

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

30 Realty Drive, Cheshire, Connecticut 06410
 Telephone (203) 250-1111 / Fax (203) 250-1345

Name of School _____ Telephone () _____
 Address _____ Zip Code _____
 Name of Coach/Advisor _____ Home Telephone () _____

UNIFIED SPORTS® BASKETBALL ENTRY FORM

- ** Thursday, March 11 -- Wilton High School (High School)
- ** Friday, March 12 -- Southington High School (Middle Level)
- ** Monday, March 15 -- Glastonbury High School (High School)
- ** Tuesday, March 16 -- Hamden High School (Middle Level)
- ** Thursday, March 18 -- Norwich Free Academy (High School)
- ** Friday, March 19 -- Manchester High School (High School)

ENTRY FORMS WILL BE EXCHANGED PRIOR TO TOURNAMENT PLAY

Please list below all participating students. Please indicate "SA" after the name for Special Athlete, or "SP" for Special Partner. Please list uniform # for all participating students. Please check all participating female students. Please check age group. PLEASE PRINT CLEARLY.

Squad Name _____ / Skill Division _____ Squad Name _____ / Skill Division _____
 (1, 2, 3, 4 (Mentor)) (1, 2, 3, 4 (Mentor))

Name	SA/SP	Female	Uniform #	Age Group 14-17 / 18-21	Name	SA/SP	Female	Uniform #	Age Group 14-17 / 18-21
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

*Designate Captains

* Designate Captains

List team's practice schedule -- day(s) _____ dates _____ time _____
 This team participated in the required scrimmage on _____ vs _____.

I certify that the above listed Special Athletes are eligible for participation in the Unified Sports® in that they have been identified as having mental retardation¹ as determined by his/her locality; has closely related developmental disabilities² such as someone who has functional limitations, both in general learning and in adaptive skills such as recreation, work, independent living, self-direction, or self-care. Note: People with functional limitations based solely on a physical, behavioral, emotional, specific learning disability, or sensory disability are not eligible. The special partners have not participated in varsity or junior varsity basketball at any time since their matriculation in High School/Middle School.

I certify that all information is correct and all athletes and partners are currently registered with the necessary SOCT forms.

Signature of Principal _____ Date _____
 Signature of Coach _____ Date _____

12 players is MAXIMUM roster size -- One coach REQUIRED per squad. Must enclose refundable \$10 per squad entry fee. Scratch deadline is five (5) school days prior to the event.

PLEASE RETURN BY MARCH 2, 1999 TO:
 Ann Malafronte, CIAC, 30 Realty Drive, Cheshire, CT 06410

¹ Any person who is identified as having mental retardation by an agency or a professional in any given local area is considered eligible for Special Olympics. Other terms that may be used synonymously with mental retardation include: cognitive disabilities, mental handicaps, or intellectual disabilities.
² When the term "mental retardation" or other similar descriptor is not used to identify the person in a local area, eligibility should be determined by whether or not the person has functional limitations in both general learning and adaptive skills. "Development disability" is the term most often used to describe persons with both limitations. Other terms that may be used synonymously with development disabilities are developmental handicap, developmentally delayed, or severe disabilities.