

# ARE YOU A BRONZE, SILVER OR GOLD MEDAL COACH?

**Special  
Olympics  
Arkansas**



## TRAINING AND PROGRESSION PLAN

We want to challenge our coaches; both new and seasoned members of our team. The newly developed SOAR Coach Training and Progression Plan will guide coaches through our education system and provide them with the opportunity for additional education and new skills.

The journey begins with the basics in the Certified Coach Level. In this level coaches complete three basic trainings, Protective Behaviors, General Orientation, and Concussion Training followed by completing the skills training of their chosen sport



Coaches that complete the bronze and silver level will receive a lanyard in the color of their level, gold level coaches receive a lanyard and t-shirt. Coach must attach the 2<sup>nd</sup> page with each portion they completed checked off along with paperwork verifying each requirement is completed. This new training plan is designed to inspire and encourage coaches to continue their education in order to be the best coach they can be and in turn provide the athletes with a better experience and a desire to be the best athlete they can be. Listed on the next page are the requirements for each level.

***“A coach will impact more people in a year than the average person does in a lifetime”***



Name: \_\_\_\_\_ Area: \_\_\_\_\_ Sport: \_\_\_\_\_

Email: \_\_\_\_\_

New Coach (1<sup>st</sup> time certification)

Recertification (Every 3 years)  
(coaches becoming recertified must complete tasks that are starred in the level they wish to be certified in). \*

**Turn in this form with documents attached to verify your coaching level.**

## Certified Coach

\_\_\_\_\_ Must have current [Protective Behaviors](#), Concussion Training [Concussion Awareness Policy](#) course options: [NFHS Concussion](#) or [CDC Concussion](#) (both completed online) & General Orientation (in person or virtual education course) \*

\_\_\_\_\_ Must have a current [Class A Volunteer Form](#)/background check completed \*

\_\_\_\_\_ Certified in a minimum of one sport — In person training [Calendar of Events](#) or Online Sport Specific Trainings will be offered by Special Olympics Arkansas

\_\_\_\_\_ Complete Waiver and Release for Communicable Diseases

\_\_\_\_\_ Maintain your sport certification by taking approved continuing education courses once **every three years** (found on the website) \*

\_\_\_\_\_ Those coaching in Unified Sports complete the course "[Coaching Unified Sports](#)" (This can be taken face to face at pre-determined locations throughout SOAR or on-line, both are free of charge)

## Bronze Coach Level

The Bronze Level requires a coach to complete the basic level above. Bronze Level enhancements include education course, Coaching Special Olympics Athletes and implementing Fit 5 for athlete training

\_\_\_\_\_ Complete all Certified Coach Level requirements \*

\_\_\_\_\_ Have coached Special Olympics Athletes for a minimum of one year

\_\_\_\_\_ Complete CPR Certification \*

\_\_\_\_\_ Actively participate [in Fit 5 Wellness Program](#) (turn in yearly exercise, nutrition and hydration tracking sheet) \*

\_\_\_\_\_ Complete the course "[Coaching Special Olympics Athletes](#)". (You can take this course "Face to Face" for free at pre-determined locations throughout SOAR or on-line for \$19.95.)

## Silver Coach Level

**NOTE: Level required of Head Coaches attending USA National Games in the specific sport being coached.**

The Silver Level requires a coach achieve Bronze Level. Enhancements for coaches in the this level include education course, Principals of Coaching, athlete goal setting, athlete leadership, and year round training

\_\_\_\_\_ Complete all Bronze Coach Level requirements \*

\_\_\_\_\_ Appoint an athlete to lead Healthy Habits/Fitness for a portion of practice. ([Resources for Wellness Plan](#) / [Wellness Resources](#))

\_\_\_\_\_ Include individual athlete goal setting in your trainings \*

\_\_\_\_\_ Increase your training program from 8 weeks to 12 weeks (Must send example of your training schedule) \*

\_\_\_\_\_ Complete the course "[Coaching Essentials](#)". (This course is 19.95 online or you can take our principals of coaching course "Face to Face" for free at pre-determined locations throughout SOAR.)

## Gold Coach Level

**NOTE: Level required of Coaches attending World Games.**

The Gold Level coaches must have exceeded all other levels. This level includes advance tactics for sport of choice and work, two elective courses, and tracking athlete advancement and personal bests

\_\_\_\_\_ Complete all Silver Coach Level requirements \*

\_\_\_\_\_ Complete a minimum of one Tactics (advanced training) course. ([Fundamentals of Coaching](#) / [Teaching Sport Skills](#)) \*

\_\_\_\_\_ Participate in two elective training courses provided below

\_\_\_\_\_ Increase your 12 week training program to practice a minimum of 24 weeks \*

\_\_\_\_\_ Work with athletes to develop a year-round training/wellness plan. ([Resources for Wellness Plan](#) / [Wellness Resources](#)) \*

Elective Courses and additional training resources for all Special Olympics Arkansas Coaches are located online!

<http://www.specialolympicsarkansas.org/coaches-training-and-progression.html>

### Recognition and Incentive Plan

Coaches that complete the bronze and silver level will receive a lanyard in the color of their level, gold level coaches receive a lanyard and t-shirt. Special Olympics Arkansas has a coach's recognition program for coach's that exceed basic certified level!

\*\*Special Olympics Arkansas is not responsible for the cost of any education course

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION  
AGREEMENT FOR COMMUNICABLE DISEASES  
("Agreement") for  
SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Arkansas their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_