2026 Unified Sports Holiday Classic
Unified Basketball Registration

Due: October 9th, 2026

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 **Basketball**

Participant Counts

	Count	Count
Athlete		
Partner		

Personnel Counts

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

Any questions regarding Unified Basketball, contact Sara Pierson

sarap@soct.org

Please send your registrations to Emily Pitney

emilyp@soct.org

2026 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 Reguirements:** 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.

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

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 Unified Basketball, contact Sara Pierson

sarap@soct.org

2026 Unified Basketball Registration Form: 5-on-5 Competition

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

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

For office use only: Team age group:_____ Number of exemptions:_____

Number of Athletes:_____ Number of partners:_____

2026 Unified Basketball Registration Form: 5-on-5 Competition

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

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

For office use only: Team age group:_____ Number of exemptions:_____

Number of Athletes:_____ Number of partners:_____

2026 Unified Basketball Registration Form: 5-on-5 Competition

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

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

For office use only: Team age group:_____ Number of exemptions:_____

Number of Athletes:_____ Number of partners:_____

2026 Unified Basketball Registration Form: 5-on-5 Competition

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

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

For office use only: Team age group:_____ Number of exemptions:_____

Number of Athletes:_____ Number of partners:_____

2026 Unified Basketball Registration Form: Half Court 3-on-3 Competition

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

	First /Last Name	DOB	Age	M/F	A/P	Dribbling	Shooting	Total	1:1 Needed?
1					A				
2					A				
3					A				
4					P				
5					P				

For office use only: Team age group:_____ Number of exemptions:_____

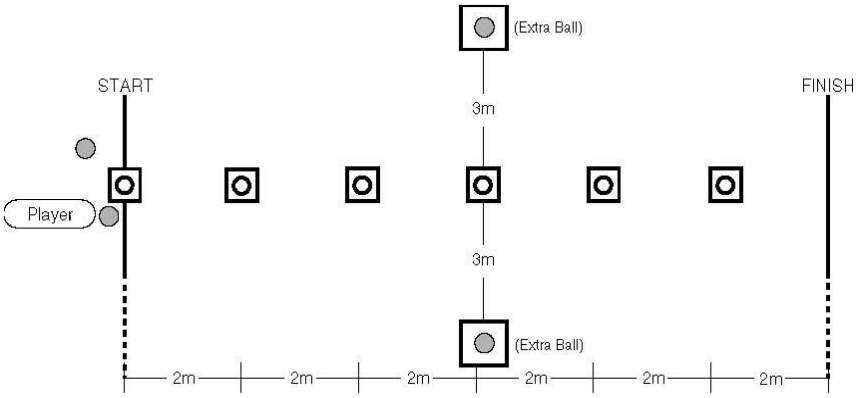
Number of Athletes:_____ Number of partners:_____

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	D.O.B	Team Affliation	Type	Day (Sat/Sun/both)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

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.

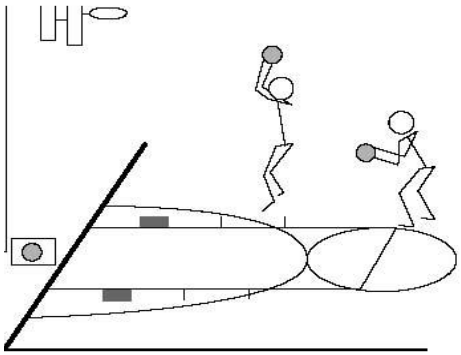
SCORING

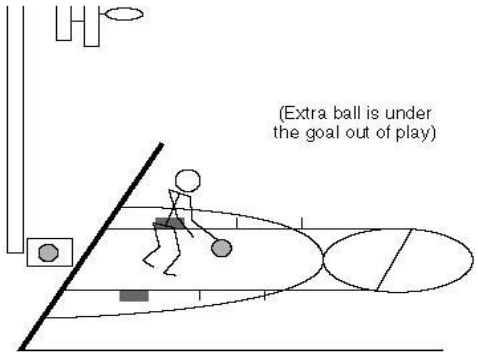
One point is awarded each time a cone is passed. (For example, if the player successfully dribble the ball from the starting line weaves in adn out through the entire obstacle course one time, and places the ball down at the finish line, a score of five has been achieved. The player must use legal dribbles 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 admisister the test and are not to interfere with ay player who is performing the test. Volunteer A will instruct the group doing this particular test whle 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 arcbefore 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 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 goies 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.

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 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 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

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.

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 (11/06) 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