

2019 OUTDOOR SPORTS SEASON OVERVIEW - BOCCE

EVENT DESCRIPTIONS

OFFICIAL EVENTS OFFERED:

BOCCE

<i>Event Code</i>	<i>Event Description</i>
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, 2019** 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 3, 2019**.
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, 2019**.
5. 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

2019 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: (_____)

Additional email you would like games information sent to: _____

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.

New Team Existing Team Traditional Team Unified Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	WHEELCHAIR (X)	INDIVIDUAL BOSAT SCORE*
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	

BOSAT Team Average: _____ (only top four scores[†]) *** **Rank:** _____ (your teams from your Agency)

[†]Better scores have a lower numerical value.

*See BOSAT Rules and Form on following pages

***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)

2019 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:				

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ W: (_____) _____ H: (_____) _____

Address: _____

Fax: (_____) _____ E-mail: _____ (City) _____ (State) _____ (Zip)

Cell phone contact number while at the Tournament: (_____) _____

Additional email you would like games information sent to: _____

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 $\sqrt{}$).

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.

New Team Existing Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	WHEELCHAIR (X)	INDIVIDUAL BOSAT SCORE*
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	

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

†Better scores have a lower numerical value.

*See BOSAT Rules and Form on following pages

***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 $\sqrt{}$).

(OVER)

2019 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:				

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 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.

New Team Existing Team Traditional Team Unified Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	WHEELCHAIR (X)	INDIVIDUAL BOSAT SCORE*
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
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BOSAT Team Average: _____ (only top four scores†) *** **Rank:** _____ (your teams from your Agency)

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 ***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)

2019 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:				

BOCCE SKILLS ASSESSMENT TEST (BOSAT)

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

BOCCE SKILLS ASSESSMENT TEST (BOSAT)

SCORE SHEET

Agency Number: _____ Agency Name: _____

Team Name: _____

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

BOCCE SKILLS ASSESSMENT TEST (BOSAT)

SCORE SHEET

Agency Number: _____ Agency Name: _____

Team Name: _____

TEAM MEMBERS		TRIALS (in inches)									*TOTAL OF 3 best scores from each trial (in inches)
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