Unified Sports Holiday Classic
Unified Volleyball Registration

***TEAMS Due: October 5th, 2026**

***SKILLS Due: October 12th, 2026**

1 Day event: Partcipation fee for this event is $30.00.

*****Participant scratches will be accepted up until TWO WEEKS prior to the day of the event. Programs will be charged for any scratches after the scratch date:**

Local Program: _____
Local Coordinator (ATTENDING THIS EVENT): _____
Email:_____

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

Participant Counts

	Count	Count
Athlete		
Partner		

Personnel Counts

	Count	Meal Count
Local Coordinator		
Head Coach		
Coach		
Assistant Coach		
Chaperone		
Hometown Escort		

Any questions regarding Volleyball, contact Dave Pellino at:

davidp@soct.org

Cell: 203-627-5663

Please send your registrations to Emily at emilyp@soct.org

Unified Sports Holiday Classic
Unified Volleyball Registration

1. **Roster Requirements:** Minimum of **10** players: **5** athletes & 5 partners; maximum of **12** 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 number of athletes and partners.
4. **Teams strongly encouraged to have 2 subs for both athletes and partners going in to 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 3 partners.

Team Age Groups	**Junior**	**ages 8-16**
	Senior	**ages 13-21**
	Master	**ages 18+**

Please send registration to Emily Pitney emilyp@soct.org

Unified Volleyball Registration Form

Team Name:										
									Scores	
Local Program Name:								Team Score		
								Top 6		
HEAD Coach Information:								Bottom 6		
First/Last Name			Type		Cell Phone			Email		
			HEAD Coach							
First /Last Name	DOB	M/F	A/P	Serve	Forearm pass	Spike	Bump-set	Total	Overall Rating	1:1 Needed?
			A							
			A							
			A							
			A							
			A							
			A							
			P							
			P							
			P							
			P							
			P							
			P							

For office use only: Team age group_____ Number of exemptions_____
Number of athletes_____ Number of partners:_____

Unified Volleyball Registration Form

Team Name:										
									Scores	
Local Program Name:								Team Score		
								Top 6		
HEAD Coach Information:								Bottom 6		
First/Last Name			Type		Cell Phone			Email		
			HEAD Coach							
First /Last Name	DOB	M/F	A/P	Serve	Forearm pass	Spike	Bump-set	Total	Overall Rating	1:1 Needed?
			A							
			A							
			A							
			A							
			A							
			A							
			P							
			P							
			P							
			P							
			P							
			P							

For office use only: Team age group_____ Number of exemptions_____
Number of athletes_____ Number of partners:_____

Volleyball SKILLS Registration Form

Local Program Name:			
Head Coach Information			
First/Last Name	Type	Cell Phone	Email address
	HEAD Coach		

Athlete First/Last Name	M/F	DOB	1:1 Needed?

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 Volleyball**

Coach Name: _____

Team Name: _____

Local Program: _____

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

- □ Junior ages 8-16
- □ Senior ages13-21
- □ 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 age group requested 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:

davidp@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 affliate them with a team.

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

Hometown Escorts: Please list Hometown Escorts on the Personnel Page and affliate 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.

Local Program:

List **ONLY** those who have completed the **Class A** screening process and completed **Protective Behaviors** below.
Please specify Junior vs/ Senior for those in your delegation with the same last name.

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

******DO NOT LEAVE ANY OF THESE COLLUMNS BLANK. PLEASE FILL OUT COMPLETELY.**

First/Last Name	Date of Birth	Role Type	Days attending

Special Olympics Connecticut Unified Volleyball

Roster Appeal / Scratch Form

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

Participants added to your team roster must have all certifications current with SOCT.
No additions after the Divisioning Tournament will be excepted.
For all sports- Participant scratches will be accepted TWO WEEKS (11/6) 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 Volleyball

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

VSAT- Serve

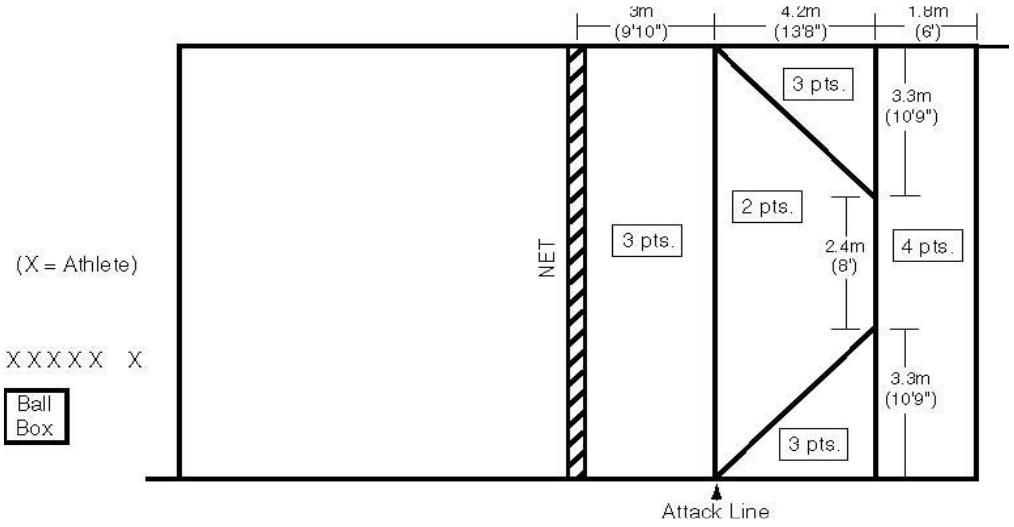


Diagram terms:

Athlete

Net

Attack Line

Pts. (points)

Ball Box

SET-UP

Use a regulation size court that is 18 meters (59 feet) long and 9 meters (29 feet, 6 inches) wide, 10 volleyballs, net height 2.24 meters (7 feet, 41/8 inches for women and 2.43 meters (7feet, 115/8 inch) for men, standards, antennae, measuring tape, tape and ball box.

TEST

Athlete is given 10 attempts from the service area. Athlete may serve overhead or underhand. Taped or chalk lines mark the court outlining the target areas which value from two to four points.

SCORING

Balls hitting on a line score the higher point value. Balls contacting the net, antennae, or landing out-of-bounds receive no points. The athlete's final score is determined by adding together the points awarded for each of the 10 attempts.

STAGING

Volunteers administer the test and are not to interfere with any athlete who is performing the test.
Volunteer A will instruct the group doing this particular test while Volunteer B demonstrates the actual test. Volunteer C will toss a volleyball to the athlete who will perform the skill. Volunteers will retrieve the volleyballs after they land and will roll them to a volunteer who is standing near the ball box. When the athlete is finished, Volunteer A will give the score to Volunteer D who is the scorekeeper. Each volunteer is to administer the test and manage the area only.

VSAT Forearm Pass

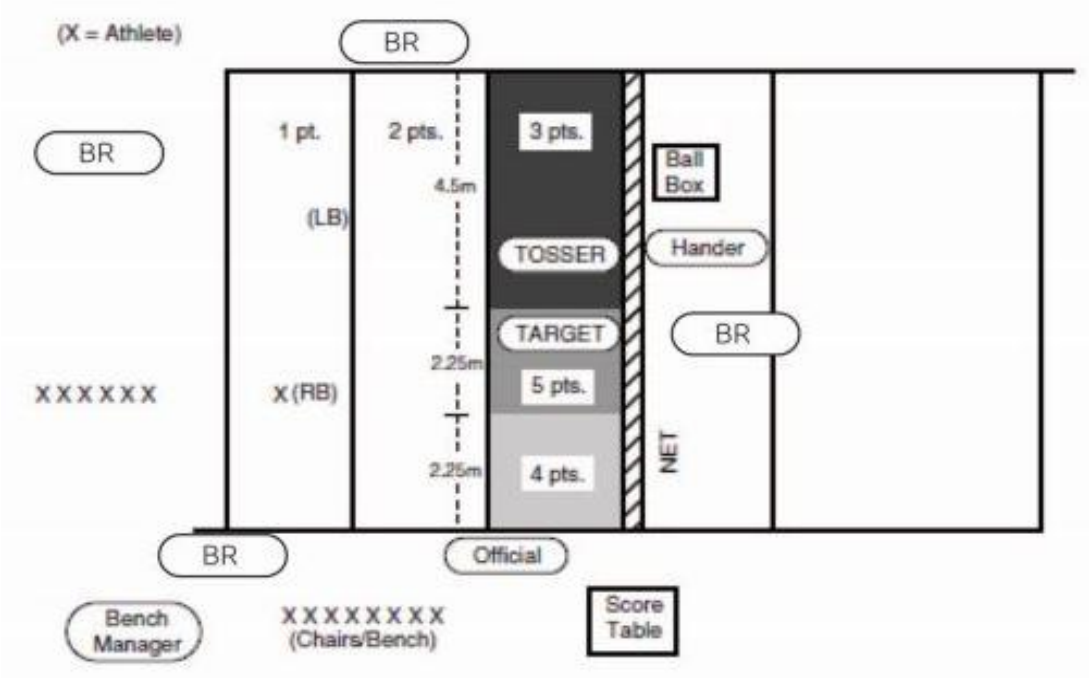


Diagram terms:

Athlete	Pts. (Points)
Target	Ball Box
Tosser	RB (right back)
Net Attack Line	LB (left back)

SET-UP

Use a regulation size court that is 18 meters (59 feet) long and 9 meters (29 feet, 6 inches) wide, 5 volleyballs, net height 2.24 meters (7 feet, 4 1/8 inches for women and 2.43 meters (7feet, 11 5/8 inch) for men, standards, antennae, measuring tape, floor tape or chalk and ball box.

TEST

Athlete receives 10, two-handed, overhead tossed balls from the tosser who is positioned across the net at the attack line, 4.5 meters (14 feet, 9 inches) from either sideline. Athlete is given five attempts from the right side back position, 3 meter (9feet, 10 inches) from the right sideline and 1 meter (3 feet, 3 1/3 inches) from the baseline. Poor tosses are repeated. Athlete passes the tossed a ball toward a target, a person who has his/her arms above the head and who is standing on the same side of and 2 meters (6 feet 6 3/4 inches) away from the net and 2 meters from the sideline. Target areas have values from one to five points. The peak of the arc of each passed ball must be above the height of the net.

SCORING

The following results in zero points: illegal contact, balls which are passed below net height and balls which land beyond the centerline. A ball hitting the line between point values will be given the higher point value. The athlete's final score is determined adding together the points awarded for each of the 10 attempts.

STAGING

Volunteers administer the test and are not to interfere with any athlete who is performing the test. Volunteer A will instruct the group doing this particular test while Volunteer B demonstrates the actual test. Volunteer C will toss a ball to the athlete who will perform the skill. Volunteers will retrieve the volleyballs after they land and will roll them to a volunteer who is standing near the ball box. When the athlete is finished, Volunteer A will give the score to Volunteer D who is the scorekeeper. Each volunteer is to administer the test and manage the area only.

VSAT SPIKE

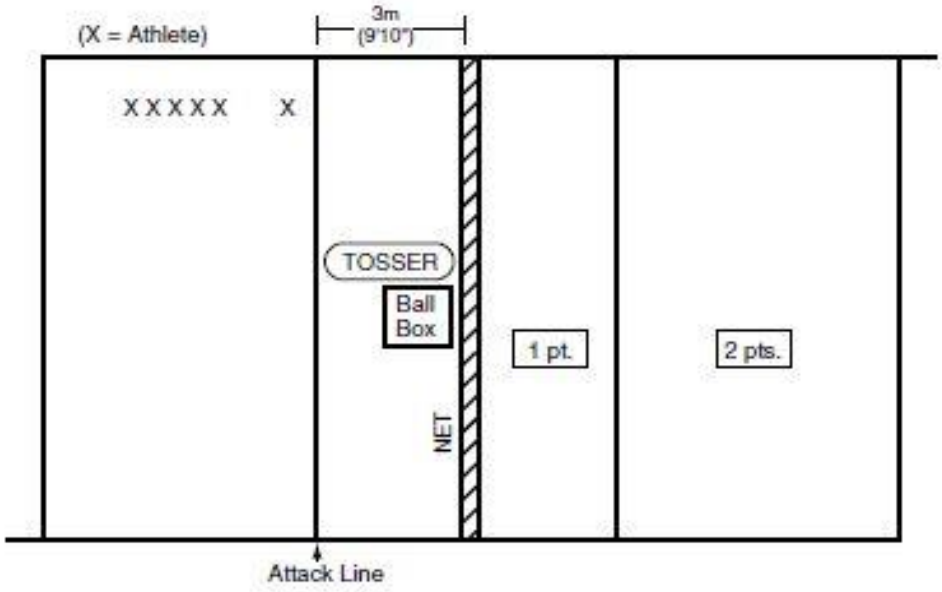


Diagram terms:

Athlete	Pts. (Points)
Tosser	Ball Box
Net	Attack Line

SET-UP

Use a regulation size court that is 18 meters (59 feet) long and 9 meters (29 feet, 6 inches) wide, net height 2.24 meters (7 feet, 4 1/8 inches for women and 2.43 meters (7feet, 11 5/8 inch) for men, standards, antennae, measuring tape, floor tape or chalk and ball box.

TEST

A tosser will toss the ball in front of the athlete and 2 meters (6 feet, 6 3/4) inches above the net. Tosses that are not at the proper height are repeated. The athlete stands in the court, 3.05-4.57 meters (10-15 feet) from the net, makes a spiking approach and spikes the ball over the net within the boundaries of the opponent's front court. Each athlete receives 10 attempts

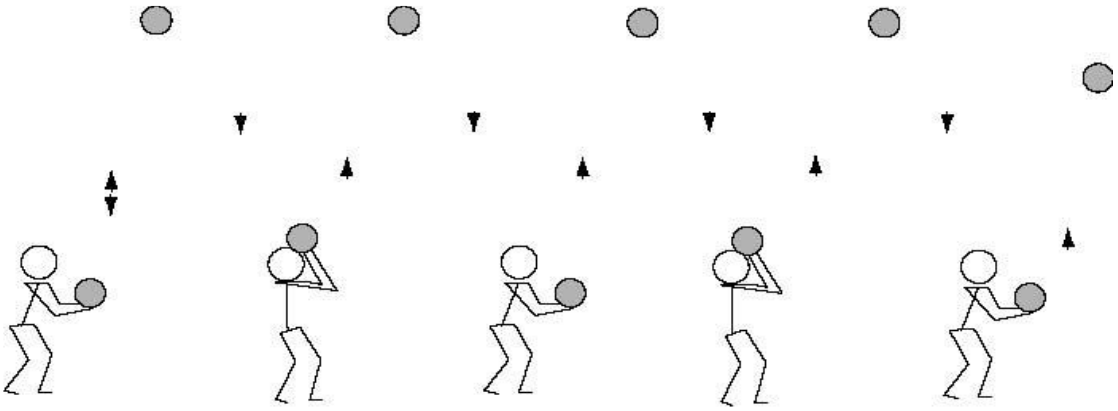
SCORING

The athlete receives two points for each spike that lands beyond the attack line in the backcourt and one point for each spike that lands between the net and the attack line within the opponent's court. A tip (dink) or half-speed shot is not recorded as a spike. The athlete's final score shall be the total of all 10 attempts.

STAGING

Volunteers administer the test and are not to interfere with any athlete who is performing the test. Volunteer A will instruct the group doing this particular test while Volunteer B demonstrates the actual test. Volunteer C will toss a ball to the athlete who will perform the skill. Volunteers will retrieve the volleyballs after they land and will roll them to a volunteer who is standing near the ball box. When the athlete is finished, Volunteer A will give the score to Volunteer D who is the scorekeeper. Each volunteer is to administer the test and manage the area only.

VSAT-BUMP-SET



Toss into air and bump | Set | Bump | Set | Bump

Diagram terms:

Toss into air and bump
Set

SET-UP

Use half of a volleyball court, a net with a minimum height of 2.45 meters (7 feet, 4 1/8) inches and three volleyballs.

TEST

Athlete alternately bumps (forearm pass) and sets the ball to himself/herself without stopping.
Athlete first tosses the ball into the air and then bumps the volleyball.
Athlete then must move under the ball to set-bump-set-bump-set, etc.
Athlete must stay within the half-court lines

SCORING

Athlete is given four trials to gain his/her best score.
The maximum score is 50 (25 bumps and 25 sets)
Each legal hit is counted as one point, as long as the ball goes above the height of the net.
A particular trial is finished when the athlete sets or bumps the ball twice in a row, illegally hits the ball, goes out of the court to play the ball or reaches a score of 50.

STAGING

Volunteers administer the test and are not to interfere with any athlete 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 hand a volleyball to the athlete who will perform the skill. Other volunteers will retrieve the volleyballs after they go out of bounds. When the player is finished Volunteer A will give the score to Volunteer C who is the socrekeeper. Each volunteer is to administer the test and manage the area only.