## 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** 

A. SBTEAM Team Softball Competition
B. SBTEEB Tee Ball Competition

**TENNIS** 

Event Code Event Description

TNSING Singles

#### **ELIGIBILITY FOR OUTDOOR SPORTS SEASON PARTICIPATION**

- 1. 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.
- 2. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition.
- 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. <u>Teams must place first in their assigned district competition to automatically qualify for State tournament play.</u> 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.

## 2016 DISTRICT TEAM SOFTBALL REGISTRATION ATHLETE ROSTER

#### **Please Print Clearly:** Agency Number: \_\_\_\_\_Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_\_(City) Fax: ( ) E-mail: <u>Cell phone contact number</u> 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 $\Box$ (check $\sqrt{\ }$ ). Each team must have a unique name, up to 15 characters long. The name must be used at all competitions. **Existing Team** New Team ATHLETE NAMES M/F AGE (ALPHABETICAL: LAST NAME, FIRST) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.

(OVER)

<sup>\*\*</sup>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 √).

### 2016 DISTRICT TEAM SOFTBALL

Please Print	t Clearly:			
Agency Num	nber: Agency Name:			
Team Name	:			
Total Agency	number of coaches and chaperones that will be at	tending this district tou	ırnament:	
Reminder:	athlete to coach/chaperone ratio is minimum o	f 4:1		
Will you be to	aking qualifying team(s) to the State tourname	nt? Yes	☐ No	
	LIST ALL SOFTBALL GAMES F	PLAYED THIS SE	EASON	
(A minimu	m of <b>TWO GAMES</b> must be documented <b>before</b> the played against a team from another S			ne must be
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:			-	
			-	
Comments:				
		<del> </del>		
Commonto				
Comments:				

## 2016 TEAM TEE BALL\* REGISTRATION ATHLETE ROSTER

## Please Print Clearly:

Agenc	y Number:	Agency Name:			
Head C	Coach:		W: ()	H: <u>(</u>	)
Addres	SS:				
		E-mail:	(City)	(State	z) (Zip)
		ber while at the Tournamer			
_		TO THE HOST REGIONAL			NE DATE!
		ave verified that all chaperone pproved SOWI Class A certifi	_		
<b>Fean</b> Each t	<b>n Name</b> :   <u>                                    </u>	nique name up to <b>15 charac</b>	ters long. This name	_   e must be used at a	II
compe	titions.				
	New Team	Existing Team			
	//	ATHLETE NAMES	OT)	M/F	405
1.	(A	LPHABETICAL: LAST NAME, FIR	51)	M/F	AGE
2.					
3.					
4.					
5.					
6.					
7.					
8. 9.					
10.					
11.					
12.					
13.					
14.					
15.					
Tourna	ament.	all is only offered at the Distri	•	-	District

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games  $\Box$  (check  $\sqrt$ ). (OVER)

### 2016 DISTRICT TEAM TEE BALL

Please Print	Clearly:					
Agency Numb	er:Agency Name:					
Team Name:						
Total Agency	number of coaches and chaperones that will be atten	ding this district tournan	nent:			
Reminder:	Reminder: athlete to coach/chaperone ratio is minimum of 4:1					
	LIST ALL TEE BALL GAMES YOU HAVI	E PLAYED THIS SEA	SON			
A minimum of <b>TWO GAMES</b> must be documented <b>before</b> the registration deadline date. <b>ONE</b> game must be played against a team from another Special Olympics Agency.						
AGENCY	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR	THEIR		

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: <u>( )</u>	H: <u>()</u>	
Address:	_		
Fax: <u>(</u> <u>)</u> <u>E-mail:</u>	(City)	(State)	(Zip)
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	e alternate shot partners in	
total)	. 🗔		
Will you be bringing qualifying athletes to the State tourna	ament?	∐ No	
RETURN THIS FORM TO YOUR HOST REGIONA DATE!	LOFFICE BY THE P	JBLISHED DEADLINE	
I have verified that all chaperones a approved SOWI Class A certified	· — .		

	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.				

<sup>\*</sup>Average of six scores recorded on following pages

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

<u>Unified Sports Medical Form</u>: 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:
** Team Name:   _ _ _ _ _ _
*Athlete Names (Alphabetical: Last Name, First)  Team Average  1
2
Six most recent nine-hole scores: Course Par:
** Team Name:   _ _ _ _ _
*Athlete Names (Alphabetical: Last Name, First)  Team Average
2
Six most recent nine-hole scores:
Course Length (yards):

<sup>\*\*</sup>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.
•	nust be completed on courses of 2,400 to Outdoor Sports Tournament for the	•
*Athlete Name (Last Name, First	,	Average
Course Pai	s:	
*Athlete Name (Last Name, First 2.	•	Average
Six most recent nine-hole scores	S:	
Course Pal Course Length (yards	r:	
*Athlete Name (Last Name, First 3.	•	Average
Six most recent nine-hole scores	S:	
Course Par Course Length (yards	r:	
*Athlete Name (Last Name, First	t)	Average
Six most recent nine-hole scores	S:	
Course Par Course Length (yards	r:	
*Athlete Name (Last Name, First 5.	t)	Average
Six most recent nine-hole scores	3:	
Course Pai Course Length (vards	r: s):	

## 2016 DISTRICT/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

Please Print Clearly:						
Agency Number:	Agency Name:					
Head Coach:		W: <u>(</u>	)	H	l: <u>()</u>	
			(City)		(State)	(Zip)
Fax: <u>(</u> )	E-mail:					
Cell phone contact n	number while at the Tournamer	nt: ()	1			
RETURN THIS FO	ORM TO THE HOST REGION O	FFICE BY	THE PUE	BLISHED DEAD	LINE DATE	!
	I have verified that all chaperone approved SOWI Class A certifi	•				
	nall consist of rosters of four, five n rules will regulate the use of the			ever only four m	ay compete	at
	ve a unique name up to <b>15 charac</b> Existing Team				same at all le	evels
	<b>ATHLETE NAMES</b> (ALPHABETICAL: LAST NAME, F	TRST)		WHEELCHAIR (X)	INDIVIDUAL **BOSAT SCORE	
1.						
2.						
3.						1
4.						1
5.						1
6.						1
						J
BOSAT Team Averaç Agency)		es†) *** <b>Ran</b>	k:	(your team	s from your	
**See bocce rules for †Better scores have a lo ***If registering multip etc.		ng one to ir	ndicate th	ne top team, two	for second b	oest,

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games  $\Box$  (check  $\sqrt{\ }$ ).

### 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 tournamer	ıt:		
Reminder:	athlete to coach/chaperone ratio is minimum	of 4:1				
Will you be b	ringing qualifying athletes to the State tourn	ament? 🗌 `	Yes	No		
	LIST ALL BOCCE GAMES YOU HA	AVE PLAYEI	D THIS SEASON	N		
A minimum	of <b>TWO GAMES</b> must be documented <b>before</b> be played against a team from anoth				must	
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE		
Comments:						
Comments:						
Comments:						