2018 OUTDOOR SPORTS SEASON OVERVIEW - BOCCE EVENT DESCRIPTIONS

OFFICIAL EVENTS OFFERED:

BOCCE

Event Code Event Description
BCTEAM Team Competition

ELIGIBILITY FOR BOCCE SEASON PARTICIPATION

- 1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2018** and remains valid through **the date of the Regional/District tournament you are attending.**
- 2. To be eligible to advance to the Outdoor Sports Tournament, an athlete's Application for Participation must remain valid through **August 4, 2018.**
- 3. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition.
- 4. All Agencies must submit an Intent to Play form for team events to their Regional office by **May 1, 2018.**
- 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.
- 6. 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.

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 allencompassing list. Please make sure to review rules and policies for each sport and game.

Conta	ct 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.
Athlet	te Rosters:
	Fill out rosters for the sport you will be competing in.
	Confirm
	 All athlete names entered and all events they will be participating entered
	 All times/scores/distances are correctly entered
	 Any additional information on registration (ex: water start for aquatics, category letter for athletics)
	 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.
	 Team names and Relay names are correct
	Medicals
	 Confirm all athlete medicals are current for the Games.
	 Any questions regarding medical status of athletes, please contact your Regional Athletic
	Director or our Athlete Records Manager.
	Special Needs Forms
	 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:
	 All coaches are current class A Volunteers and have completed the General Coach's Orientation 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.
Athlet	te to Chaperone Ratio:
	Confirm that you are following the 3:1-4:1 ratio for your registration packet
	 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.
Unifo	
	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/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

Please	Print	Clearly:						
Agency	/ Num	ber:	Agency Name:					
Head C	Coach:			W: ()	H: <u>(</u>)	
Addres	s:			(0)	4.)	(Sta	4-)	/7: _~ \
Fax: <u>(</u>			E-mail:	(C)	ıy)	(518	ne)	(Zip)
Cell pł	one o	ontact numb	er while at the Tourname	nt: ()				
Additio	nal en	nail you would	like games information ser	nt to:				
	RETU	JRN THIS FO	RM TO THE HOST REGIO	N OFFICE BY	THE PUI	BLISHED DEAD	LINE DATE	!
		I	have verified that all chape approved SOWI Class A co					
			onsist of rosters of four, five ate the use of the 5 th or 6 th		s; howeve	r only four may	compete at c	ne time.
	team tition.		nique name up to 15 chara Existing Team	cters long. Th	e names	will stay the sam	ne at all level	
			ATHLETE NAMES (ALPHABETICAL: LAST NAM			WHEELCHAIR (X)	INDIVIDUAL BOSAT SCORE*	
	1.							
	2.							
	3.							1
	4.							1
	5.							1
	6.							1
		m Average:	(only top four score	es†) *** Rank:		_(your teams fro	om your Age	ncy)
*See Bo	OSAT		umerical value. on following pages ıms, please rank them utiliz	zing one to indi	cate the t	op 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 \Box (check $\sqrt{}$).

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2018 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	nt:				
Reminder:	athlete to coach/chaperone ratio is minimum	of 4:1						
Will you be b	oringing qualifying athletes to the State tourna	ament? 🗌 `	Yes \square	No				
	LIST ALL BOCCE GAMES YOU	J HAVE PLA	YED THIS SEAS	SON				
A minimur	n of TWO GAMES must be documented bef played against a team from and				ne must be			
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE				
Comments:								
Comments:								
Comments:								
					1			

Please	Print	Clearly:						
Agency	/ Numb	oer:	Agency Name:					
Head C	coach:			W: <u>(</u>)	H: <u>(</u>)	
Addres	s:							
Fax: <u>(</u>)		E-mail:	(0	City)	(Sta	ate)	(Zip)
Cell ph	one c	ontact number v	while at the Tournamen	nt: ()				
Additio	nal em	ail you would like	games information sent	: to:				
	RETU	RN THIS FORM	TO THE HOST REGION	N OFFICE B	Y THE PUE	BLISHED DEAD	LINE DATE	!
			re verified that all chapero proved SOWI Class A ce		_			
			ist of rosters of four, five the use of the 5 th or 6 th p		es; howevei	only four may	compete at o	ne time.
* Each compet	team r tition.	must have a uniq	ue name up to 15 charac isting Team	ters long. T	he names v	 vill stay the sam	ne at all levels	s of
		(ATHLETE NAMES ALPHABETICAL: LAST NAMI	E, FIRST)		WHEELCHAIR (X)	INDIVIDUAL BOSAT SCORE*	
	1.							
	2.							
	3.							
	4.							4
	5.							-
	6.							-
BOSA	Tean	n Average:	(only top four score	s†) *** Rank	:	(your teams fr	om your Ager	ncy)
*See BC	OSAT F	have a lower nume Rules and Form on ng multiple teams		ng one to inc	dicate the to	op team, two for	second best	, etc.
Ву	subm	itting this form I	verify that the athletes on qualifying gar	_		at least two of	the documen	ted

(OVER)

2018 DISTRICT/REGIONAL TEAM BOCCE

Please Print	: Clearly:				
Agency Numb	per:Agency Name:				
Team Name	: <u> </u>	_ _ _	_ _ _		
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A minimur	n of TWO GAMES must be documented bef played against a team from and				ne must be
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE	
Comments:					
Comments:					
Comments:					

<u>Please</u>	Print	<u>Clearly:</u>						
		·	Agency Name:					
						H: <u>(</u> _)	
					(City)	(Sta	nte)	(Zip)
Fax: <u>(</u>)		E-mail:			(0.0		(=:p)
Cell ph	one c	ontact numbe	r while at the Tournamer	nt: ()				
Additio	nal en	nail you would li	ke games information sen	t to:				
	RETU	JRN THIS FOR	M TO THE HOST REGIO	N OFFICE I	3Y THE PU	BLISHED DEAD	LINE DATE	!
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	team tition.	must have a un	ique name up to 15 charac Existing Team	cters long.	The names	will stay the sam	ne at all level	
			ATHLETE NAMES (ALPHABETICAL: LAST NAM	IE, FIRST)		WHEELCHAIR (X)	INDIVIDUAL BOSAT SCORE*]
	1.			,				1
	2.							1
	3.							1
	4.							1
	5.							1
	6.							-
		n Average:		es†) *** Ran	k:	_ (your teams fro	om your Age	ncy)
*See BC	DSAT I		merical value. on following pages ns, please rank them utilizi	ing one to ir	ndicate the t	top team, two for	second best	t, etc.
Ву	subn	nitting this form	I verify that the athletes or qualifying ga			in at least two of	the documen	ited

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Agency Number:Agency Name:								
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Will you be b	ringing qualifying athletes to the State tourr	ament? 🔲	Yes] No				
	LIST ALL BOCCE GAMES YO	U HAVE PLA	YED THIS SEA	SON				
A minimur	n of TWO GAMES must be documented be played against a team from ar				ne must be			
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE				
Comments:								
Comments:								
Comments:								

- 1. The BOSAT is designed specifically to measure the basic skills necessary to participate in the sport of bocce, i.e., the delivery of the ball, while focusing on a target, so the thrown ball comes to rest as close as possible to the target (pallina in the BOSAT).
- 2. All athletes to be entered in bocce competition must have completed the entire BOSAT (along with his or her team members) in order to be eligible for all bocce competition.
- 3. Caution: You should administer the BOSAT only after athletes have become familiar with the scoring area and procedures. In addition, administer the BOSAT shortly before your district entries are due. Hopefully, skills will have improved your training from pre-district competition opportunities.

4. Equipment:

- a. Four official size (4.20" 4.33") bocce balls metal or wood
- b. One pallina of similar material and size (1.875" 2.5")

5. Set Up

- a. An official 60 foot grass bocce court
- b. For each trial, the pallina will be centered in the middle of the court at each of the distances listed (30, 40, then 50 feet measured from the end).

6. Test:

- a. Each player being tested will stand behind the throwing line at the end opposite the placed pallina and will deliver four consecutive balls as close to the pallina as they can for each trial.
- b. If a player's foot fouls while tossing a ball, the ball will be picked up and re-tossed by the player.
- c. If the pallina is moved during the trial, it shall remain where it lands and shall not be replaced in its original position until after completion of the trial. Play shall continue unless the pallina is knocked passed the end court line in which case it shall be considered out of bounds and the trial shall be replayed.
- d. The official shall measure and record in inches the total number of inches all four balls are from the pallina for each trial and shall record the closest three. The measurement will be from the center of the pallina to closest side of the ball.

7. Scoring

- a. When all three trials are completed, each of the best three scores from each trial shall be added together into one cumulative score.
- b. A team score (average) shall equal the total number of inches for the four best players (with the lowest scores) on the team, divided by four.
- c. If a ball rolls past the end line during a trial, the score shall be the measurement in inches from where the pallina was placed, measured to the end line. For example, if measuring from the pallina placed at the 40 foot mark, it would be 20 feet or 240 inches to get to the end line. The following scores will be used:

pallina placement = inches to the end line

30 feet = 360 inches

40 feet = 240 inches

50 feet = 120 inches

SCORE SHEET

Agency Number:	Agency Name:	
Team Name:		

TEAM MEMBERS		TRIALS (in inches)							*TOTAL OF 3 best scores		
		1 (30 feet)			2 (40 feet)		3 (50 feet))	from each trial (in inches)	
1											
2											
3											
4											
5											
6											

IMPORTANT:

BOSAT TEAM AVERAGE When all three trials are completed, each of the best three scores from each trial shall be added together into one cumulative score.

The sum of the four lowest (best) athlete totals for all of the three trials = _____divided by 4 = _____ [Please record all trials in inches.]

- The BOSAT team average will be used along with competition scores to division bocce teams for competitions.
- A copy of your BOSAT must be forwarded with your district bocce registration materials.
- Transfer this total to district registrations. If you have more than one team, rank your teams, with the best team having 1 the next 2 and so forth.

SCORE SHEET

Agency Number:	Agency Name:	
Team Name:		

TEAM MEMBERS		TRIALS (in inches)							*TOTAL OF 3 best scores		
		1 (30 feet)			2 (40 feet)		3 (50 feet))	from each trial (in inches)	
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