

2012 STATE INDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. Basketball
 - a. Team Basketball (Full-Court)
 - b. Individual Basketball Skills Contest Levels 1 and 2
 - 1) Level 1 (Event Code: BBINSC1)
 - a) Target Pass
 - b) 10m Dribble
 - c) Spot Shot
 - 2) Level 2 (Event Code: BBINC2)
 - a) Dribbling
 - b) Perimeter Shooting
 - c) Low Post Turn and Shoot

2. Gymnastics
 - a. Men's Artistic
 - 1) Floor Exercise
 - 2) Vault
 - 3) Horizontal Bar Level 1 and 2 only
 - b. Women's Artistic
 - 1) Vault
 - 2) Uneven Bars
 - 3) Balance Beam
 - 4) Floor Exercise
 - 5) All Around
 - c. Level A Men's or Women's Artistic
 - 1) Level A Floor Exercise
 - 2) Level A Vault
 - 3) Level A Balance Beam
 - d. Women's Rhythmic
 - 1) Hoop
 - 2) Ribbon
 - 3) Ball
 - 4) Rope
 - 5) Clubs
 - 6) All Around
 - 7) Level A Hoop
 - 8) Level A Ribbon
 - 9) Level A Ball
 - 10) Level A Rope
 - 11) Level A All-Around
 - 12) Level B Hoop
 - 13) Level B Ribbon
 - 14) Level B Ball
 - 15) Level B Rope
 - 16) Level B All-Around

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 prior to **February 1, 2012** to remain valid through **April 15, 2012**.
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.
3. SOM will issue a quota to each Region 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 General Competition Policies, Introduction and General Information Section for Advancement Policy**).
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 April 14, 2012 (Saturday only)

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 14	Lunch and Dinner
Sunday, April 15	Breakfast
	Lunch (Separate Cost)

COST:

Delegates are the athletes, coaches and chaperones

Plan A:	Resident	\$40.00 per delegate-Housing, All Meals, Competition
Plan B:	Non-Resident	\$28.00 per delegate-All Meals and Competition
Plan C:	Day Of - Saturday	\$ 8.00 per delegate-Lunch and Competition
Sunday Lunch (extra cost)		\$8.00 per delegate – Sunday Lunch

* Agencies within 30 miles of Oshkosh must choose Plan B or C

SPECIAL EVENTS:

- Ceremony
- Dance
- Healthy Athletes

2012 STATE INDOOR SPORTS TOURNAMENT REGISTRATION FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Phone Number: (_____) _____ Fax: (_____) _____

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: _____

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
<input type="checkbox"/>	Chaperone Roster	Male Athletes		
<input type="checkbox"/>	Registration Fees	Male Wheelchair Athletes		SUBTOTAL
<input type="checkbox"/>	Team Entry Form(s)	Male Chaperones		
<input type="checkbox"/>	Basketball Skills Form(s)	Female Athletes		
<input type="checkbox"/>	Gymnastics Form(s)	Female Wheelchair Athletes		SUBTOTAL
		Female Chaperones		
		TOTAL M + F DELEGATES		

REGISTRATION FEES – Entire Agency ***MUST*** register for one plan. No exceptions!

Plan A: Housing: competition & all meals (except Sun. lunch) \$40.00 x _____ Total Delegates = \$ _____

Plan B: No Housing: competition & all meals(except Sun. lunch) \$28.00 x _____ Total Delegates = \$ _____

Plan C: Day Of: competition & Saturday lunch \$ 8.00 x _____ Total Delegates = \$ _____

Sunday Lunch (not included with registration) \$8.00 x _____ Total Delegates = \$ _____

Total = \$ _____

In-House Account: Invoice Approval form with 2 signatures enclosed Will Send to SOWM

Non In-House Accounts: Check # _____ Included in Packet Will Send to SOWM

* Agencies within 30 miles of Oshkosh must choose Plan B or C Date _____

HOUSING AND MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Saturday Night	Males:		Saturday Lunch	
	Females:		Saturday Dinner	
			Sunday Breakfast	
			Sunday Lunch – Separate Fee	

“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 allowed. All chaperones must be approved, active SOM Class A approved volunteers by the entry deadline date.

***PLEASE INDICATE CERTIFIED COACHES BY LISTING THE SPORT THEY ARE CERTIFIED IN**

The roster must be typed or printed clearly.

CERTIFIED COACHES		M/ F	SPORT CERTIFICATION	WC [X]
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"/>

CHAPERONES		M/ F	WC [X]
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"/>

ATHLETES – AS – COACHES ROSTER

An athlete listed below must meet all of the criteria for the SOM Athletes-As-Coaches (AAC) program. 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).

MALES		WC [X]	FEMALES		WC [X]
1.		<input type="checkbox"/>	1.		<input type="checkbox"/>
2.		<input type="checkbox"/>	2.		<input type="checkbox"/>
3.		<input type="checkbox"/>	3.		<input type="checkbox"/>

“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 _____

2012 STATE INDOOR SPORTS TOURNAMENT BASKETBALL ATHLETE ROSTER

BASKETBALL INDIVIDUAL SKILLS

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS
BY DEADLINE DATE!**

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	MF	EVENT CODE	BASKETBALL HOOP HEIGHT*	BASKETBALL SIZE MEN/WOMEN*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes must be listed in alphabetical order by last name.
Indicate all athletes in wheelchairs by placing an [X] next to their name.

2012 STATE INDOOR SPORTS TOURNAMENT 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)	MF	WHEELCHAIR [X]	EVENT CODE		
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"/>			
10.			<input type="checkbox"/>			

(OVER)

8E

2012 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)	WF	WHEELCHAIR [X]	EVENT CODE		
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"/>			

Athletes must be listed in alphabetical order by last name.

Indicate all athletes in wheelchairs by placing an [X] next to their name.

Athletes can only participate in one of the three event categories

