

# 2020 Basketball Tournament

March 21, 2020

Registration due: March 4, 2020

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:

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

Contact Katie Dennett for Tournament information

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

203-230-1201 x245

## 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**

|                        |               |                       |
|------------------------|---------------|-----------------------|
| <b>Team Age Groups</b> | <b>Junior</b> | <b>8yrs-16yrs</b>     |
|                        | <b>Senior</b> | <b>13yrs - 21yrs</b>  |
|                        | <b>Master</b> | <b>18yrs and over</b> |

|                          |                |
|--------------------------|----------------|
| <b>Basketball Skills</b> | <b>Level 1</b> |
|                          | <b>Level 2</b> |

# Basketball Registration Form

|  |                   |                   |              |   |  |
|--|-------------------|-------------------|--------------|---|--|
| <b>Team Name:</b>                        |                   |                   |              | <b>Scores</b>   |  |
| <b>Local Program Name:</b>               |                   |                   |              | <b>Team Score</b>   |  |
| <b>Local Program Coordinator:</b>        |                   |                   |              | <b>Top 5</b>  |  |
| Please list Head Coach Information below |                   |                   |              | <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>   | 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: _____ |
|--|

# Basketball Registration Form

|  |                   |                   |              |   |  |
|--|-------------------|-------------------|--------------|---|--|
| <b>Team Name:</b>                        |                   |                   |              | <b>Scores</b>   |  |
| <b>Local Program Name:</b>               |                   |                   |              | <b>Team Score</b>   |  |
| <b>Local Program Coordinator:</b>        |                   |                   |              | <b>Top 5</b>  |  |
| Please list Head Coach Information below |                   |                   |              | <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>   | 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: _____ |
|--|

# Basketball Registration Form

|  |                   |                   |              |   |  |
|--|-------------------|-------------------|--------------|---|--|
| <b>Team Name:</b>                        |                   |                   |              | <b>Scores</b>   |  |
| <b>Local Program Name:</b>               |                   |                   |              | <b>Team Score</b>   |  |
| <b>Local Program Coordinator:</b>        |                   |                   |              | <b>Top 5</b>  |  |
| Please list Head Coach Information below |                   |                   |              | <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>   | 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: \_\_\_\_\_

# Basketball Registration Form

|  |                   |                   |              |   |  |
|--|-------------------|-------------------|--------------|---|--|
| <b>Team Name:</b>                        |                   |                   |              | <b>Scores</b>   |  |
| <b>Local Program Name:</b>               |                   |                   |              | Team Score  |  |
| <b>Local Program Coordinator:</b>        |                   |                   |              | Top 5   |  |
| Please list Head Coach Information below |                   |                   |              | Bottom 5  |  |
| <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>   | 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: _____ |
|----------------------|-----------------------|-----------------------------|







## 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>Street/City</b> | <b>Zip</b> | <b>Email</b> | <b>Type</b> |  |
|----|------------------------|--------------------|------------|--------------|-------------|--|
| 1  |                        |                    |            |              |             |  |
| 2  |                        |                    |            |              |             |  |
| 3  |                        |                    |            |              |             |  |
| 4  |                        |                    |            |              |             |  |
| 5  |                        |                    |            |              |             |  |
| 6  |                        |                    |            |              |             |  |
| 7  |                        |                    |            |              |             |  |
| 8  |                        |                    |            |              |             |  |
| 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: \_\_\_\_\_