

2019 Unified Sports Holiday Classic

Unified Basketball Registration

Due: October 5, 2019

Participation fee for this event is \$40.00.

Local Program: _____

Local Coordinator (attending this event): _____

Email: _____

Please count only those participants and personnel for **Basketball**

Participant Counts

	Meal Count
Athlete	
Partner	

Personnel Counts

	Meal Count
Local Coordinator	
Coach	
Assistant Coach	
Chaperone	
Hometown Escort	

Any questions regarding basketball, contact Katie Dennett at:

Special Olympics CT
2666 State St., Suite 1

Hamden, CT 06517

katied@soct.org

Event Information

Unified Basketball 5 on 5 Competition

The roster shall contain a proportionate number of athletes and partners.

During competition, the lineup shall never exceed, three athletes and two partners.

1. **Roster Requirements:** Minimum of 9 players: 5 athletes & 4 partners; maximum of 10 players.
2. Unified Team configuration recommended to be equal or one more Athlete.
3. Unified Team configuration recommended to be no more than a 2 person differential between the number of athletes and partners.
4. Teams are strongly encouraged to have 2 subs for both athletes and partners going into competition.
5. All players on the roster must play at the qualifier unless an absence is due to an illness or injury (must submit a doctor's note) or death in the family.
6. Going into Competition, a team may come with the minimum # of players provided they have at least 3 athletes and 2 partners.

Unified Basketball 3-on-3 Competition

1. **Roster Requirements:** Minimum of 3 players: 2 athletes & 1 partner; maximum of 5 players.
2. During competition, the lineup shall never exceed three athletes and two partners at any time
3. Teams are strongly encouraged to have 1 sub for both athletes and partners going into competition.
4. All players on the roster must play at the qualifier unless an absence is due to an illness or injury (must submit a doctor's note) or death in the family.
5. Going into competition, a team may come with the minimum # of players provided they have at least 2 athletes and 1 partner.

Team Age Groups	Junior	ages 8-16
	Senior	ages 13-21
	Master	ages 18+

Roster Appeals

Only participants with all their completed paperwork, (Medicals, Consent Partner forms, Class A application, and Protective Behaviors), may be added to your roster.

Any questions regarding basketball, contact Katie Dennett at:

**Special Olympics CT
2666 State St., Suite 1
Hamden, CT 06517**

Email registration via secure email to:

katied@soct.org

2019 Unified Basketball Registration Form

Team Name:				Suggested Division:			
						Scores	
Local Program Name:						Team Score	
Local Program Coordinator:						Top 5	
Please list Head Coach Information below						Bottom 5	
First/Last Name		Home Phone	Cell Phone	Email			
Street		City			Zip		

	First /Last Name	DOB	M/F	A/P	Age	Dribbling	Shooting	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

For office use only: Team age group: _____ Number of exemptions: _____

 Number of Athletes: _____ Number of partners: _____

2019 Unified Basketball Registration Form

Team Name:				Suggested Division:			
						Scores	
Local Program Name:						Team Score	
Local Program Coordinator:						Top 5	
Please list Head Coach Information below						Bottom 5	
First/Last Name		Home Phone	Cell Phone	Email			
Street		City			Zip		

	First /Last Name	DOB	M/F	A/P	Age	Dribbling	Shooting	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

For office use only: Team age group: _____ Number of exemptions: _____
 Number of Athletes: _____ Number of partners: _____

2019 Unified Basketball Registration Form

Team Name:				Suggested Division:			
						Scores	
Local Program Name:						Team Score	
Local Program Coordinator:						Top 5	
Please list Head Coach Information below						Bottom 5	
First/Last Name		Home Phone	Cell Phone	Email			
Street		City			Zip		

	First /Last Name	DOB	M/F	A/P	Age	Dribbling	Shooting	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

For office use only: Team age group: _____ Number of exemptions: _____

 Number of Athletes: _____ Number of partners: _____

2019 Unified Basketball Registration Form

Team Name:				Suggested Division:			
						Scores	
Local Program Name:						Team Score	
Local Program Coordinator:						Top 5	
Please list Head Coach Information below						Bottom 5	
First/Last Name		Home Phone	Cell Phone	Email			
Street		City			Zip		

	First /Last Name	DOB	M/F	A/P	Age	Dribbling	Shooting	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

For office use only: Team age group: _____ Number of exemptions: _____
 Number of Athletes: _____ Number of partners: _____

2019 Unified Half Court 3-on-3 Basketball Registration Form

Team Name:				Suggested Division:			
						Scores	
Local Program Name:						Team Score	
Local Program Coordinator:						Top 4	
Please list Head Coach Information below						Bottom 4	
First/Last Name	Home Phone	Cell Phone	Email				
Street	City				Zip		

	First /Last Name	DOB	Age	M/F	A/P	Dribbling	Shooting	Total
1								
2								
3								
4								
5								

For office use only: Team age group: _____ Number of exemptions: _____

Number of Athletes: _____ Number of partners: _____

EXEMPTION REQUEST

A **complete** team roster is required

This request must accompany your roster and is due by the registration due date

Athlete/Partner Name: _____

Date of Birth: _____

Age as determined by the date of competition

Sport: Unified Basketball

Coach Name: _____

Team Name: _____

Local Program: _____

AGE GROUP FOR WHICH EXEMPTION IS REQUESTED (please check one)

- Junior ages 8-16
- Senior ages 13-21
- Masters ages 18+

Please explain the details and rationale for your request:

I confirm that the Athlete/Partner meets the criteria necessary to play up or down to the age group requested above:

- * Athlete/Partner's skill, strength, speed, size and social maturity are comparable to the requested age group
- * There is no risk to the health and safety of any athlete/partner on that team
- * An athlete/partner may only play up or down one age group
- * There will be no more than two combined age groups on a team

Coach Signature _____

Local Coordinator Signature _____

If Athlete/Partner is under 18 _____

Parent/Guardian Signature _____

This document must be sent with your team roster and registration to:

Special Olympics CT

2666 State St., Suite 1

Hamden, CT 06517

Katied@soct.org

Instructions for Registering Personnel

All of the individuals listed below are to have their Class A certifications including Protective Behaviors current before being registered for any SOCT event.

Local Coordinators:

Please list the LC responsible for overseeing the delegation at the event on the Checklist page.

ADDITIONAL PERSONNEL:

Head Coach: Please list the Head Coach for each sport with their current contact information on **each roster page**.

Assistant Coach: Please list Assistant Coaches on the personnel page and affiliate them with a team.

Chaperone: Please list Chaperones with their current contact information on the personnel page and affiliate them with a team.

Hometown Escorts: Please list Hometown Escorts on the Personnel Page and affiliate them with a team. Hometown Escorts are individual that delegations recruit to meet the team during the day.

Additional Personnel Ratio:

3 athletes to 1 Additional Personnel

1 athlete to 1 Additional Personnel for athletes who use a wheelchair, are legally blind or other special circumstances.

Special circumstances include medical or behavioral issues. Please indicate the athlete name on the roster page with an astrisk* if they need a 1:1.

Additional Personnel

Local Program:

List **only** those who have completed the Class A screening process and Protective Behaviors below.

Please specify Junior vs/ Senior for those in your delegation with the same name.

Please provide Team Affiliation to ensure credentials are placed accordingly.

List the day which a group home staff person (registered as a chaperone or hometown escort) will attend

	First/Last Name	Team Affiliation	Email	Type	Day (Sat/Sun/both)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

19					
----	--	--	--	--	--

Special Olympics Connecticut
Roster Appeal / Scratch Form

Roster changes will be accepted up until OCTOBER 12th.

Participants added to your team roster must have all certifications current with SOCT.

**For all sports- Participant scratches will be accepted TWO WEEKS prior to the state event.
Programs will be charged the registration fee for participants scratched after the scratch deadline.
Please refer to the Dates to Remember calendar for this date.**

Delegation _____

Please remove (**scratch**) from this delegation

Name

- 1 _____
- 2 _____
- _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

Please add to this delegation

Name

Event

Team Name *if applicable*

- | | | |
|---------|-------|-------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |
| 4 _____ | _____ | _____ |
| 5 _____ | _____ | _____ |
| 6 _____ | _____ | _____ |
| 7 _____ | _____ | _____ |

Date: _____

Submitted by: _____

Special Olympics Connecticut

Explanation of Absence from Qualifier form

This form must be submitted to SOCT within 3 days after the event.

Delegation: _____

Participant Name: _____

Qualifier missed: _____ Date: _____

Coach Information

Name: _____

Phone: _____

Qualifiers include:

Unified and Traditional Cycling

Northern and Southern Time Trials

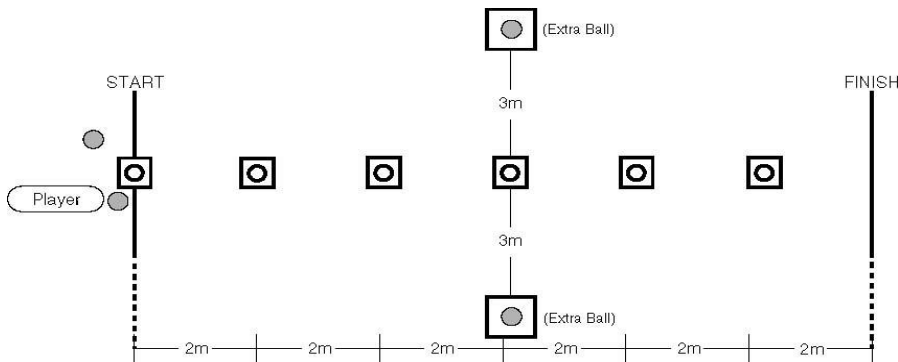
Unified and Traditional Soccer

Unified and Traditional Softball

Unified Basketball

Unified Volleyball

BSAT- Dribbling



SET-UP

An area of the basketball court (preferably along a sideline or down the center line), six cones, floor tape and four basketballs one that the athlete is provided initially, two others that are for back-up in case the basketball bounces away, and one more to continue the test.

TEST

Time :60 seconds for one trial. A player is instructed to dribble the ball while passing alternately to the right and to the left of six obstacles placed in a line, 2 meters (6 feet 6 3/4 inches) apart, on a 12 meter course. The player may start to the right or to the left of the first obstacle but must pass each obstacle alternately thereafter. When the last obstacle is passed and the finish line reached the player puts the ball down, sprints back to the start for the next ball, and repeats the slalom. The player continues until 60 seconds have elapsed. If a player loses control of the ball the clock continues to run. The player recovers the ball or picks up the nearest back-up ball and may re-enter at any point along the course.

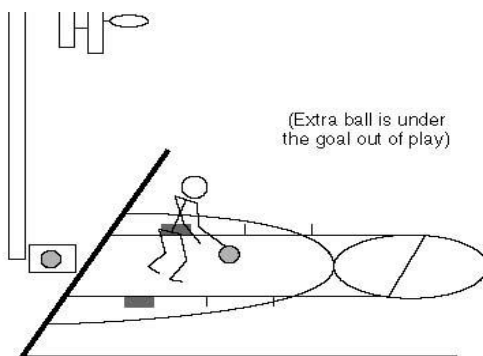
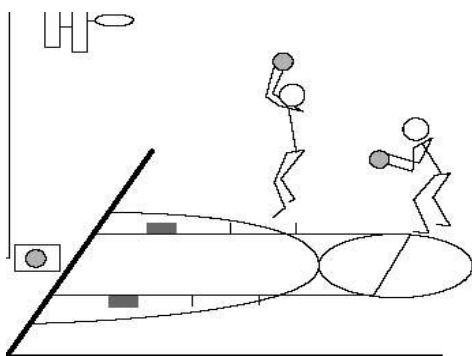
SCORING

One point is awarded each time a cone is passed. (For example, if the player successfully dribble the ball from the starting line weaves in and out through the entire obstacle course one time, and places the ball down at the finish line, a score of five has been achieved. The player must use legal dribbles and must have control of the ball during a midpoint space in order to get for that cone successfully passed). The player's score is how many cones (midpoints) he/she successfully passes in 60 seconds.

STAGING

Volunteers administer the test and are not to interfere with any player who is performing the test. Volunteer A will instruct the group doing this particular test while Volunteer B demonstrates the actual test. Volunteer A will give a basketball to the player who will take the test, ask him/her if ready, will then say "Ready". "Go" and will count how many cones the player passes in 60 seconds. Volunteers D will time and record the athlete's score. Each volunteer is to administer the test and manage the area only.

BSAT- Perimeter Shooting



SET-UP

A goal, the official NGB free throw lane, floor tape and two basketballs, one that the athlete is provided initially, another that is for back-up in case the basketball bounces away.

TEST

Time: one trial of one minute. A player stands at the juncture of the free-throw line and lane, either to the left or right. The player dribbles toward the goal and attempts a field goal of his/her choice outside the 2.75 meter (9feet) arc. This attempt must be taken anywhere outside the 2.75 meter arc marked off by a dotted line. (This arc intersects with the free-throw restraining circle). The player then rebounds the basketball (made or missed shot) and dribbles anywhere outside the arc before attempting another field goal. The player shall make as many field goals as described above in one one-minute trial.

SCORING

Two points are awarded for each field goal make within the one-minute trial.

STAGING

Volunteers administer the test and are not to interfere with any player who is performing the test. Volunteer A will instruct the group doing this particular test while Volunteer B demonstrates the actual test. Volunteer A will give a basketball to the player who will who will then say "Reday", "Go", and will count how many field goals the player makes in one minute. Volunteer B, who is standing behind the extra ball, will retrieve and replace the basketball whenever it goes out of play. Volunteer C will time and record the athlete's score. Each volunteer is to administer the test and manage the area only.