

2018 FALL STATE COMPETITIONS - VOLLEYBALL

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. VOLLEYBALL

<i>Event Code</i>	<i>Event Description</i>
VBTEAM	Team Competition

ELIGIBILITY FOR FALL STATE INVITATIONAL PARTICIPATION

1. Athletes must participate in eight weeks of training prior to competition.
2. Each team must have at least one certified Head Coach registered and in attendance with the team for the State Tournament.
3. A Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office postmarked by **October 1, 2018** and remain valid through **November 3, 2018**.
4. Each Agency has filled out the Volleyball Intent to Play form and it is on file with their Regional office as of **September 1, 2018**.
5. Volleyball teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, and competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.

REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

VOLLEYBALL

Milwaukee String Volleyball Center – Menomonee Falls, WI

Host: Region 7

Troy Anderson

tanderson@specialolympicswisconsin.org

262-598-9507

262-598-9509 fax

State Games Registration Checklist

Please take the time to go through this checklist when filling out your registrations. This will help prevent mistakes and help process your registration faster.

This checklist is meant to be a useful tool to help you with games registrations and may not be an all-encompassing list. Please make sure to review rules and policies for each sport and game.

Contact Information:

- ☐ Enter contact information for person who will be receiving all email and mailings regarding tournament information
- ☐ Head of Delegation name and contact
 - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

Checklist of Enclosures and Delegate Numbers:

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

Registration Fees:

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
 - Make sure you fill out two separate registration packets!
 - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

Housing and Meals:

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

Agency Manager Signature:

- ☐ Please sign or type (if filling out electronically) name and date.

Coach/Chaperone Roster:

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ CONFIRM:
 - All coaches are current class A Volunteers and have completed the General Coach’s Orientation
 - All chaperones are current class A Volunteers
- ☐ If questions regarding class A or coach certification status, please contact your Regional Athletic Director or Volunteer Records Manager

(continue next page)

Athlete Rosters:

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
 - All athlete names entered and all events they will be participating entered
 - Check boxes if they will be needing housing
 - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ Medicals
 - Confirm all athlete medicals are current for the Games.
 - Any questions regarding medical status of athletes, please contact your Regional Athletic Director or our Athlete Records Manager
- ☐ Special Needs Forms
 - Submit Special Needs Forms for any athlete needing this (ex: non-verbal, behavior issues, etc). *Special Needs Forms must be submitted separate for each level of competition.*

Athlete to Chaperone Ratio:

- ☐ Confirm that you are following the 3:1-4:1 ratio for your registration packet
 - If dividing between two registration plans, this ratio must be followed for each packet
- ☐ Special Needs forms for athletes requesting 1:1 chaperones filled out and sent in with registration packet.
- ☐ If requesting 1:1 Chaperones for any of your athletes, take those athletes and chaperones out of your numbers and confirm your ratio still fits for the remaining athletes and coaches/chaperones.

Uniforms:

- ☐ Verify that all athletes have legal uniforms
 - Refer to the individual sport rules and the Uniform Requirements located in the appendices of the Competition Guide

2018 FALL STATE COMPETITIONS REGISTRATION - VOLLEYBALL FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Important: Material will only be sent to individual listed below. Be sure the address is correct (**no P.O. box Numbers**) and the form complete.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone H: (_____) _____ Phone W: (_____) _____

Fax: (_____) _____ E-mail: _____

Head of Delegation (HOD) at the Games: _____

HOD cell phone contact number while at the Games: (_____) _____

Additional email address to send games information: _____

**RETURN THIS FORM TO THE HOST REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS
BY THE DEADLINE DATE!**

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Forms and Fees Checklist	Male Athletes (w/o wheelchairs)		SUBTOTAL
<input type="checkbox"/>	Volleyball Athlete Roster	Male Athletes w wheelchairs		
		Female Athletes (w/o wheelchairs)		SUBTOTAL
		Female Athletes w wheelchairs		
		TOTAL M + F DELEGATES		

You do not have to list all the coaches and chaperones attending these games with your team(s). But please remember:

- You must adhere to an athlete/chaperone ratio that is between 3:1 and 4:1. Prior approval must be received from your Regional office for other athlete/coach ratios.
- Chaperones/Coaches must be 16 years of age or older.
- All chaperones/coaches must be approved, active SOWI Class A volunteers by the entry deadline date.
- The Athletes-As-Coaches athletes-to-athlete ratio is one per team sport (excluding bocce, relay teams and bowling teams) and one per every 12 athletes in the individual sports (including bocce, relay teams and bowling teams).

"I verify that all coaches and chaperones in attendance are 16 years of age or older and are Class A approved. All coaches are current on certification. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program."

"I have checked that all the above information and found it to be complete and accurate."

Agency Manager Signature

Date

Regional Office Signature

Date

2018 FALL STATE COMPETITIONS - VOLLEYBALL

VOLLEYBALL TEAM REGISTRATION FORM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell #: _____

☐ *By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games.*

Team Name: | | | | | | | | | | | | | | |

Each team must have a unique name, up to **15 characters long**. This name will be used at all competitions.

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	*VSAT SCORE	TOP 6 [X]
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>
9.				<input type="checkbox"/>
10.				<input type="checkbox"/>
11.				<input type="checkbox"/>
12.				<input type="checkbox"/>
COMPUTE THE AVERAGE OF TOP SIX VSAT SCORES =				

*See volleyball rules for skills calculation.

****Registration information will be sent to the person listed as head coach**

RETURN THIS FORM TO THE TOURNAMENT HOST OFFICE BY THE PUBLISHED DEADLINE DATE!
(OVER)

2018 STATE FALL COMPETITIONS - VOLLEYBALL

VOLLEYBALL TEAM REGISTRATION FORM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

TEAM NAME: _____

LIST ALL VOLLEYBALL MATCHES PLAYED THIS SEASON

(A minimum of **TWO MATCHES** must be documented here **before** the registration deadline date. **ONE** match must be played against a team from another Special Olympics Agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				

2018 FALL STATE COMPETITIONS - VOLLEYBALL

VOLLEYBALL TEAM REGISTRATION FORM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell #: _____

☐ *By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games.*

Team Name: | | | | | | | | | | | | | | |

Each team must have a unique name, up to **15 characters long**. This name will be used at all competitions.

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	*VSAT SCORE	TOP 6 [X]
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>
9.				<input type="checkbox"/>
10.				<input type="checkbox"/>
11.				<input type="checkbox"/>
12.				<input type="checkbox"/>
COMPUTE THE AVERAGE OF TOP SIX VSAT SCORES =				

*See volleyball rules for skills calculation.

**Registration information will be sent to the person listed as head coach

RETURN THIS FORM TO THE TOURNAMENT HOST OFFICE BY THE PUBLISHED DEADLINE DATE!
(OVER)

2018 STATE FALL COMPETITIONS - VOLLEYBALL

VOLLEYBALL TEAM REGISTRATION FORM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

TEAM NAME: _____

LIST ALL VOLLEYBALL MATCHES PLAYED THIS SEASON

(A minimum of **TWO MATCHES** must be documented here **before** the registration deadline date. **ONE** match must be played against a team from another Special Olympics Agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				
			1) _____ 2) _____ 3) _____	1) _____ 2) _____ 3) _____
Comments:				