

2022 STATE INDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

<i>Event Code</i>	<i>Event Description</i>
BBTEAM	Team 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.
5. Teams must place first in their assigned sectional competitions 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.

HOUSING:

Housing	Gruenhagen Conference Center, UW – Oshkosh
Housing Available	Saturday, April 9, 2022

COMPETITION:

UW – Oshkosh Kolf Fieldhouse	Team Basketball
------------------------------	-----------------

MEALS:

Saturday, April 9	Lunch and Dinner
Sunday, April 10	Breakfast

COST:

Delegates are the athletes, coaches and chaperones

Plan A:	Housing	\$84.00 per delegate-Housing, All Meals, Competition
Plan B:	No Housing	\$45.00 per delegate-All Meals and Competition
Plan C:	Day Of - Saturday	\$15.00 per delegate-Sat. Lunch and Competition

* Agencies within 30 miles of Oshkosh must choose Plan B or C

***LOCAL PROGRAMS MAY CHOOSE TO SPLIT THEIR DELEGATION INTO **TWO** PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATIO THAT IS BETWEEN 3:1 AND 4:1 WITHIN EACH PLAN TO ENSURE LEGAL RATIOS FOR HOUSING AND TRAVEL. EACH PLAN MUST BE REGISTERED ON SEPARATE FORMS WITH A SEPARATE HEAD OF DELEGATION LISTED.

SPECIAL EVENTS:

- | | |
|--------------------|---------------------|
| ▪ Opening Ceremony | ▪ Healthy Athletes® |
| ▪ Dance | |

2022 STATE INDOOR SPORTS TOURNAMENT REGISTRATION **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)		
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		SUBTOTAL
<input type="checkbox"/>	Team Entry Form(s)	Male Coaches / Chaperones		
		Female Athletes (w/o wheelchairs)		
		Female Athletes w/ wheelchairs		SUBTOTAL
		Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

REGISTRATION FEES – Local Program 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 A: Housing: competition & all meals	\$84.00	x _____	Total Delegates = \$ _____
Plan B: No housing: competition & all meals	\$45.00	x _____	Total Delegates = \$ _____
Plan C: Day Of: competition & Saturday lunch	\$15.00	x _____	Total Delegates = \$ _____
			Total = \$ _____

Fees will be taken out of the local program 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: _____

HOUSING AND MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Saturday Night	Males:		Saturday Lunch	
	Females:		Saturday Dinner	
			Sunday Breakfast	

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

TEAM BASKETBALL REGISTRATION FORM

Please Print Clearly:

Local Program Number: _____ Local Program Name: _____

Head Coach: _____ Cell #: _____

**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.

List in Alphabetical Order

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

TEAM EVALUATION COMMENTS:

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

[illegible]