger
Men 71 years of age & older

EVENTS:

Wheelchair Race

This race is to be run over a measured distance of 50 feet. Depending on the number entered, qualifying heats and a feature race may be necessary. Entrants must be classified as non-ambulatory. Anyone participating in a wheelchair race, must compete in all other events while seated in a wheelchair.

Categories: Hands only, feet only, hands and feet, and electric

Discuss Throw

The discus is a Frisbee. The object is to see who can throw the discus the farthest from a predetermined point. The Frisbee must stay within the predetermined sideline boundaries as well. Each entrant will be allowed 2 throws, using the best of the 2 for scoring.

Shot-Put

The shot-put is a softball. The object is to see who can throw the softball the farthest from a predetermined point. The softball must stay within the predetermined sideline boundaries as well. Each entrant will be allowed 2 throws, using the best of the 2 for scoring.

Bean Bag Toss

The Bean bag weighs approximately 8 ounces. The object is to determine who can toss the bean bags into a container with a diameter of approximately 18 inches wide and 6 inches deep from a distance of 15 feet. Each entrant will be allowed 3 throws.

Horseshoe Throw

Regulation Indoor Rubberized 9 ounce horseshoes are used and thrown from a distance of 15 feet. Winners are determined by the best or closest tosses. Entrants will be allowed 3 throws.

Dance Contest

The dance contest is open to all qualified entrants without respect to mobility aids such as wheelchairs or walkers. Entrants may dance alone or with a partner of their choosing (including staff, family, other residents, volunteers, etc.) Placement will be to the judges' discretion with awards being given in Fast dance and Slow dance.

AWARDS:

1st, 2nd, and 3rd place awards will be presented in each division and each age group for each event.

FACILITY BANNERS:

Each facility is encouraged to enter a facility banner showing your facility spirit and support of your facility entrants in the banner contest to be judged for 1st, 2nd, and 3rd place awards. Banners must be homemade, professionally printed banners will not be judged. Banners will be carried in during the march-in, then hung up for display. Any size from 5' x 8' up to a full bedsheet size is welcome. But for larger banners, please remember you will be carrying them during the march-in.

SPIRIT CONTEST:

Though not required, each facility is encouraged to dress their entrants and staff in matching facility or other t-shirts making them easily identifiable. District 1 awards a "Spirit Award" to the facility with the best overall enthusiasm and spirit including decorations, t-shirts, banners, resident and employee participation and excitement.



FACILITY ENTRY FORM

Name of Facility: _____

City of Facility: _____

Facility Contact Person: _____

Facility Phone Number: _____

Entering a Banner: _____ YES _____ NO

**Banners must be home made. Professionally printed banners will not be considered by judges.*

Total Number of Residents Participating: _____

Total Number of People Attending
(including residents, staff, volunteers, family members, etc.): _____

This form must be received by October 13, 2017.