**2016 OUTDOOR SPORTS TOURNAMENT SEASON OVERVIEW**

**EVENT DESCRIPTIONS**

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

**BOCCE**

***Event Code Event Description***

BCTEAM Team Competition

**GOLF**

***Event Code Event Description***

GFASTM Alternate Shot Team Play – Level 2

*GOUNIF Unified® Sports Team Play (9 Hole) Level 3 – no longer offered as an SOWI event*

GFSING9 Individual Stroke Play (9 Hole) – Level 4

*GFSING18 Individual Stroke Play (18 Hole) – Level 5 – no longer offered as an SOWI event*

**SOFTBALL**

***Event Code Event Description***

1. SBTEAM Team Softball Competition
2. SBTEEB Tee Ball Competition

**TENNIS**

***Event Code Event Description***

TNSING Singles

**ELIGIBILITY FOR OUTDOOR SPORTS SEASON PARTICIPATION**

Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2016** and remains valid through the last day of the tournament.

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. 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.

5. Golf district competition will have quota based on the current year's registration.

6. All Agencies must submit an Intent to Play form for team events to their Regional office by **May 1, 2016.**

7. 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!**

**2016 DISTRICT TEAM SOFTBALL 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 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**. The name must be used at all competitions.

New Team  Existing Team

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ATHLETE NAMES**  (Alphabetical: Last Name, First) | **M/F** | **age** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |
| 14. |  |  |  |
| 15. |  |  |  |

\*\*Registration information for this district 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 TEAM SOFTBALL**

**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 taking qualifying team(s) to the State tournament?  Yes  No

**LIST ALL SOFTBALL GAMES 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 Match** | **Your Score** | **Their Score** |
|  |  |  |  |  |
| Comments: | | | | |
|  |  |  |  |  |
| Comments: | | | | |
|  |  |  |  |  |
| Comments: | | | | |

**2016 TEAM TEE BALL\* 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 √).**

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

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

New Team  Existing Team

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **M/F** | **AGE** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |
| 14. |  |  |  |
| 15. |  |  |  |

\*Beginning in 2014, tee ball is only offered at the District level, in conjunction with the Region 8 District Tournament.

\*\*Registration information for this district 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 TEAM TEE BALL**

**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*

**List all Tee Ball 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 Match** | **Your Score** | **Their Score** |
|  |  |  |  |  |
| Comments: | | | | |
|  |  |  |  |  |
| Comments: | | | | |
|  |  |  |  |  |
| Comments: | | | | |

**2016 DISTRICT GOLF 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:** (      )

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

***Reminder:*** *athlete to coach/chaperone ratio is minimum of 4:1* (do not include alternate shot partners in total)

Will you be bringing qualifying athletes to the State tournament?  Yes  No

**Return this form to your host REGIONALOffice by the published deadline date!**

**I have verified that all chaperones attending the tournament are**

**approved SOWI Class A certified volunteers  (check √).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ATHLETE NAMES**  (Alphabetical: Last Name, First) | **UNIFIED ATHLETE**  **[x]** | **EVENT CODE** | **\*AVERAGE SCORE** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| 11. |  |  |  |  |
| 12. |  |  |  |  |
| 13. |  |  |  |  |
| 14. |  |  |  |  |
| 15. |  |  |  |  |

\*Average of six scores recorded on following pages

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

Unified Sports Medical Form: Partner athletes must correctly complete the Unified Sports Partner Application Form and mail to the Headquarters office postmarked by the June 1st medical deadline date.

**2016 DISTRICT GOLF ATHLETE REGISTRATION**

**LEVEL 2 – ALTERNATE SHOT**

**Please Print Clearly:**

Agency Number:       Agency Name:

**\*THESE NAMES MUST ALSO APPEAR ON YOUR GOLF ATHLETE ROSTER**

Two of the six required scores must be completed on courses of 2,400 yards or longer. Also list the six most recent scores since the last Outdoor Sports Tournament for the athlete and partner below.

|  |
| --- |
| **\*\* Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  \***Athlete Names** (Alphabetical: Last Name, First) Team Average  1.  2.  Six most recent nine-hole scores:  Course Par:  Course Length (yards): |
| **\*\* Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  \***Athlete Names** (Alphabetical: Last Name, First) Team Average  1.  2.  Six most recent nine-hole scores:  Course Par:  Course Length (yards): |
| **\*\* Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  \***Athlete Names** (Alphabetical: Last Name, First) Team Average  1.  2.  Six most recent nine-hole scores:  Course Par:  Course Length (yards): |

\*\*Teams must have a unique name up to **15 characters long**. The name will remain the same for all competition.

**2016 DISTRICT GOLF ATHLETE REGISTRATION**

**LEVEL 4 – 9 HOLE**

**Please Print Clearly:**

Agency Number:       Agency Name:

**\*These names must also appear on your Golf Athlete Roster.**

Two of the six required scores must be completed on courses of 2,400 yards or longer. Also list the six most recent scores since the last Outdoor Sports Tournament for the athlete below.

|  |
| --- |
| \*Athlete Name (Last Name, First)  1.       Average  Six most recent nine-hole scores:  Course Par:  Course Length (yards): |
| \*Athlete Name (Last Name, First)  2.       Average  Six most recent nine-hole scores:  Course Par:  Course Length (yards): |
| \*Athlete Name (Last Name, First)  3.       Average  Six most recent nine-hole scores:  Course Par:  Course Length (yards): |
| \*Athlete Name (Last Name, First)  4.       Average  Six most recent nine-hole scores:  Course Par:  Course Length (yards): |
| \*Athlete Name (Last Name, First)  5.       Average  Six most recent nine-hole scores:  Course Par:  Course Length (yards): |

**2016 DISTRICT/REGIONAL TEAM BOCCE 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 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 5th or 6th players.*

**\* Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* Each team must have a unique name up to **15 characters long**. The names will stay the same at all levels of competition.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **WHEELCHAIR**  **(X)** | **INDIVIDUAL**  **\*\*BOSAT SCORE** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

New Team  Existing Team

|  |
| --- |
| **BOSAT Team Average:**  (only top four scores†) **\*\*\* Rank:**  (your teams from your Agency) |

\*\*See bocce rules for BOSAT calculations.

†Better scores have a lower numerical value.

\*\*\*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  (check √).**

**(OVER)**

**2016 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: | | | | | |