

# **2019 INDOOR SPORTS SEASON OVERVIEW – TEAM 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>
BBTEAM	Team Basketball

### **ELIGIBILITY FOR TEAM BASKETBALL SEASON PARTICIPATION**

1. Valid Special Olympics Release Form, Application For Participation in Special Olympics on file in the Headquarters office postmarked by **February 1, 2019** to remain valid through **the date of the Regional/District Tournament you are attending.**
2. To be eligible to advance to the Indoor Sports Tournament, an athlete's Application for Participation must remain valid through **April 7, 2019.**
3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
4. Each Agency must fill out a Team Basketball Intent to Play form and have it on file with the Regional office by **December 1, 2018.**
5. Teams must play a minimum of two documented games against other Special Olympics teams prior to registration for district/regional competition. The team roster must remain the same for the two qualifying games, district/regional competition, sectional 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/regional competition to automatically qualify for sectional competition. Note: A limited number of second and third place teams will advance through lottery selections to fill spaces in the sectional tournament field.
7. Teams must place first in their assigned sectional competition to automatically qualify for state tournament play. Note: A limited number of second and third place teams will advance through lottery selections to fill any spaces in the state tournament field.

**PLEASE READ FORMS CAREFULLY**

# 2019 DISTRICT/REGIONAL TEAM BASKETBALL REGISTRATION

**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 ✓).

**Team Name:** |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Each team must have a unique name, up to **15 characters long**. This name will be used at all competitions.

**CHECK ALL ITEMS:**

New Team       Existing Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

One team per form

\*\*Registration information for this 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 ✓).

(OVER)

# 2019 DISTRICT/REGIONAL TEAM BASKETBALL

**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 coaches/chaperone ratio is minimum of 4:1*

Will you be taking qualifying team(s) to the sectional tournament?  Yes  No

## LIST ALL BASKETBALL GAMES PLAYED THIS SEASON.

(A minimum of **TWO GAMES** must be documented here **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

**\*\*Remember – the more information you give us, the more accurate your divisioning\*\***

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				
Comments:				

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**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_

**Cell phone contact number while at the Tournament:** (      ) \_\_\_\_\_

**Team Name:** |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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