

# 2025 Traditional Basketball Tournament

on March 22, 2025

Registration due: March 3, 2025

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

Local Coordinator attending event: \_\_\_\_\_

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

Participation fee for this event is \$30.00.

Team Counts	Athlete count	Personell count	Total count
# of Juniors Team			
# of Seniors Team			
# of Masters Team			
# of skills athletes			

Please send all registrations via secure email to:

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

203-230-1201 x272

## Event Information

1. There is a maximum of 10 players on roster
2. Minimum of 6 players on roster
3. Teams are strongly encouraged to have 2 subs going into competition
4. Going into competition, a team may come with the minimum number of players

Team Age Groups	Junior	8yrs-16yrs
	Senior	13yrs - 21yrs
	Master	18yrs and over

Basketball Skills	Level 1
	Level 2

Registration sent to:

**Attn: Derrick Ford**

Fax- 203-230-1202

**Email- [derrickf@soct.org](mailto:derrickf@soct.org)**

# Basketball Registration Form

<b>Team Name:</b>				<b>Scores</b>	
<b>Local Program Name:</b>			Team Score		
Local Program Coordinator:			Top 5		
Please list <b>HEAD</b> Coach Information below				Bottom 5	
First/Last Name	Home Phone	Cell Phone	Email		
Street	City		Zip	Please enter your suggested division for this team in the red box below	

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

For office use only:	Team age group: _____	Number of exemptions: _____
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			<b>Scores</b>
<b>Local Program Name:</b>			Team Score
<b>Local Program Coordinator:</b>			Top 5
Please list <b>HEAD</b> Coach Information below			Bottom 5
First/Last Name	Home Phone	Cell Phone	Email
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			<b>Scores</b>
<b>Local Program Name:</b>			Team Score
<b>Local Program Coordinator:</b>			Top 5
Please list <b>HEAD</b> Coach Information below			
First/Last Name	Home Phone	Cell Phone	Email
Street	City	Zip	Please enter your suggested division for this team in the red box below

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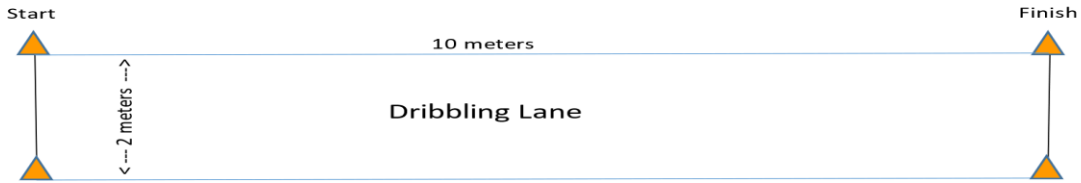
For office use only:	Team age group: _____	Number of exemptions: _____
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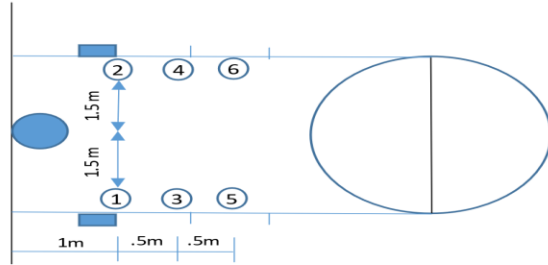
**Skills – Level 1 – 10 Meter Dribble**



- Athlete dribbles with one hand from Start line to Finish line. Clock stops when athlete stops their dribble and holds ball
- If athlete loses control of ball outside of dribbling lane, they can continue with a backp basketball
- A one second penalty is added for each illegal dribble (e.g. two hands, carries)
- Athlete gets two trials. Their highest score from the two trials is used.
- Scoring: Elapsed time plus penalty seconds are added then converted to points (e.g. 0-2 seconds = 30 points; 2.1-3 sec = 28; 3.1-4 sec = 26; ... 12.1-14 = 10; 20.1-22 sec = 2; 22.1 sec and over = 1 point)

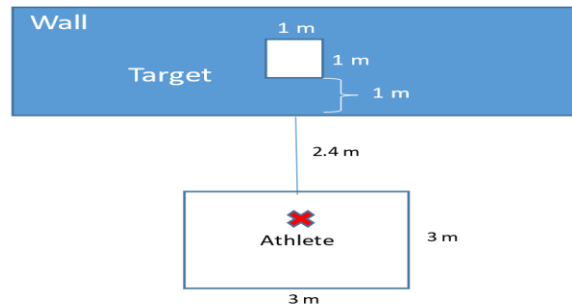
**Skills – Level 1 – Spot Shot**

- Athlete takes 2 shots from each spot, in the following order 2-4-6-1-3-5.
- Scoring:  
 2 points for each shot made at spots 1 or 2  
 3 points for each shot made at spots 3 or 4  
 4 points for each shot made at spots 5 or 6  
 1 point for each unmade basket that hits the backboard or rim

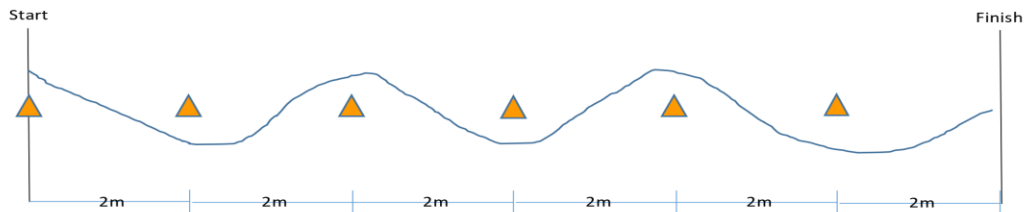


**Skills – Level 1 – Target Pass**

- Athlete stands anywhere inside the 3x3 meter square
- Athlete gets five pass attempts
- Scoring:  
 3 points for hitting the wall inside the square  
 2 points for hitting the lines of the square  
 1 point for hitting the wall outside the square  
 0 points if the ball bounces before hitting the wall  
 1 point for catching the returning ball while still in the box



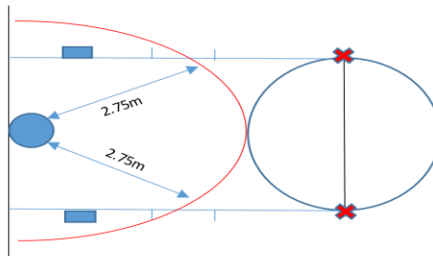
**Skills – Level 2 – 12 Meter Dribble**



- Athlete dribbles from Start line to Finish line, weaving through the cones. Dribbling must be done with one hand at a time.
- At Finish line, Athlete reverses and weaves through the cones back to the start line. Repeats until 60 secs have passed.
- Scoring: 1 point each time a cone is passed. (Cone at Start line does not count. Athlete can start at either side of first cone)

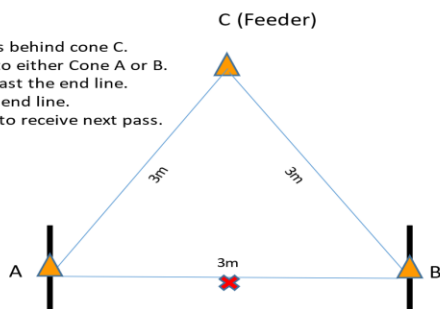
**Skills – Level 2 – Perimeter Shooting**

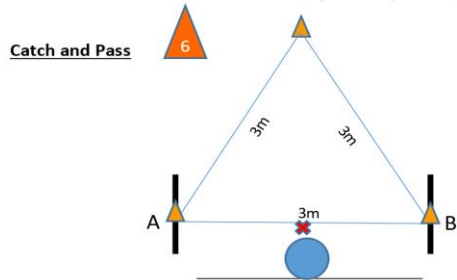
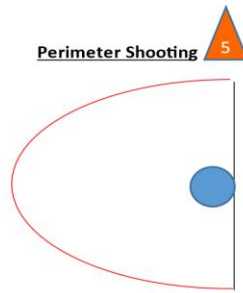
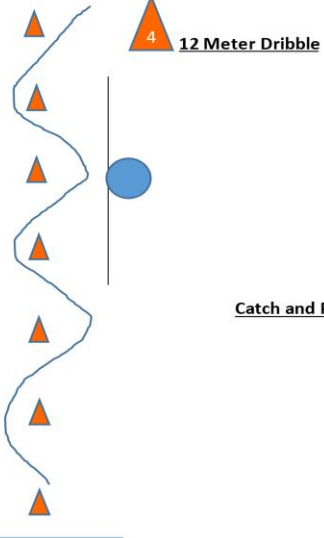
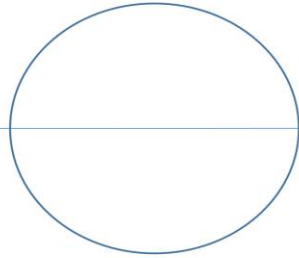
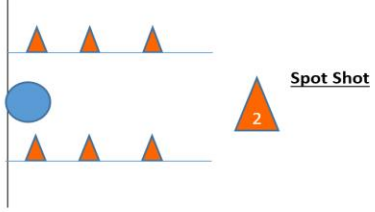
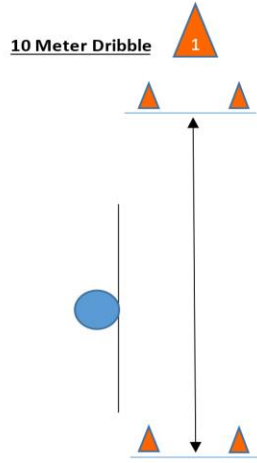
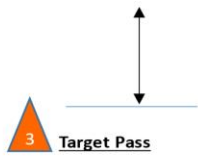
- Athlete starts at one of the red X marks.
- Athlete dribbles to any point on the arc that is 2.95m from the basket and shoots.
- Make or miss, Athlete retrieves ball, dribbles to any point outside the arc and shoots again.
- This continues for 60 seconds.
- Scoring: 1 point each time a basket is made.



**Skills – Level 2 – Catch and Pass**

- Athlete starts between cones A and B at the X. The Feeder stands behind cone C.
- On Go, Athlete passes the ball to the Feeder and quickly moves to either Cone A or B.
- Feeder passes back to Athlete once they have at least one foot past the end line.
- Athlete passes back to Feeder once they have both feet past the end line.
- After passing to Feeder, Athlete moves quickly to opposite cone to receive next pass.
- This continues for 60 seconds.
- Scoring: 1 point for each good pass to the Feeder, plus one point for each pass caught from the Feeder.





## Instructions for Registering 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:** Each Delegation (Local Program) is allotted space for two Local Coordinators (LC). Please list the LC responsible for overseeing the delegation at the event on the Checklist page. The Local Coordinators are not counted in the additional personnel ratio.

### **ADDITIONAL PERSONNEL:**

**Head Coach:** Please list the Head Coach for each sport with their current contact information on each roster page. Head Coaches are not listed on the personnel page, but are listed on the housing form.

**Assistant Coach:** Please list Assistant Coaches with their current contact information on the personnel page and housing form.

**Chaperone:** Please list Chaperones with their current contact information on the personnel page and housing form.

### **Additional Personnel Ratio:**

3 athletes to 1 Additional Personnel

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

Special circumstances (such as behavioral issues, medical, etc.), may require that you bring Additional Personnel or Hometown Escorts for adequate supervision. These requests must be in writing and must be included with your registration packet. The LC will be notified if the request is granted and if there will be a cost associated with the request.

**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.

	<b>First/Last Name</b>	<b>D.O.B</b>	<b>Team</b>	<b>Role</b>
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17				
18				
19				

# Special Olympics Connecticut

## Roster Appeal/ Scratch Form

**For all TEAM SPORTS- Roster changes will be accepted up to TWO WEEKS prior to the qualifying event. Participants added to your team roster must have all certifications current with SOCT.**

**For all sports- Participant scratches will be accepted TWO WEEKS 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) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_

Please add to this delegation:

Name	Event	Team Name <i>if applicable</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____

Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_

## EXEMPTION REQUEST

A complete team roster is required

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

Athlete Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
*Age as determined by the date of competition*  
Sport: \_\_\_\_\_ Traditional 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 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:

Special Olympics CT  
2666 State St., Suite 1  
Hamden, CT 06517  
[derrickf@soct.org](mailto:derrickf@soct.org)