**2016 STATE INDOOR SPORTS TOURNAMENT**

# EVENT DESCRIPTION

**OFFICIAL EVENTS OFFERED:**

1. **BASKETBALL**

***Event Code Event Description***

BBINSC1 Individual Skills level 1

BBINSC2 Individual Skills level 2

BBTEAM Team Basketball

1. **GYMNASTICS – STATE LEVEL ONLY**

**A. GYMNASTICS – ARTISTIC**

***Event Code Event Description***

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**

***Event Code Event Description***

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

**▪** Dance

**▪** Healthy Athletes®

**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** |
| [ ]  | Chaperone Roster |  | Male Athletes (w/o wheelchairs) |       |  |
| [ ]  | Registration Fees |  | Male Athletes w/ wheelchairs |       | **Subtota**l |
| [ ]  | Team Entry Form(s) |  | Male Coaches / Chaperones |       |       |
| [ ]  | Basketball Skills Form(s) |  | Female Athletes (w/o wheelchairs) |       |  |
| [ ]  | 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)

**[ ]** NonIn-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 CERTIFICATIONCircle ONE | **W/C [X]** | **AAC [X]** | **Housing** |
| 1. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 2. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 3. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 4. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 5. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 6. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 7. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 8. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 9. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 10. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 11. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 12. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 13. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |
| 14. |       |       | TBB / BBS AGYM / RGYM/ General | [ ]  | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| “DAY PASS” Coaches *\*\*please see event description for specifics\*\** | **M / F**  | **W/C [X]** |
| 1. |       |       | [ ]  |
| 2. |       |       | [ ]  |
| 3. |       |       | [ ]  |

**“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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Athlete Name**(Last Name, First Name) | **M/F** | **AGE** | **Height** | **Housing** |
| 1. |       |       |       |       | [ ]  |
| 2. |       |       |       |       | [ ]  |
| 3. |       |       |       |       | [ ]  |
| 4. |       |       |       |       | [ ]  |
| 5. |       |       |       |       | [ ]  |
| 6. |       |       |       |       | [ ]  |
| 7. |       |       |       |       | [ ]  |
| 8. |       |       |       |       | [ ]  |
| 9. |       |       |       |       | [ ]  |
| 10. |       |       |       |       | [ ]  |
| 11. |       |       |       |       | [ ]  |
| 12. |       |       |       |       | [ ]  |

**\*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.

**2016 STATE INDOOR SPORTS TOURNAMENT**

# BASKETBALL SKILLS ATHLETE ROSTER

**Please Print Clearly:**

Agency Number:       Agency Name:

Head Coach:         Cell #:

**Return this form to your rEGIONALoffice 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. |       |       | [ ]  |       |       |       |       | [ ]  |
| 2. |       |       | [ ]  |       |       |       |       | [ ]  |
| 3. |       |       | [ ]  |       |       |       |       | [ ]  |
| 4. |       |       | [ ]  |       |       |       |       | [ ]  |
| 5. |       |       | [ ]  |       |       |       |       | [ ]  |
| 6. |       |       | [ ]  |       |       |       |       | [ ]  |
| 7. |       |       | [ ]  |       |       |       |       | [ ]  |
| 8. |       |       | [ ]  |       |       |       |       | [ ]  |
| 9. |       |       | [ ]  |       |       |       |       | [ ]  |
| 10. |       |       | [ ]  |       |       |       |       | [ ]  |
| 11. |       |       | [ ]  |       |       |       |       | [ ]  |
| 12. |       |       | [ ]  |       |       |       |       | [ ]  |
| 13. |       |       | [ ]  |       |       |       |       | [ ]  |
| 14. |       |       | [ ]  |       |       |       |       | [ ]  |
| 15. |       |       | [ ]  |       |       |       |       | [ ]  |
| 16. |       |       | [ ]  |       |       |       |       | [ ]  |
| 17. |       |       | [ ]  |       |       |       |       | [ ]  |
| 18. |       |       | [ ]  |       |       |       |       | [ ]  |
| 19. |       |       | [ ]  |       |       |       |       | [ ]  |
| 20. |       |       | [ ]  |       |       |       |       | [ ]  |
| 21. |       |       | [ ]  |       |       |       |       | [ ]  |
| 22. |       |       | [ ]  |       |       |       |       | [ ]  |
| 23. |       |       | [ ]  |       |       |       |       | [ ]  |
| 24. |       |       | [ ]  |       |       |       |       | [ ]  |
| 25. |       |       | [ ]  |       |       |       |       | [ ]  |

**\*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. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 2. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 3. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 4. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 5. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 6. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 7. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 8. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 9. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 10. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |

**\*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. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 12. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 13. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 14. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 15. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 16. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 17. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 18. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 19. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |
| 20. |       |       | [ ]  |       |       |       | [ ]  |
|       |       |       |

**\*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.