

2019 STATE BASKETBALL SKILLS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

<i>Event Code</i>	<i>Event Description</i>
BBINSC1	Individual Skills level 1
BBINSC2	Individual Skills level 2

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 postmarked by **February 1, 2019** to remain valid through **March 23, 2019**.
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.
3. Level 1 Skills Minimum Standards: An athlete will need to have a minimum total score of 5 points or more in order to compete at the District/Regional Basketball Skills Competition. An athlete will need to have received a minimum score of 10 points or more in order to advance to the State Basketball Skills Competition.

REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

STATE SKILLS BASKETBALL

Neenah High School, Neenah, WI

Host: Region 4

Jody LaPlante

jlaplante@specialolympicswisconsin.org

920-731-1614

920-731-3691 (fax)

2019 STATE BASKETBALL SKILLS TOURNAMENT REGISTRATION 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 is correct (**no P.O. box Numbers**) 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: (_____) _____

Additional email address to send games information: _____

**RETURN THIS FORM TO THE HOST 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"/>	Skills Athlete Roster	Male Athletes w/ wheelchairs		
		Female Athletes (w/o wheelchairs)		SUBTOTAL
		Female Athletes w/ wheelchairs		
		TOTAL M + F ATHLETES		

REGISTRATION FEES

Plan C: Day Of: competition \$ 8.00 x _____ Total Athletes = \$ _____

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.

***If your delegation is providing its own housing at a hotel, please name: _____

State Registration – Skills Basketball

AGENCY # _____

You do not have to list all the coaches and chaperones attending these games with your team(s). 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 that all the above information and found it to be complete and accurate.”

Agency Manager Signature

Date

Regional Office Signature

Date

2019 STATE BASKETBALL SKILLS TOURNAMENT BASKETBALL SKILLS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell #: _____

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	W/C [X]	EVENT CODE	LEVEL 1 AGE: 15 OR UNDER	LEVEL 1 HOOP HEIGHT**	LEVEL 1 BALL SIZE MEN/WOME N**	LEVEL 2 BOUNCE OR CHEST PASS
1.			<input type="checkbox"/>		<input type="checkbox"/>			
2.			<input type="checkbox"/>		<input type="checkbox"/>			
3.			<input type="checkbox"/>		<input type="checkbox"/>			
4.			<input type="checkbox"/>		<input type="checkbox"/>			
5.			<input type="checkbox"/>		<input type="checkbox"/>			
6.			<input type="checkbox"/>		<input type="checkbox"/>			
7.			<input type="checkbox"/>		<input type="checkbox"/>			
8.			<input type="checkbox"/>		<input type="checkbox"/>			
9.			<input type="checkbox"/>		<input type="checkbox"/>			
10.			<input type="checkbox"/>		<input type="checkbox"/>			
11.			<input type="checkbox"/>		<input type="checkbox"/>			
12.			<input type="checkbox"/>		<input type="checkbox"/>			
13.			<input type="checkbox"/>		<input type="checkbox"/>			
14.			<input type="checkbox"/>		<input type="checkbox"/>			
15.			<input type="checkbox"/>		<input type="checkbox"/>			
16.			<input type="checkbox"/>		<input type="checkbox"/>			
17.			<input type="checkbox"/>		<input type="checkbox"/>			

18.			<input type="checkbox"/>		<input type="checkbox"/>			
19.			<input type="checkbox"/>		<input type="checkbox"/>			
20.			<input type="checkbox"/>		<input type="checkbox"/>			
21.			<input type="checkbox"/>		<input type="checkbox"/>			
22.			<input type="checkbox"/>		<input type="checkbox"/>			
23.			<input type="checkbox"/>		<input type="checkbox"/>			
24.			<input type="checkbox"/>		<input type="checkbox"/>			
25.			<input type="checkbox"/>		<input type="checkbox"/>			

List athletes in alphabetical order by last name.

***See information on Event Description Page**

****Must designate bounce or chest pass for Level II Catch and Pass skill**