## 2016-2017 EVENT CODES

### FALL SPORTS SEASON

### BOWLING

BOSING	Singles (one person)
BODBLE	Doubles (two person)
BOSINR	Singles – Ramp (one person)
BOTEAM	Team Bowling (four person)
BWLDEV	Developmental Singles & Ramp (one person)

### WINTER SPORTS SEASON

### ALPINE SKIING

ASINSL	Alpine Intermediate Slalom
ASINGS	Alpine Intermediate Giant Slalom
ASINSG	Alpine Intermediate Super G
ASSUGL	Alpine Super Glide

#### **CROSS COUNTRY SKIING**

CC050M	50m Race Classical
CC100M	100m Race Classical
CC500MF	500m Race Freestyle
CC1KLMF	1km Race Freestyle
CC25KMF	2.5km Race Freestyle
CC5KLMF	5km Race Freestyle
CC75KMF	7.5km Race Freestyle
CC4X5M	4X500m Relay

### INDOOR SPORTS SEASON

#### BASKETBALL

BBINSC1	Individual Skills level 1
BBINSC2	Individual Skills level 2
BBTEAM	Team Basketball

#### **GYMNASTICS – RHYTHMIC**

GYMNASTICS – RHYTHMIC			
GYRROPA	Rope – Level A		
GYRHOOA	Hoop – Level A		
GYRRIBA	Ribbon – Level A		
GYRBALLA	Ball – Level A		
GYRALLA	All Around – Level A		
GYRROPB	Rope – Level B		
GYRHOOB	Hoop – Level B		
GYRRIBB	Ribbon – Level B		
GYRBALB	Ball – Level B		
GYRBALLB	All Around – Level B		
GYRROP1	Rhythmic Rope – Level 1		
GYRCLB2	Rhythmic Club – Level 2		
GYRROP3	Rhythmic Rope – Level 3		
GYRHOO1	Rhythmic Hoop – Level 1		
GYRHOO2	Rhythmic Hoop—Level 2		
GYRCLB3	Rhythmic Club – Level 3		
GYRBAL1	Rhythmic Ball – Level 1		
GYRBAL2	Rhythmic Ball – Level 2		
GYRBAL3	Rhythmic Ball – Level 3		
GYRRIB1	Rhythmic Ribbon – Level 1		
GYRRIB2	Rhythmic Ribbon – Level 2		
GYRRIB3	Rhythmic Ribbon – Level 3		
GYRALL1	Rhythmic All Around – Level 1		
GYRALL2	Rhythmic All Around – Level 2		
GYRALL3	Rhythmic All Around – Level 3		

### SNOWSHOE RACING

SN050M	50m Race
SN100M	100m Race
SN200M	200m Race
SN400M	400m Race
SN800M	800m Race
SN4X100M	4X100m Relay
SN4X200M	4X200m Relay
SN4X400M	4X400m Relay

#### **SNOWBOARDING**

SBSUGL	Snowboard Super Glide
SBINSG	Snowboard Intermediate Super G
SBINSL	Snowboard Intermediate Slalom
SBINGS	Snowboard Intermediate Giant Slalom

### **GYMNASTICS – ARTISTIC**

GYAVAU	Vaulting – Level A
GYAWBM	Wide Beam – Level A
GYAFLX	Floor Exercise – Level A
GYMFLX1	Men's Floor Exercise – Level 1
GYMFLX2	Men's Floor Exercise – Level 2
GYMFLX3	Men's Floor Exercise – Level 3
GYMVAU1	Men's Vaulting – Level 1
GYMVAU2	Men's Vaulting – Level 2
GYMVAU3	Men's Vaulting – Level 3
GYMHBR1	Men's Horizontal Bar – Level 1
GYMHBR2	Men's Horizontal Bar – Level 2
GYWVAU1	Women's Vaulting – Level 1
GYWVAU2	Women's Vaulting – Level 2
GYWVAU3	Women's Vaulting – Level 3
GYWUNB1	Women's Uneven Bars – Level 1
GYWUNB2	Women's Uneven Bars – Level 2
GYWUNB3	Women's Uneven Bars – Level 3
GYWBBM1	Women's Balance Beam - Level 1
GYWBBM2	Women's Balance Beam - Level 2
GYWBBM3	Women's Balance Beam - Level 3
GYWFLX1	Women's Floor Exercise – Level 1
GYWFLX2	Women's Floor Exercise – Level 2
GYWFLX3	Women's Floor Exercise – Level 3
GYWALL1	Women's All Around – Level 1
GYWALL2	Women's All Around – Level 2
GYWALL3	Women's All Around – Level 3

SUMMER SPORTS SEASON		AQUATICS	
ATHLETICS		SW25MDEV	Assisted Swim (District only, non-advancing)
AT50MDEV	Assisted Run (Regional only, non-advancing)	SW15WK	15m Walk (District only, if water depths permit)
AT050M	50m run	SW15KB	15m Kickboarding (District only, non-advancing)
AT100M	100m Run	SW15US	15m Unassisted Swim
AT200M	200m Run	SW25MF	25m Freestyle
AT400M	400m Run	SW50MF	50m Freestyle
AT800M	800m Run	SW100MF	100m Freestyle
AT1500M	1500m Run	SW200MF	200m Freestyle
AT3000M	3000m Run	SW400MF	400m Freestyle
AT25MW	25m Walk	SW25BS	25m Breaststroke
AT100W	100m Walk	SW50BS	50m Breaststroke
AT200W	200m Walk	SW100BS	100m Breaststroke
AT400W	400m Walk	SW25BK	25m Backstroke
AT800W	800m Walk	SW50BK	50m Backstroke
AT1500W	1500m Walk	SW100BK	100m Backstroke
ATLNJP	Long Jump (must be able to jump at least 1m)	SW25BF	25m Butterfly
ATSTLJ	Standing Long Jump	SW50BF	50m Butterfly
ATSP2M	Shot Put-Male: 8-11 years of age	SW100BF	100m Butterfly
ATSP4M	Shot Put-Male: 12 years and older	SW100IM	100m Individual Medley
ATSPIW	Shot Put-Female: 8-11 years of age	SW4X25MF	4x25m Freestyle Relay
ATSP2W	Shot Put-Female: 12 years and older	SW4X50MF	4x50m Freestyle Relay
ATSOBT	Softball Throw (cannot do with Mini Javelin)	SW4X1CMF	4x100m Freestyle Relay
ATJAVJR	Mini Javelin 8-15	SW4X25MR	4x25m Medley Relay
ATJAVSR	Mini Javelin 16+	SW4X50MR	4x50m Medley Relay
AT4X100W	4x100m Walking Relay		
AT4X100W	4 x 100m Relay		
AT4X200M	4 x 200m Relay		
AT4X400M	4 x 400m Relay		SPORTS SEASON
AT25WH	Wheelchair-25m	BOCCE	OF ORTO DEADOR
AT100WH	Wheelchair-100m	BCTEAM	Team Competition
AT200WH	Wheelchair-200m	DUTERIVI	ream competition
AT30WS	Wheelchair-30m Slalom	GOLF	
	Motor Wheelchair-25m Obstacle	GFASTM	Alternate Shot Team Dlay I aval 2
ATWHOB	Motor Wheelchair-25m Obstacle		Alternate Shot Team Play – Level 2
AT30MS		GFSING9	Individual Stroke Play (9 Hole) – Level 4
AT50MS AT4X25M	Motor Wheelchair-50m Slalom	SOFTBALL	
AT4X25M ATWSP1M	4 x 25 Wheelchair Shuttle Relay		Team Softball Competition
	Wheelchair Shot Put-Male	SBTEAM	
ATWSP1W	Wheelchair Shot Put-Female	SBTEEB	Tee Ball Competition
POWERLIFTIN	NG	TENNIS	
PLBHPR	Bench Press	TNSING	Singles
PLDEAD	Deadlift		U U
PLSQAT	Squat		
PLCOMB2	Bench/Deadlift Combination Lift		
	Bench/Deadlift/Squat Combo Lift		

### SOCCER

PLCOMB3

FBTEAM Five-A-Side Team Soccer

Bench/Deadlift/Squat Combo Lift

## 2017 OUTDOOR SPORTS SEASON OVERVIEW EVENT DESCRIPTIONS

### **OFFICIAL EVENTS OFFERED:** Athletes shall compete in only one of the sports offered.

### BOCCE

Event CodeEvent DescriptionBCTEAMTeam Competition

### SOFTBALL

Event CodeEvent DescriptionA.SBTEAMTeam Softball CompetitionB.SBTEEBTee Ball Competition

### TENNIS

*Event Code Event Description* TNSING Singles

\*\*Golf will be offered as a state competition only. Forms and information can be found with State Forms in section E of the Competition Guide.

### **ELIGIBILITY FOR OUTDOOR SPORTS SEASON PARTICIPATION**

- 1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2017** and remains valid through **August 5, 2017**
- 2. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition.
- 3. 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, district competition and State 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.
- 4. <u>Teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: A limited number of second and third place teams may advance to fill any spaces in the tournament field.</u>
- 5. All Agencies must submit an Intent to Play form for team events to their Regional office by May 1, 2017.
- 6. Advancement of athletes in individual sports must comply with the policies listed in the General Information section of the Competition Guide.

### PLEASE READ FORMS CAREFULLY

# **Regional/District/Sectional 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 allencompassing 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
- □ Name and phone number for main contact at tournament
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

### **Athlete Rosters:**

- □ Fill out rosters for the sport you will be competing in.
- □ Confirm
  - All athlete names entered and all events they will be participating entered
  - All times/scores/distances are correctly entered
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
  - Scores for qualifying games entered for team sports.
    - If played more than the minimum number of games, please list all games played. This will help provide information when divisioning.
  - o Team names and Relay names are correct
- Medicals
  - $\circ$   $\;$  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 (608-442-5677)
- 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.

### **Coach/Chaperone Roster:**

- 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 (608-442-5675)

### 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

## 2017 DISTRICT/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

Please	Print (	Clearly:						
Agency	Numb	er:Agency Name:						
Head C	oach:	W:	()	H: (	)			
Address	s:		(C:t.)	(Sta	to)	(Zip)		
Fax: <u>(</u>	)	E-mail:	(City)	(36	ile)	(Ziþ)		
<u>Cell ph</u>	one co	ontact number while at the Tournament: (	)					
	RETURN THIS FORM TO THE HOST REGION OFFICE BY THE PUBLISHED DEADLINE DATE!							
I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers □ (check √).         Important: Teams shall consist of rosters of four, five or six athletes; however only four may compete at one time. Substitution rules will regulate the use of the 5 <sup>th</sup> or 6 <sup>th</sup> players.         * Team Name:								
		ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRS	iT)	WHEELCHAIR (X)	INDIVIDUAL BOSAT SCORE*			
	1.							
	2.					1		
	3.					1		
	4.					1		
	5.					1		
	6.					1		
BOSAT	Team	Average: (only top four scores <sup>†</sup> ) ***	Rank:	_ (your teams fro	om your Age	ncy)		

<sup>†</sup>Better scores have a lower numerical value.

\*See BOSAT Rules and Form on following pages

\*\*\*If registering multiple teams, please rank them utilizing one to indicate the top team, two for second best, etc.

# By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games $\Box$ (check $\sqrt{}$ ).

### (OVER)

# 2017 DISTRICT/REGIONAL TEAM BOCCE

### Please Print Clearly:

Agency Number:	Agency Name:			
Team Name:				
Total Agency number of coaches and chaperones that will be attending this district tournament:				
Reminder: athlete to coach/chaperone ratio is minimum of 4:1				
Will you be bringing qualifying athletes to the State tournament?  Yes No				

### LIST ALL BOCCE GAMES YOU HAVE PLAYED THIS SEASON

A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				

# BOCCE SKILLS ASSESSMENT TEST (BOSAT)

- 1. The BOSAT is designed specifically to measure the basic skills necessary to participate in the sport of bocce, i.e., the delivery of the ball, while focusing on a target, so the thrown ball comes to rest as close as possible to the target (pallina in the BOSAT).
- 2. All athletes to be entered in bocce competition must have completed the entire BOSAT (along with his or her team members) in order to be eligible for all bocce competition.
- 3. Caution: You should administer the BOSAT only after athletes have become familiar with the scoring area and procedures. In addition, administer the BOSAT shortly before your district entries are due. Hopefully, skills will have improved your training from pre-district competition opportunities.
- 4. Equipment:
  - a. Four official size (4.20" 4.33") bocce balls metal or wood
  - b. One pallina of similar material and size (1.875" 2.5")
- 5. Set Up
  - a. An official 60 foot grass bocce court
  - b. For each trial, the pallina will be centered in the middle of the court at each of the distances listed (30, 40, then 50 feet measured from the end).
- 6. Test:
  - a. Each player being tested will stand behind the throwing line at the end opposite the placed pallina and will deliver four consecutive balls as close to the pallina as they can for each trial.
  - b. If a player's foot fouls while tossing a ball, the ball will be picked up and re-tossed by the player.
  - c. If the pallina is moved during the trial, it shall remain where it lands and shall not be replaced in its original position until after completion of the trial. Play shall continue unless the pallina is knocked passed the end court line in which case it shall be considered out of bounds and the trial shall be replayed.
  - d. The official shall measure and record in inches the total number of inches all four balls are from the pallina for each trial and shall record the closest three. The measurement will be from the center of the pallina to closest side of the ball.
- 7. Scoring
  - a. When all three trials are completed, each of the best three scores from each trial shall be added together into one cumulative score.
  - b. A team score (average) shall equal the total number of inches for the four best players (with the lowest scores) on the team, divided by four.
  - c. If a ball rolls past the end line during a trial, the score shall be the measurement in inches from where the pallina was placed, measured to the end line. For example, if measuring from the pallina placed at the 40 foot mark, it would be 20 feet or 240 inches to get to the end line. The following scores will be used:

pallina placement = inches to the end line

30 feet = 360 inches 40 feet = 240 inches 50 feet = 120 inches

# BOCCE SKILLS ASSESSMENT TEST (BOSAT)

## SCORE SHEET

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Team Name:

TEAM MEMBERS		TRIALS (in inches)									*TOTAL OF 3 best scores
		1 (30 feet)			2 (40 feet)			3 (50 feet)			from each trial (in inches)
1											
2											
3											
4											
5											
6											

# **IMPORTANT:**

**BOSAT TEAM AVERAGE** When all three trials are completed, each of the best three scores from each trial shall be added together into one cumulative score.

The sum of the four lowest (best) athlete totals for all of the three trials = \_\_\_\_\_divided by 4 = [Please record all trials in inches.]

- The BOSAT team average will be used along with competition scores to division bocce teams for competitions.
- A copy of your BOSAT must be forwarded with your district bocce registration materials.
- Transfer this total to district registrations. If you have more than one team, rank your teams, with the best team having 1 the next 2 and so forth.