

2018 INDOOR SPORTS SEASON OVERVIEW – SKILLS BASKETBALL

EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT PER SEASON

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

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

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, 2017** to remain valid through **the date of the district tournament you are attending**.
2. To be eligible to advance to the State Skills Basketball Tournament, an athlete's Application for Participation must remain valid through **March 24, 2018**.
3. 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

Regional/District/Sectional Games Registration Checklist

Please take the time to go through this checklist when filling out your registrations. This will help prevent mistakes and help process your registration faster.

This checklist is meant to be a useful tool to help you with games registrations and may not be an all-encompassing list. Please make sure to review rules and policies for each sport and game.

Contact Information:

- ☐ Enter contact information for person who will be receiving all email and mailings regarding tournament information
- ☐ Name and phone number for main contact at tournament
 - o Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

Athlete Rosters:

- ☐ Fill out rosters for the sport you will be competing in.
- ☐ Confirm
 - o All athlete names entered and all events they will be participating entered
 - o All times/scores/distances are correctly entered
 - o Any additional information on registration (ex: water start for aquatics, category letter for athletics)
 - o Scores for qualifying games entered for team sports.
 - If played more than the minimum number of games, please list all games played. This will help provide information when divisioning.
 - o Team names and Relay names are correct
- ☐ Medicals
 - o Confirm all athlete medicals are current for the Games.
 - o Any questions regarding medical status of athletes, please contact your Regional Athletic Director or our Athlete Records Manager.
- ☐ Special Needs Forms
 - o Submit Special Needs Forms for any athlete needing this (ex: non-verbal, behavior issues, etc). *Special Needs Forms must be submitted separate for each level of competition.*

Coach/Chaperone Roster:

- ☐ CONFIRM:
 - o All coaches are current class A Volunteers and have completed the General Coach's Orientation
 - o All chaperones are current class A Volunteers
- ☐ If questions regarding class A or coach certification status, please contact your Regional Athletic Director or Volunteer Records Manager.

Athlete to Chaperone Ratio:

- ☐ Confirm that you are following the 3:1-4:1 ratio for your registration packet
 - o If dividing between two registration plans, this ratio must be followed for each packet
- ☐ Special Needs forms for athletes requesting 1:1 chaperones filled out and sent in with registration packet.
- ☐ If requesting 1:1 Chaperones for any of your athletes, take those athletes and chaperones out of your numbers and confirm your ratio still fits for the remaining athletes and coaches/chaperones.

Uniforms:

- ☐ Verify that all athletes have legal uniforms
 - o Refer to the individual sport rules and the Uniform Requirements located in the appendices of the Competition Guide

2018 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: (_____) _____

Additional email you would like games information sent to: _____

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	*QUALIFYING SCORE	<u>LEVEL 1</u> AGE – 15 OR UNDER	<u>LEVEL 1</u> HOOP HEIGHT**	<u>LEVEL 1</u> BALL SIZE MEN/WOMEN**	<u>LEVEL 2</u> BOUNCE OR CHEST PASS
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"/>			

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	*QUALIFYING SCORE	<u>LEVEL 1</u> AGE – 15 OR UNDER	<u>LEVEL 1</u> HOOP HEIGHT**	<u>LEVEL 1</u> BALL SIZE MEN/WOMEN**	<u>LEVEL 2</u> BOUNCE OR CHEST PASS
10.				<input type="checkbox"/>			
11.				<input type="checkbox"/>			
12.				<input type="checkbox"/>			
13.				<input type="checkbox"/>			
14.				<input type="checkbox"/>			
15.				<input type="checkbox"/>			
16.				<input type="checkbox"/>			
17.				<input type="checkbox"/>			
18.				<input type="checkbox"/>			
19.				<input type="checkbox"/>			
20.				<input type="checkbox"/>			

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

*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 the head coach