

2018 INDOOR SPORTS SEASON OVERVIEW – TEAM BASKETBALL

EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT PER SEASON

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

<i>Event Code</i>	<i>Event Description</i>
BBTEAM	Team Basketball

ELIGIBILITY FOR TEAM BASKETBALL SEASON PARTICIPATION

1. Valid Special Olympics Release Form, Application For Participation in Special Olympics on file in the Headquarters office postmarked by **February 1, 2018** to remain valid through **the date of the Regional/District Tournament you are attending.**
2. To be eligible to advance to the Indoor Sports Tournament, an athlete's Application for Participation must remain valid through **April 8, 2018.**
3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
4. Each Agency must fill out a Team Basketball Intent to Play form and have it on file with the Regional office by **December 1, 2017.**
5. Teams must play a minimum of two documented games against other Special Olympics teams prior to registration for district/regional competition. The team roster must remain the same for the two qualifying games, district/regional competition, sectional 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.
6. Teams must place first in their assigned district/regional competition to automatically qualify for sectional competition. Note: A limited number of second and third place teams will advance through lottery selections to fill spaces in the sectional tournament field.
7. Teams must place first in their assigned sectional competition to automatically qualify for state tournament play. Note: A limited number of second and third place teams will advance through lottery selections to fill any spaces in the state tournament field.

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 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
- ☐ Name and phone number for main contact at tournament
 - o 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
 - o All athlete names entered and all events they will be participating entered
 - o All times/scores/distances are correctly entered
 - o Any additional information on registration (ex: water start for aquatics, category letter for athletics)
 - o 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
 - o Confirm all athlete medicals are current for the Games.
 - o Any questions regarding medical status of athletes, please contact your Regional Athletic Director or our Athlete Records Manager.
- ☐ Special Needs Forms
 - o 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:
 - o All coaches are current class A Volunteers and have completed the General Coach's Orientation
 - o 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.

Athlete to Chaperone Ratio:

- ☐ Confirm that you are following the 3:1-4:1 ratio for your registration packet
 - o 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
 - o Refer to the individual sport rules and the Uniform Requirements located in the appendices of the Competition Guide

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REGIONAL, DISTRICT & SECTIONAL EVENT INFORMATION

2017 DISTRICT/REGIONAL TEAM BASKETBALL

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 coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying team(s) to the sectional tournament? ☐ Yes ☐ No

LIST ALL BASKETBALL GAMES PLAYED THIS SEASON.

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

****Remember – the more information you give us, the more accurate your divisioning****

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

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Comments:				
Comments:				
Comments:				
Comments:				

2018 SECTIONAL TEAM BASKETBALL REGISTRATION

ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax: () E-mail:

Cell phone contact number while at the Tournament: ()

Additional email you would like games information sent to: _____

RETURN THIS FORM TO YOUR HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check ☒).

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

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

List in Alphabetical Order

List in Alphabetical Order:		
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)	M/F
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Comments: _____
