

# 2024 Unified Sports Holiday Classic Unified Basketball Registration

**Due: October 14th, 2024**

Participation fee for this event is \$30.00.

**Local Program:**

**Local Coordinator (ATTENDING THIS EVENT):** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please count only those participants and Additional Personnel for **Basketball**

## Participant Counts

|         | Count | Count |
|---------|-------|-------|
| Athlete |       |       |
| Partner |       |       |

## Personnel Counts

|                   | Count | Meal Count |
|-------------------|-------|------------|
| Local Coordinator |       |            |
| Coach             |       |            |
| Assistant Coach   |       |            |
| Chaperone         |       |            |
| Hometown Escort   |       |            |

Any questions regarding basketball, contact Derrick Ford at:

[derrickf@soct.org](mailto:derrickf@soct.org)

Cell: 203-494-4620

# 2024 Unified Basketball Event Information

## Unified Basketball 5 on 5 Competition

The roster shall contain a proportionate number of athletes and partners.

During competition, the lineup shall never exceed, three athletes and two partners.

1. **Roster Requirements:** Minimum of **9** players: **5** athletes & **4** partners; maximum of **10** players.
2. Unified Team configuration recommended to be equal or one more Athlete.
3. Unified Team configuration recommended to be no more than a 2 person differential between the number of athletes and partners.
4. Teams are strongly encouraged to have 2 subs for both athletes and partners going into competition.
5. All players on the roster must play at the qualifier unless an absence is due to an illness or injury (must submit a doctor's note) or death in the family.
6. Going into Competition, a team may come with the minimum # of players provided they have at least 3 athletes and 2 partners.

## Unified Basketball 3-on-3 Competition

1. **Roster Requirements:** Minimum of 3 players: 2 athletes & 1 partner; maximum of 5 players.
2. During competition, the lineup shall never exceed three athletes and two partners at any time
3. Teams are strongly encouraged to have 1 sub for both athletes and partners going into competition.
4. All players on the roster must play at the qualifier unless an absence is due to an illness or injury (must submit a doctor's note) or death in the family.
5. Going into competition, a team may come with the minimum # of players provided they have at least 2 athletes and 1 partner.

|                        |               |                   |
|------------------------|---------------|-------------------|
| <b>Team Age Groups</b> | <b>Junior</b> | <b>ages 8-16</b>  |
|                        | <b>Senior</b> | <b>ages 13-21</b> |
|                        | <b>Master</b> | <b>ages 18+</b>   |

## Roster Appeals

Only participants with all their completed paperwork, (Medicals, Consent Partner forms, Class A application, and Protective Behaviors), may be added to your roster.

Any questions regarding basketball, contact Derrick Ford at:

Email registration to:

[derrickf@soct.org](mailto:derrickf@soct.org)

203-230-1201 (272)

Cell: 203-494-4620

## 2024 Unified Basketball Registration Form

|  |                   |                   |              |                            |  |
|--|-------------------|-------------------|--------------|----------------------------|--|
| <b>TEAM NAME:</b>                                      |                   |                   |              | <b>Suggested Division:</b> |  |
|  |                   |                   |              | <b>Scores</b>              |  |
| <b>Local Program Name:</b>                             |                   |                   |              | <b>Team Score</b>          |  |
| <b>Local Program Coordinator:</b>                      |                   |                   |              | <b>Top 5</b>               |  |
| <b>Please list <u>HEAD</u> Coach Information below</b> |                   |                   |              | <b>Bottom 5</b>            |  |
| <b>First/Last Name</b>                                 | <b>Home Phone</b> | <b>Cell Phone</b> | <b>Email</b> |                            |  |
|  |                   |                   |              |                            |  |
| <b>Street</b>  | <b>City</b>       |                   | <b>Zip</b>   |                            |  |
|  |                   |                   |              |                            |  |

|    | First /Last Name | DOB | M/F | A/P | Age | Dribbling | Shooting | Total |
|----|------------------|-----|-----|-----|-----|-----------|----------|-------|
| 1  |                  |     |     |     |     |           |          |       |
| 2  |                  |     |     |     |     |           |          |       |
| 3  |                  |     |     |     |     |           |          |       |
| 4  |                  |     |     |     |     |           |          |       |
| 5  |                  |     |     |     |     |           |          |       |
| 6  |                  |     |     |     |     |           |          |       |
| 7  |                  |     |     |     |     |           |          |       |
| 8  |                  |     |     |     |     |           |          |       |
| 9  |                  |     |     |     |     |           |          |       |
| 10 |                  |     |     |     |     |           |          |       |

|                      |                           |                             |
|----------------------|---------------------------|-----------------------------|
| For office use only: | Team age group: _____     | Number of exemptions: _____ |
|                      | Number of Athletes: _____ | Number of partners: _____   |

## 2024 Unified Basketball Registration Form

|  |  |                   |                   |                            |                   |  |
|--|--|-------------------|-------------------|----------------------------|-------------------|--|
| <b>TEAM NAME:</b>                                      |  |                   |                   | <b>Suggested Division:</b> |                   |  |
|  |  |                   |                   |                            | <b>Scores</b>     |  |
| <b>Local Program Name:</b>                             |  |                   |                   |                            | <b>Team Score</b> |  |
| <b>Local Program Coordinator:</b>                      |  |                   |                   |                            | <b>Top 5</b>      |  |
| <b>Please list <u>HEAD</u> Coach Information below</b> |  |                   |                   |                            | <b>Bottom 5</b>   |  |
| <b>First/Last Name</b>                                 |  | <b>Home Phone</b> | <b>Cell Phone</b> | <b>Email</b>               |                   |  |
|  |  |                   |                   |                            |                   |  |
| <b>Street</b>  |  | <b>City</b>       |                   | <b>Zip</b>                 |                   |  |
|  |  |                   |                   |                            |                   |  |

|    | First /Last Name | DOB | M/F | A/P | Age | Dribbling | Shooting | Total |
|----|------------------|-----|-----|-----|-----|-----------|----------|-------|
| 1  |                  |     |     |     |     |           |          |       |
| 2  |                  |     |     |     |     |           |          |       |
| 3  |                  |     |     |     |     |           |          |       |
| 4  |                  |     |     |     |     |           |          |       |
| 5  |                  |     |     |     |     |           |          |       |
| 6  |                  |     |     |     |     |           |          |       |
| 7  |                  |     |     |     |     |           |          |       |
| 8  |                  |     |     |     |     |           |          |       |
| 9  |                  |     |     |     |     |           |          |       |
| 10 |                  |     |     |     |     |           |          |       |

|                      |                           |                             |
|----------------------|---------------------------|-----------------------------|
| For office use only: | Team age group: _____     | Number of exemptions: _____ |
|                      | Number of Athletes: _____ | Number of partners: _____   |

## 2024 Unified Basketball Registration Form

|  |  |                   |                   |                            |  |
|--|--|-------------------|-------------------|----------------------------|--|
| <b>TEAM NAME:</b>                                      |  |                   |                   | <b>Suggested Division:</b> |  |
|  |  |                   |                   | <b>Scores</b>              |  |
| <b>Local Program Name:</b>                             |  |                   |                   | <b>Team Score</b>          |  |
| <b>Local Program Coordinator:</b>                      |  |                   |                   | <b>Top 5</b>               |  |
| <b>Please list <u>HEAD</u> Coach Information below</b> |  |                   |                   | <b>Bottom 5</b>            |  |
| <b>First/Last Name</b>                                 |  | <b>Home Phone</b> | <b>Cell Phone</b> | <b>Email</b>               |  |
|  |  |                   |                   |                            |  |
| <b>Street</b>  |  | <b>City</b>       |                   | <b>Zip</b>                 |  |
|  |  |                   |                   |                            |  |

|    | First /Last Name | DOB | M/F | A/P | Age | Dribbling | Shooting | Total |
|----|------------------|-----|-----|-----|-----|-----------|----------|-------|
| 1  |                  |     |     |     |     |           |          |       |
| 2  |                  |     |     |     |     |           |          |       |
| 3  |                  |     |     |     |     |           |          |       |
| 4  |                  |     |     |     |     |           |          |       |
| 5  |                  |     |     |     |     |           |          |       |
| 6  |                  |     |     |     |     |           |          |       |
| 7  |                  |     |     |     |     |           |          |       |
| 8  |                  |     |     |     |     |           |          |       |
| 9  |                  |     |     |     |     |           |          |       |
| 10 |                  |     |     |     |     |           |          |       |

|                      |                           |                             |
|----------------------|---------------------------|-----------------------------|
| For office use only: | Team age group: _____     | Number of exemptions: _____ |
|                      | Number of Athletes: _____ | Number of partners: _____   |

## 2024 Unified Basketball Registration Form

|  |  |                   |                   |                            |                   |  |
|--|--|-------------------|-------------------|----------------------------|-------------------|--|
| <b>TEAM NAME:</b>                                      |  |                   |                   | <b>Suggested Division:</b> |                   |  |
|  |  |                   |                   |                            | <b>Scores</b>     |  |
| <b>Local Program Name:</b>                             |  |                   |                   |                            | <b>Team Score</b> |  |
| <b>Local Program Coordinator:</b>                      |  |                   |                   |                            | <b>Top 5</b>      |  |
| <b>Please list <u>HEAD</u> Coach Information below</b> |  |                   |                   |                            | <b>Bottom 5</b>   |  |
| <b>First/Last Name</b>                                 |  | <b>Home Phone</b> | <b>Cell Phone</b> | <b>Email</b>               |                   |  |
|  |  |                   |                   |                            |                   |  |
| <b>Street</b>  |  | <b>City</b>       |                   | <b>Zip</b>                 |                   |  |
|  |  |                   |                   |                            |                   |  |

|    | First /Last Name | DOB | M/F | A/P | Age | Dribbling | Shooting | Total |
|----|------------------|-----|-----|-----|-----|-----------|----------|-------|
| 1  |                  |     |     |     |     |           |          |       |
| 2  |                  |     |     |     |     |           |          |       |
| 3  |                  |     |     |     |     |           |          |       |
| 4  |                  |     |     |     |     |           |          |       |
| 5  |                  |     |     |     |     |           |          |       |
| 6  |                  |     |     |     |     |           |          |       |
| 7  |                  |     |     |     |     |           |          |       |
| 8  |                  |     |     |     |     |           |          |       |
| 9  |                  |     |     |     |     |           |          |       |
| 10 |                  |     |     |     |     |           |          |       |

|                      |                           |                             |
|----------------------|---------------------------|-----------------------------|
| For office use only: | Team age group: _____     | Number of exemptions: _____ |
|                      | Number of Athletes: _____ | Number of partners: _____   |

## 2024 Unified Half Court 3-on-3 Basketball Registration Form

|  |                   |                   |              |                            |                   |  |
|--|-------------------|-------------------|--------------|----------------------------|-------------------|--|
| <b>TEAM NAME:</b>                                      |                   |                   |              | <b>Suggested Division:</b> |                   |  |
|  |                   |                   |              |                            | <b>Scores</b>     |  |
| <b>Local Program Name:</b>                             |                   |                   |              |                            | <b>Team Score</b> |  |
| <b>Local Program Coordinator:</b>                      |                   |                   |              |                            | <b>Top 4</b>      |  |
| <b>Please list <u>HEAD</u> Coach Information below</b> |                   |                   |              |                            | <b>Bottom 4</b>   |  |
| <b>First/Last Name</b>                                 | <b>Home Phone</b> | <b>Cell Phone</b> | <b>Email</b> |                            |                   |  |
|  |                   |                   |              |                            |                   |  |
| <b>Street</b>  | <b>City</b>       |                   |              | <b>Zip</b>                 |                   |  |
|  |                   |                   |              |                            |                   |  |

|   | First /Last Name | DOB | Age | M/F | A/P | Dribbling | Shooting | Total |
|---|------------------|-----|-----|-----|-----|-----------|----------|-------|
| 1 |                  |     |     |     |     |           |          |       |
| 2 |                  |     |     |     |     |           |          |       |
| 3 |                  |     |     |     |     |           |          |       |
| 4 |                  |     |     |     |     |           |          |       |
| 5 |                  |     |     |     |     |           |          |       |

|                      |                           |                             |
|----------------------|---------------------------|-----------------------------|
| For office use only: | Team age group: _____     | Number of exemptions: _____ |
|                      | Number of Athletes: _____ | Number of partners: _____   |

**EXEMPTION REQUEST**

A complete team roster is required

This request must accompany your roster and is due by the registration due date

Athlete/Partner \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Age as determined by the date of competition**

Sport: **Unified Basketball**

Coach Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Local Program: \_\_\_\_\_

**AGE GROUP FOR WHICH EXEMPTION IS REQUESTED** (please check one)

- Junior ages 8-16
- Senior ages 13-21
- Masters ages 18+

Please explain the details and rationale for your request:

I confirm that the Athlete/Partner meets the criteria necessary to play up or down to the agegroup request above:

- \* Athlete/Partner's skill, strength, speed, size and social maturity are comparable to the requested age group
- \* There is no risk to the health and safety of any athlete/partner on that team
- \* An athlete/partner may only play up or down one age group
- \* There will be no more than two combined age groups on a team

**Coach Signature** \_\_\_\_\_

**Local Coordinator Signature** \_\_\_\_\_

**If Athlete/Partner is under 18** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

This document must be sent with your team roster and registration to:

[derrickf@soct.org](mailto:derrickf@soct.org)



## Instructions for Registering Additional Personnel

All of the individuals listed below are to have their Class A certifications including Protective Behaviors current before being registered for any SOCT event.

### Local Coordinators:

Please list the LC responsible for overseeing the delegation AT THIS EVENT on the Checklist page.

### **ADDITIONAL PERSONNEL:**

Head Coach: Please list the Head Coach for each sport with their current contact information on **each roster page**.

Assistant Coach: Please list Assistant Coaches on the personnel page and affiliate them with a team.

Chaperone: Please list Chaperones with their current contact information on the personnel page and affiliate them with a team.

Hometown Escorts: Please list Hometown Escorts on the Personnel Page and affiliate them with a team. Hometown Escorts are individual that delegations recruit to meet the team during the day.

### Additional Personnel Ratio:

3 athletes to 1 Additional Personnel

1 athlete to 1 Additional Personnel for athletes who use a wheelchair, are legally blind or other special circumstances.

Special circumstances include medical or behavioral issues. Please indicate the athlete name on the roster page with an astrisk\* if they need a 1:1.

**Additional Personnel****Local Program:**

List **ONLY** those who have completed the Class A screening process and Protective Behaviors below.

Please specify Junior vs/ Senior for those in your delegation with the same name.

Please provide **Team Affiliation** to ensure credentials are placed accordingly.

List the day which a group home staff person (registered as a chaperone or hometown escort) will attend

|    | First/Last Name | Team Affiliation | Email | Type | Day (Sat/Sun/both) |
|----|-----------------|------------------|-------|------|--------------------|
| 1  |                 |                  |       |      |                    |
| 2  |                 |                  |       |      |                    |
| 3  |                 |                  |       |      |                    |
| 4  |                 |                  |       |      |                    |
| 5  |                 |                  |       |      |                    |
| 6  |                 |                  |       |      |                    |
| 7  |                 |                  |       |      |                    |
| 8  |                 |                  |       |      |                    |
| 9  |                 |                  |       |      |                    |
| 10 |                 |                  |       |      |                    |
| 11 |                 |                  |       |      |                    |
| 12 |                 |                  |       |      |                    |
| 13 |                 |                  |       |      |                    |
| 14 |                 |                  |       |      |                    |
| 15 |                 |                  |       |      |                    |
| 16 |                 |                  |       |      |                    |
| 17 |                 |                  |       |      |                    |
| 18 |                 |                  |       |      |                    |
| 19 |                 |                  |       |      |                    |

## Special Olympics Connecticut Unified Basketball

### Roster Appeal / Scratch Form

**Roster changes will be accepted up until TWO WEEKS prior to the Divisioning Tournament.**

**No additions after the Divisioning Tournament will be excepted.**

**Participants added to your team roster must have all certifications current with SOCT.**

For all sports- Participant SCRATCHES will be accepted TWO WEEKS (11/08) prior to the state event.

Programs will be charged the registration fee for participants scratched after the scratch deadline.

Please refer to the Dates to Remember calendar for this date.

#### Delegation

Please remove (**scratch**) from this delegation \_\_\_\_\_

Name

1

2

4

5

6

7

Please add to this delegation

Name

Event

Team Name *if applicable*

1

2

3

4

5

6

7

Date:

Submitted by: \_\_\_\_\_

**Special Olympics Connecticut Unified Basketball**

**Explanation of Absence from Qualifier form**

This form must be submitted to SOCT within **3 days** AFTER the event.

Delegation: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Qualifier missed: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Qualifiers include:**

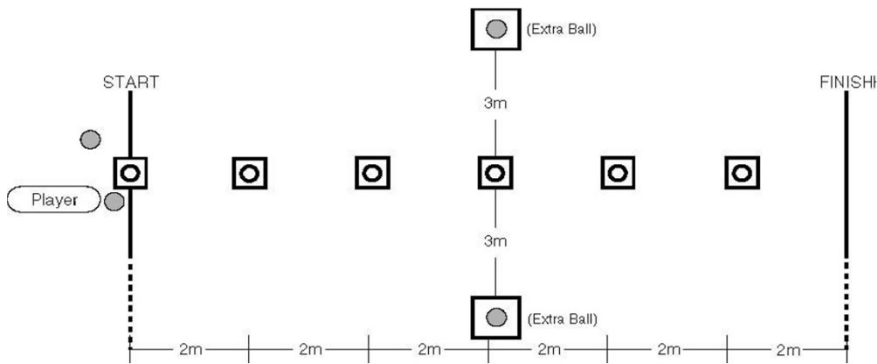
**Unified and Traditional Soccer**

**Unified and Traditional Softball**

**Unified Basketball**

**Unified Volleyball**

## BSAT- Dribbling



### SET-UP

An area of the basketball court (preferably along a sideline or down the center line), six cones, floor tape and four basketballs one that the athlete is provided initially, two others that are for back-up in case the basketball bounces away, and one more to continue the test.

### TEST

Time :60 seconds for one trial. A player is instructed to dribble the ball while passing alternately to the right and to the left of six obstacles placed in a line, 2meters (6 feet 6 3/4 inches) apart, on a 12 meter course. The player may start to the right or to the left of the first obstacle but must pass each obstacle alternately thereafter. When the last obstacle is passed and the finish line reached the player puts the ball down, sprints back to the start for the next ball, and repeats the slalom. The player continues until 60 seconds have elapsed. If a player loses control of the ball the clock continues to run. The player recovers the ball or picks up the nearest back-up ball and may re-enter at any point along the course.

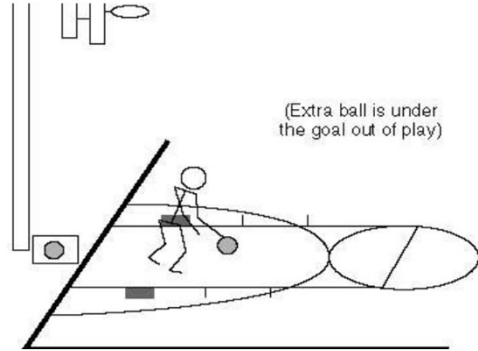
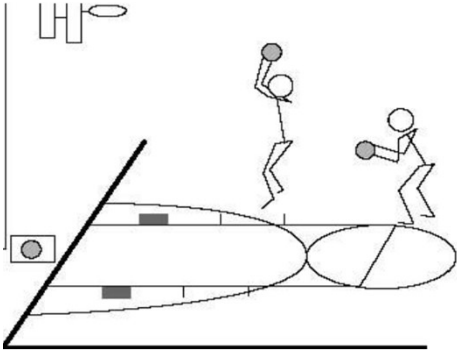
### SCORING

One point is awarded each time a cone is passed. (For example, if the player successfully dribble the ball from the starting line weaves in and out through the entire obstacle course one time, and places the ball down at the finish line, a score of five has been achieved. The player must use legal dribbles and must have control of the ball during a midpoint space in order to get for that cone successfully passed). The player's score is how many cones (midpoints) he/she successfully passes in 60 seconds.

### STAGING

Volunteers administer the test and are not to interfere with any player who is performing the test. Volunteer A will instruct the group doing this particular test while Volunteer B demonstrates the actual test. Volunteer A will give a basketball to the player who will take the test, ask him/her if ready, will then say "Ready". "Go" and will count how many cones the player passes in 60 seconds. Volunteers D will time and record the athlete's score. Each volunteer is to administer the test and manage the area only.

## BSAT- Perimeter Shooting



### SET-UP

A goal, the official NGB free throw lane, floor tape and two basketballs, one that the athlete is provided initially, another that is for back-up in case the basketball bounces away.

### TEST

Time: one trial of one minute. A player stands at the juncture of the free-throw line and lane, either to the left or right. The player dribbles toward the goal and attempts a field goal of his/her choice outside the 2.75 meter (9feet) arc. This attempt must be taken anywhere outside the 2.75 meter arc marked off by a dotted line. (This arc intersects with the free-throw restraining circle). The player then rebounds the basketball (made or missed shot) and dribbles anywhere outside the arc before attempting another field goal. The player shall make as many field goals as described above in one one-minute trial.

### SCORING

Two points are awarded for each field goal make within the one-minute trial.

### STAGING

Volunteers administer the test and are not to interfere with any player who is performing the test. Volunteer A will instruct the group doing this particular test while Volunteer B demonstrates the actual test. Volunteer A will give a basketball to the player who will then say "Reday", "Go", and will count how many field goals the player makes in one minute. Volunteer B, who is standing behind the extra ball, will retrieve and replace the basketball whenever it goes out of play. Volunteer C will time and record the athlete's score. Each volunteer is to administer the test and manage the area only.