

2022 STATE INDOOR SPORTS TOURNAMENT – 3v3

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

<i>Event Code</i>	<i>Event Description</i>
BBHALF	3v3 Traditional Basketball
BBHALFU	3v3 Unified Basketball

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, 2022** to remain valid through **April 10, 2022**.
2. Completed COVID-19 Participant Release Form and Communicable Disease Waiver on File by **February 1, 2022**
3. Valid Proof of Vaccination on file by **January 21, 2022**.
4. Athletes must participate in eight weeks of official Special Olympics training prior to competition.

COMPETITION:

UW – Oshkosh Albee Hall 3v3 Basketball

MEALS:

Saturday, April 9 Lunch or Dinner

COST:

Delegates are the athletes, coaches and chaperones

Plan C: Day Of - Saturday \$10.00 per delegate-Meal and Competition

SPECIAL EVENTS:

- Opening Ceremony ▪ Healthy Athletes®
- Dance

2022 STATE INDOOR SPORTS TOURNAMENT REGISTRATION

3v3 FORMS AND FEES CHECKLIST

Please Print Clearly:

Local Program Number: _____ Local Program 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: (_____) _____

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

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Chaperone Roster	Male Athletes (w/o wheelchairs)		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	3v3 Team Entry Form(s)	Male Coaches / Chaperones		
		Female Athletes (w/o wheelchairs)		SUBTOTAL
		Female Athletes w/ wheelchairs		
		Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

Plan C: Day Of: competition & Meal \$15.00 x _____ Total Delegates = \$ _____
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.

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

MEALS

MEALS:	TOTAL NUMBER
Saturday Lunch	
Saturday Dinner	

Please list any dietary restrictions on a Special Needs Form and include with your registration.

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

Local Program Manager Signature Date

Regional Office Signature Date

COACH – CHAPERONE ROSTER

AGENCY # _____

Please list the coaches and chaperones who will be accompanying your group. You must adhere to an athlete/chaperone ration that is between 3:1 and 4:1. Prior approval must be received from you Regional office for other athlete/coach ratios.

IMPORTANT

Chaperones must be 16 years of age or older. No un-named chaperones are allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

Athletes-As-Coaches (AAC) are to be listed under CERTIFIED COACHES. The AAC 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). Please indicate any Athletes-As-Coaches by checking the box in the AAC column.

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	W/C [X]	AAC [X]
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"/>
CHAPERONES		M / F	W/C [X]	
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"/>	

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

Local Program Manager Signature

Date

2022 STATE INDOOR SPORTS TOURNAMENT 3v3 BASKETBALL REGISTRATION FORM

Please Print Clearly:

Local Program Number: _____ Local Program Name: _____

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

Team Name: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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

Traditional Team Unified Team

List in Alphabetical Order

	PARTICIPANT NAME (LAST NAME, FIRST NAME)	M/F	ATHLETE/UNIFIED PARTNER?
1.			
2.			
3.			
4.			
5.			

TEAM EVALUATION COMMENTS:

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.
