

2020 Winter Games Floor Hockey Registration

Due: February 6, 2020

Local Program: _____
Local Coordinator: _____
Email: _____

Please count only those participants for **Unified Floor Hockey or Skills**

Participant Counts

	Meal Count	Overnight
Athletes		
Partners		

Personnel Counts

	Meal Count	Overnight
Local Coordinator		
Coach		
Assistant Coach		
Chaperone		
Hometown Escorts		

Floor Hockey Roster
Unified Sports Floor Hockey

1. **Roster requirements: Minimum of 11 players; 6 athletes and 5 partners; maximum of 16 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 athletes and partners.
4. Teams are strongly encouraged to have 2 subs for both athletes and partners going into competition.
5. Each team may have only two excused absence (athlete or partner) at the Divisioning Tournament. If any team is missing more than one, they may advance to the state competition but will only be eligible to compete for a participation ribbon. However, if the team can maintain the minimum number of players going into competition, the team may scratch the missing members and play for medal contention. The absence form must be submitted to the SOCT headquarters by 5:00PM of the following Wednesday.
6. Going into competition, a team may come with the minimum number of players provided they have 6 athletes and 5 partners.

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

Send forms to:
Special Olympics CT
2666 State St., Suite 1
Hamden, CT 06517
susanm@soct.org
Fax 203-230-1202

For information pertaining to Floor Hockey registration and competition, please contact:
Sue Mohr 203-230-1201 x239
susanm@soct.org

Unified Floor Hockey Registration Form

Local Program Name:				TEAM NAME		AGE GROUP	
Local Program Coordinator:				Please enter your suggested division for this team			
List Coach Information Below							
First/Last Name	Type	Cell Phone	Email Address				
	Head Coach			Team Assessment Score			

Score is the total number for each player divided by the number of players.

List of Participants

	First /Last Name	DOB	M/F	A/P	Age	Shoot Around Goal	Pass	Stick Handling	Shoot for Accuracy	Defence	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

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

Unified Floor Hockey Registration Form

Local Program Name:				TEAM NAME		AGE GROUP	
Local Program Coordinator:							
List Coach Information Below				Please enter your suggested division for this team			
First/Last Name	Type	Cell Phone	Email Address				
	Head Coach						
				Team Assessment Score			

Score is the total number for each player divided by the number of players.

List of Participants

	First /Last Name	DOB	M/F	A/P	Age	Shoot Around Goal	Pass	Stick Handling	Shoot for Accuracy	Defence	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

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

Unified Floor Hockey Registration Form

Local Program Name:				TEAM NAME	AGE GROUP
Local Program Coordinator:					
List Coach Information Below				Please enter your suggested division for this team	
First/Last Name	Type	Cell Phone	Email Address		
	Head Coach			Team Assessment Score	

Score is the total number for each player divided by the number of players.

List of Participants

	First /Last Name	DOB	M/F	A/P	Age	Shoot Around Goal	Pass	Stick Handling	Shoot for Accuracy	Defence	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

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

Unified Floor Hockey Registration Form

Local Program Name:				TEAM NAME	AGE GROUP
Local Program Coordinator:				Please enter your suggested division for this team	
List Coach Information Below					
First/Last Name	Type	Cell Phone	Email Address		
	Head Coach			Team Assessment Score	

Score is the total number for each player divided by the number of players.

List of Participants

	First /Last Name	DOB	M/F	A/P	Age	Shoot Around Goal	Pass	Stick Handling	Shoot for Accuracy	Defence	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

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

Unified Floor Hockey Registration Form

Local Program Name:				TEAM NAME	AGE GROUP
Local Program Coordinator:					
List Coach Information Below				Please enter your suggested division for this team	
First/Last Name	Type	Cell Phone	Email Address		
	Head Coach			Team Assessment Score	

Score is the total number for each player divided by the number of players.

List of Participants

#	First /Last Name	DOB	M/F	A	Age	Shoot Around Goal	Pass	Stick Handling	Shoot for Accuracy	Defence	Total
1				A							
2				A							
3				A							
4				A							
5				A							
6				A							
7				A							
8				A							
9				A							
10				A							
11				A							
12				A							
13				A							
14				A							
15				A							
16				A							

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

Floor Hockey Skills Registration Form

Local Program Name:			
Local Program Coordinator:			
List Coach Information Below			
First/Last Name	Type	Cell Phone	Email Address
	Head Coach		

List of Participants

	First /Last Name	DOB	M/F	Left or Right Handed (L/R)	Event	Shoot Around Goal	Pass	Sticks Handling	Shoot for Accuracy	Receive Pass & Score	Total
1					Skills						
2					Skills						
3					Skills						
4					Skills						
5					Skills						
6					Skills						
7					Skills						
8					Skills						
9					Skills						
10					Skills						
11					Skills						
12					Skills						
13					Skills						
14					Skills						
15					Skills						
16					Skills						

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. Coaches must also have an updated concussion training certification on file.

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.

Hometown Escorts: Please list Hometown Escorts on the Personnel Page. Hometown Escorts are individuals that delegations recruit to meet the team during the day. These individuals are not to be included in housing count, or the Additional Personnel count. Hometown Escorts do not stay overnight.

Hometown Escort Ratio:

2 athletes to 1 Hometown Escort

Please note on the personnel page those who are group home staff and which day/days they will be in attendance.

No registration fees will be charged for Personnel provided the Athlete to Personnel Ratio (3:1) is adhered to. Special circumstances (such as behavioral issues, medical, etc.), may require that you bring additional personnel 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.

Additional Personnel

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.

	First/Last Name	Street/City	Zip	Email	Type	Group Home Staff Day
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Special Olympics Connecticut

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 *if applicable*

- | | | |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |
| 6) _____ | _____ | _____ |
| 7) _____ | _____ | _____ |

Date:

Submitted By: _____

vent.

Special Olympics Connecticut

Explanation of Absence from Qualifier form - Unified Floor Hockey

1. Roster Requirements: Minimum of 11 players: 6 athletes & 5 partners; maximum of 16 players.
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4. Each team may have only TWO excused absences (athletes or partners) at the Divisioning Tournament.

If any team is missing more than two, they may advance to the state competition but will only be eligible to compete for a participation ribbon.

If the team can maintain the minimum number of players going into competition, the team may scratch the missing members and play for medal contention.

The absence form must be submitted to SOCT headquarters by 5:00 p.m. of the Wednesday following the Divisioning Tournament.

5. At Competition, a team may come with the minimum # of players provided they have at least 6 athletes and 5 partners.

Delegation: _____

Participant Name: _____

Qualifier missed: _____ Floor Hockey Date: _____

Coach Information

Name: _____

Phone: _____

Qualifiers include:

Regional Games

Unified and Traditional Cycling

Unified and Traditional Softball

Unified Basketball

Unified Volleyball

Unified Floor Hockey