

2016 STATE INDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

<i>Event Code</i>	<i>Event Description</i>
BBINSC1	Individual Skills level 1
BBINSC2	Individual Skills level 2
BBTEAM	Team Basketball

2. GYMNASTICS – STATE LEVEL ONLY

A. GYMNASTICS – ARTISTIC

<i>Event Code</i>	<i>Event Description</i>
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

B. GYMNASTICS – RHYTHMIC

<i>Event Code</i>	<i>Event Description</i>
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

Back by popular demand, Agencies can split their group into two delegations. You must adhere to an athlete/chaperone ration that is between 3:1 and 4:1 within each plan to ensure legal ratios for housing and travel. Please indicate on the form which plan(s) your group would like to utilize and check off which chaperones and athletes will be staying in housing by checking the box on the rosters.

ADDITIONAL “DAY PASS” COACHES – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and **MUST** have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a “Day Pass” which must be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

ELIGIBILITY FOR INDOOR SPORTS TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form Application for Participation in Special Olympics on file in the Headquarters office postmarked by **February 1, 2016** to remain valid through **April 10, 2016**.
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.
3. SOWI will issue a quota to each Agency for State basketball skills participation based on the current year of Region involvement. Gymnastics is a straight to state competition; athletes may register with no qualifying event participation necessary. Each Region will, in turn, give a quota of participants to each Agency. Refer to the General Information section of your Competition Guide for information on advancement.
4. Teams must place first in their assigned sectional competitions 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.

HOUSING:

Housing	Gruenhagen Conference Center, UW – Oshkosh
Housing Available	Saturday, April 9, 2016

COMPETITION:

UW – Oshkosh Kolf Fieldhouse and Albee Hall	Team Basketball
UW – Oshkosh Albee Hall	Basketball Skills
UW – Oshkosh Kolf Fieldhouse (Lower Level)	Gymnastics

MEALS:

Saturday, April 9	Lunch and Dinner
Sunday, April 10	Breakfast

COST:

Delegates are the athletes, coaches and chaperones

Plan A:	Housing	\$50.00 per delegate-Housing, All Meals, Competition
Plan B:	No Housing	\$24.00 per delegate-All Meals and Competition
Plan C:	Day Of - Saturday	\$8.00 per delegate-Lunch and Competition

* Agencies within 30 miles of Oshkosh must choose Plan B or C

SPECIAL EVENTS:

- | | |
|--------------------|---------------------|
| ▪ Opening Ceremony | ▪ Healthy Athletes® |
| ▪ Dance | |

2016 STATE INDOOR SPORTS TOURNAMENT REGISTRATION

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: (____) _____

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

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Chaperone Roster	Male Athletes (w/o wheelchairs)		
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		SUBTOTAL
<input type="checkbox"/>	Team Entry Form(s)	Male Coaches / Chaperones		
<input type="checkbox"/>	Basketball Skills Form(s)	Female Athletes (w/o wheelchairs)		
<input type="checkbox"/>	Gymnastics Form(s)	Female Athletes w/ wheelchairs		SUBTOTAL
		Female Coaches / Chaperones		
TOTAL M + F DELEGATES				

REGISTRATION FEES – Agency can split between two plans provided a 3:1 or 4:1 ratio is maintained within each plan.

Plan A: Housing: competition & all meals \$50.00 x _____ Total Delegates = \$ _____

Plan B: No housing: competition & all meals \$24.00 x _____ Total Delegates = \$ _____

Plan C: Day Of: competition & Saturday lunch \$ 8.00 x _____ Total Delegates = \$ _____

Total = \$ _____

☐ In-House Account (Funds will be automatically transferred, including any incidental charges incurred by the Agency)

☐ Non In-House Accounts: Check # _____ ☐ Included in Packet ☐ Will Send to SOWI

* Agencies within 30 miles of Oshkosh must choose Plan B or C Date _____

***If your delegation is providing its own housing at a hotel, please name: _____

HOUSING AND MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Saturday Night	Males:		Saturday Lunch	
	Females:		Saturday Dinner	
			Sunday Breakfast	

"I have checked this information and found it to be complete and accurate."

Head Delegate Signature _____ Date _____

Regional Office Signature _____ Date _____

COACH – CHAPERONE ROSTER

AGENCY # _____

Please list the coaches and chaperones who will be accompanying your group. You must adhere to an athlete/chaperone ration that is between 3:1 and 4:1. Prior approval must be received from you Regional office for other athlete/coach ratios.

IMPORTANT

Chaperones must be 16 years of age or older. No un-named chaperones are allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

Athletes-As-Coaches (AAC) are to be listed under CERTIFIED COACHES. The AAC 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). Please indicate any Athletes-As-Coaches by checking the box in the AAC column.

***PLEASE INDICATE CERTIFIED COACHES AND SELECT ONE SPORT THEY ARE CERTIFIED IN AND COACHING FOR THE STATE GAMES.**

The roster must be typed or printed clearly.

COACHES/ CHAPERONS		M / F	SPORT CERTIFICATION Circle ONE	W/C [X]	AAC [X]	HOUSING
1.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.			TBB / BBS AGYM / RGYM/ General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

"DAY PASS" COACHES **PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>

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

Head Delegate Signature

Date

2016 STATE INDOOR SPORTS TOURNAMENT

TEAM BASKETBALL REGISTRATION FORM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell #: _____

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

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 (LAST NAME, FIRST NAME)	M/F	AGE	HEIGHT	HOUSING
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"/>

***See information on Event Description Page**

TEAM EVALUATION COMMENTS:

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.

[illegible]

2016 STATE INDOOR SPORTS TOURNAMENT

BASKETBALL SKILLS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell #: _____

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	W/C [X]	EVENT CODE	BB HOOP HEIGHT	BB SIZE MEN/WOMEN	BOUNCE/ CHEST PASS**	*HOUSING
1.			<input type="checkbox"/>					<input type="checkbox"/>
2.			<input type="checkbox"/>					<input type="checkbox"/>
3.			<input type="checkbox"/>					<input type="checkbox"/>
4.			<input type="checkbox"/>					<input type="checkbox"/>
5.			<input type="checkbox"/>					<input type="checkbox"/>
6.			<input type="checkbox"/>					<input type="checkbox"/>
7.			<input type="checkbox"/>					<input type="checkbox"/>
8.			<input type="checkbox"/>					<input type="checkbox"/>
9.			<input type="checkbox"/>					<input type="checkbox"/>
10.			<input type="checkbox"/>					<input type="checkbox"/>
11.			<input type="checkbox"/>					<input type="checkbox"/>
12.			<input type="checkbox"/>					<input type="checkbox"/>
13.			<input type="checkbox"/>					<input type="checkbox"/>
14.			<input type="checkbox"/>					<input type="checkbox"/>
15.			<input type="checkbox"/>					<input type="checkbox"/>
16.			<input type="checkbox"/>					<input type="checkbox"/>
17.			<input type="checkbox"/>					<input type="checkbox"/>
18.			<input type="checkbox"/>					<input type="checkbox"/>
19.			<input type="checkbox"/>					<input type="checkbox"/>
20.			<input type="checkbox"/>					<input type="checkbox"/>
21.			<input type="checkbox"/>					<input type="checkbox"/>
22.			<input type="checkbox"/>					<input type="checkbox"/>
23.			<input type="checkbox"/>					<input type="checkbox"/>
24.			<input type="checkbox"/>					<input type="checkbox"/>
25.			<input type="checkbox"/>					<input type="checkbox"/>

*See information on Event Description Page

**Must designate chest or bounce pass for Level II Catch and Pass Skill

List athletes in alphabetical order by last name.

2016 STATE INDOOR SPORTS TOURNAMENT

GYMNASTICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell Phone: _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	W/C [X]	EVENT CODE			HOUSING
1.			<input type="checkbox"/>				<input type="checkbox"/>
2.			<input type="checkbox"/>				<input type="checkbox"/>
3.			<input type="checkbox"/>				<input type="checkbox"/>
4.			<input type="checkbox"/>				<input type="checkbox"/>
5.			<input type="checkbox"/>				<input type="checkbox"/>
6.			<input type="checkbox"/>				<input type="checkbox"/>
7.			<input type="checkbox"/>				<input type="checkbox"/>
8.			<input type="checkbox"/>				<input type="checkbox"/>
9.			<input type="checkbox"/>				<input type="checkbox"/>
10.			<input type="checkbox"/>				<input type="checkbox"/>

***See information on Event Description Page**

*****You must list every event code for each athlete*****

(OVER)

2016 STATE GYMNASTICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	W/C [X]	EVENT CODE			HOUSING
11.			<input type="checkbox"/>				<input type="checkbox"/>
12.			<input type="checkbox"/>				<input type="checkbox"/>
13.			<input type="checkbox"/>				<input type="checkbox"/>
14.			<input type="checkbox"/>				<input type="checkbox"/>
15.			<input type="checkbox"/>				<input type="checkbox"/>
16.			<input type="checkbox"/>				<input type="checkbox"/>
17.			<input type="checkbox"/>				<input type="checkbox"/>
18.			<input type="checkbox"/>				<input type="checkbox"/>
19.			<input type="checkbox"/>				<input type="checkbox"/>
20.			<input type="checkbox"/>				<input type="checkbox"/>

***See information on Event Description Page**

*****You must list every event code for each athlete*****

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in one of the three event categories.