

2021 FALL STATE COMPETITIONS - VOLLEYBALL

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. VOLLEYBALL

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

ELIGIBILITY FOR STATE VOLLEYBALL TOURNAMENT 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, 2021** and remain valid through **November 6, 2021**.
4. 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.

COST:FEES ARE CHARGED ONLY FOR ATHLETES ATTENDING

Plan C: Day Of: \$10.00 per athlete

REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

VOLLEYBALL

Milwaukee String Volleyball Center – Menomonee Falls, WI

Host: Region 8

Amber Weinfurter

aweinfurter@specialolympicswisconsin.org

262-518-2314

262-241-5334 fax

2021 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 ATHLETES		

REGISTRATION FEES

Plan C: Day Of: competition \$ 10.00 x _____ Total Athletes = \$ _____

Fees will be taken out of the agency in-house account, if one exists. Invoices will be sent to those that do not have an in-house account. All transactions will take place after the event date.

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

2021 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)

2021 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:				
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Comments:				