

2021 INDOOR SPORTS SEASON OVERVIEW – STATE BASKETBALL

SKILLS **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
BBINSC3	Individual Skills level 3

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 **April 1, 2021** 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 **April 25, 2021.**
3. Athletes must participate in eight weeks of training prior to competition.
4. Each team must have at least one certified Head Coach registered and in attendance with the team for the State Tournament.

COST:FEES ARE CHARGED ONLY FOR ATHLETES ATTENDING

REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

NORTHERN STATE BASKETBALL SKILLS - Region 2, 3, 4, & 5

Wausau East High School

Michaela Harrison

mharrison@specialolympicswisconsin.org

(715) 204-9696

SOUTHERN STATE BASKETBALL SKILLS – Region 6, 7, & 8

Kettle Moraine Lutheran High School

Hailey Fischer

hfisher@specialolympicswisconsin.org

(262) 518-2316

PLEASE READ FORMS CAREFULLY

2021 STATE BASKETBALL SKILLS TOURNAMENT REGISTRATION

I FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Important: Material will only be sent to individual listed below. Be sure the address (no P.O. Box Numbers) is correct and the form complete.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone H: (_____) _____ Phone W: (_____) _____

Fax: (_____) _____ E-mail: _____

Head of Delegation (HOD) at the Games: _____

HOD 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"/> Forms and Fees Checklist	Male Athletes (w/o wheelchairs)		SUBTOTAL
<input type="checkbox"/> Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/> Chaperone Roster	Male Coaches / Chaperones		
<input type="checkbox"/> Flag Football Athlete Roster(s)	Female Athletes (w/o wheelchairs)		SUBTOTAL
	Female Athletes w/ wheelchairs		
	Female Coaches / Chaperones		
	TOTAL M + F DELEGATES		

REGISTRATION FEES – Agency may register for up to **TWO** plans provided the 3:1 or 4:1 ratio is met within each plan. Each plan must be registered on separate forms with a separate HOD listed.

Plan B: No Housing: Competition only \$10.00 x _____ Total Athletes = \$ _____
Total=\$ _____

Fees will be taken out of the agency in-house account, if one exists. Invoices will be sent to those that do not have an in-house account. All transactions will take place after the event date.

“I have checked this information and found it to be complete and accurate.”

Agency Manager Signature Date

Regional Office Signature Date

State Registration – Basketball Skills

AGENCY # _____

YOU DO NOT HAVE TO LIST ALL THE COACHES AND CHAPERONES ATTENDING THESE GAMES WITH YOUR TEAM(S) IF NOT HOUSING OVERNIGHT. BUT PLEASE REMEMBER:

- YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATIO THAT IS BETWEEN 3:1 AND 4:1. PRIOR APPROVAL MUST BE RECEIVED FROM YOUR REGIONAL OFFICE FOR OTHER ATHLETE/COACH RATIOS.
- CHAPERONES/COACHES MUST BE 16 YEARS OF AGE OR OLDER.
- ALL CHAPERONES/COACHES MUST BE APPROVED, ACTIVE SOWI CLASS A VOLUNTEERS BY THE ENTRY DEADLINE DATE.
- THE ATHLETES-AS-COACHES 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).

“I verify that all coaches and chaperones in attendance are 16 years of age or older and are Class A approved. All coaches are current on certification. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program.”

“I have checked all the above information and found it to be complete and accurate.”

Agency Manager Signature

Date

Regional Office Signature

Date

2021 STATE 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 \checkmark).

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"/>			
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"/>			

*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