

2023 Basketball Tournament

March 25, 2022

Registration due: February 6th ,2023

Local Program: _____

Local Coordinator attending event: _____

Email: _____

Team Counts

# of Juniors Team	
# of Seniors Team	
# of Masters Team	
# of skills athletes	

Please send all registrations via secure email to:

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:

Special Olympics CT
2666 State St., Suite 1
Hamden, CT 06517
Attn: Derrick Ford
Fax- 203-230-1202
Email- derrickf@soct.org

Basketball Registration Form

Team Name:				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	Please enter your sugested 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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Basketball Registration Form

Team Name:				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	Please enter your sugested division for this team in the red box below

	First /Last Name	DOB	M/F	Dribbling	Shooting	Total
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2						
3						
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5						
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7						
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3						
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5						
6						
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5						
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8						
9						
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For office use only: Team age group: _____ Number of exemptions: _____
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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.

	First/Last Name	Street/City	Zip	Email	Type	
1						
2						
3						
4						
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9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

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: _____