**2016 INDOOR SPORTS SEASON OVERVIEW**

**EVENT DESCRIPTIONS**

Athletes CAN only be entered in one sport

**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

**2016 INDOOR SPORTS SEASON**

**ELIGIBILITY FOR INDOOR SPORTS SEASON PARTICIPATION**

* + 1. Valid 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. 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.

3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.

4. Individual basketball skills state participation will be based on a quota.

5. 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.

6. 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.

7. Each Agency must fill out an Intent to Play form and have it on file with the Regional office by **December 1, 2015.**

8. SOWI will issue a quota to each Agency for state basketball skills participation based on the current year’s Regional involvement. Every Agency must follow the advancement criteria as described in the General Information section of the Competition Guide for determination of which athletes to advance.

**PLEASE READ FORMS CAREFULLY!**

**2016 DISTRICT/REGIONAL BASKETBALL REGISTRATION**

**TEAM BASKETBALL**

**Please Print Clearly:**

Agency Number:       Agency Name:

\*\*Head Coach:       W: (      )       H: (      )

Address:

(City) (State) (Zip)

Fax: (      )       E-mail:

**Cell phone contact number while at the Tournament:** (      )

**Return this form to the 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.

**CHECK ALL ITEMS:**

New Team  Existing Team

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **M/F** | **Height** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |

One team per form

\*\*Registration information for this event will be sent to the person listed as head coach.

**By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games  (check √).**

**(OVER)**

**2016 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: | | | | |

**2016 DISTRICT BASKETBALL SKILLS REGISTRATION**

**ATHLETE ROSTER**

**Please Print Clearly:**

Agency Number:       Agency Name:

\*\*\*Head Coach:       W: (      )       H: (      )

Address:

(City) (State) (Zip)

Fax: (      )       E-mail:

**Cell phone contact number while at the Tournament:** (      )

**Return this form to the 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 √).**

Number of coaches and chaperones that will attend this district tournament:

***Reminder:*** *athlete to coaches/chaperone ratio is minimum of 4:1*

Will you be taking qualifying athletes to the state tournament? Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Athlete Names**  (AlphabeticaL: Last Name, First**)** | **Event Code** | **\*Qualifying Score** | **Basketball Hoop Height\*** | **Basketball Size Men/Women\*\*** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15 |  |  |  |  |  |

\*Refer to basketball skills rules to calculate final score to use as qualifying score.

\*\*Refer to the rules for hoop height and ball size by age group.

\*\*\*Registered information for this district event will be sent to the person listed as head coach.

**2016 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:** (     )

**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

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