

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

30 Realty Drive, Cheshire, Connecticut 06410

(203) 250-1111 / Fax (203) 250-1345

TO: PRINCIPALS, SPECIAL EDUCATION PERSONNEL, AND UNIFIED SPORTS7 COACHES

Last fall, 437 youngsters participated in the Unified Sports7 soccer program that is available to disabled youngsters and their non-disabled partners, through a partnership between the Connecticut Association of Schools, and Special Olympics Connecticut.

At no cost to your district or school, this wonderful program provides an opportunity for elementary athletes to learn the skills that are necessary for integration into a main streamed physical education class. Elementary Days are available, at regional locations, in the Fall and Spring, for youngsters to come together for a morning of fun and friendship.

Middle school athletes begin to use the sport skills that they have acquired in practice to use in competition in the sports of soccer, basketball, and volleyball. All rules are modified for the success of the special athletes. The emphasis is on playing, not winning. Interested coaches are provided with coaches training to help provide them with the knowledge and skills that are necessary for the success of their athletes.

High school Unified Sports7 teams may opt to participate in one sport season or all three. Cooperative teams exist for those schools or towns who do not have enough special athletes to field a team. Schools or event towns may combine resources to make-up a squad.

An elementary team must have at least two members -- one special athlete and one partner.

A middle school team must have at least five members -- three special athletes and two partners.

A high school team must have at least five members -- three special athletes and two partners.

All athletes are ability grouped by skill level and sport rules are modified for success. Come and watch one of our events if you want to see some happy children!

Enclosed you will find an invitation to participate, the eligibility criteria, and the necessary paperwork for participation. Please call me with any questions that you may have. I am available to come to your school to speak with parents, faculty or interested groups. An introductory video on Unified Sports7 may be borrowed for your review.

Events always include an Opening Ceremony, with introductory march of the athletes, skill participation or competition, a snack, and presentation of awards for all.

Grant money is available for bus transportation upon request. Here's your chance to make a difference in the life of a child! Seize it!

HIGH SCHOOL UNIFIED SPORTS7 SOCCER TOURNAMENT

INTENT-TO-ENTER FORM

Name of School _____ Telephone () _____
Address _____
City/Town _____ Zip Code _____

is interested in participating in the Unified Sports7 Soccer Tournament on:

- " Wednesday, October 27 --- New Canaan High School
3:00 - 5:00 p.m.
- " Wednesday, November 10 --- Conard High School, W. Hartford
3:00 - 5:30 p.m. (Level 2 & 3 teams)
- " Friday, November 19 -- Manchester High School
3:00 - 5:30 p.m. (Level 4 teams)

of Squads: _____ **Approximate total # of students:** _____
(athletes & partners)

Please indicate the number of low functioning athletes that will participate in the individual skills contest _____

Skill Levels: _____ *(1, 2, 3, 4--Mentor)

* 4 -- Mentor/Lowest skill level / 3 -- Modifications needed / 2 -- Some modifications needed
1 -- Highly skilled

Name of Principal _____ Date _____
Name of Coach _____ Date _____

CERTIFICATION:

Signature of Principal _____ Home Telephone _____
Signature of Coach _____ Home Telephone _____
Coach's e-mail address _____

Please return to: Ann Malafronte
CIAC, 30 Realty Drive, Cheshire, CT 06410
Fax -- (203) 250-1345

Return by: October 5, 1999 -- for New Canaan event
October 25, 1999 -- for W. Hartford & Manchester events

Tournaments will fill on a first-come / first-served basis.

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

HIGH SCHOOL LEVEL UNIFIED SPORTS 7 SOCCER ENTRY FORM

New Canaan High School --- Wednesday, October 27, 1998

Conard High School, W. Hartford --- Wednesday, November 10, 1999

Manchester High School --- Friday, November 19, 1999

ENTRY FORMS WILL BE EXCHANGED PRIOR TO TOURNAMENT PLAY

Please list below all participating students. Please indicate **ASA@** after the name for Special Athlete, or **ASP@** 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 LEVEL** _____ **SQUAD NAME** _____ / **SKILL LEVEL** _____
 1, 2, 3, 4 (Mentor) 1, 2, 3, 4 (Mentor)

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

*Designate Captains

* Designate Captains

List team's practice schedule -- day(s) _____ dates _____ time _____

I certify that the above listed Special Athletes are eligible for participation in the Unified Sports 7 in that they have been identified as having mental retardation⁰ as determined by his/her locality; has closely related developmental disabilities⁵ 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 soccer at any time since their matriculation in High School.

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

I certify that the individuals listed on the Official Tournament Form have satisfied the State health statutes and local regulations regarding physical examinations and are physically fit to participate in the tournament.

 Signature - School Medical Official Date

PLEASE RETURN BY OCTOBER 19, 1999 TO:
 Ann Malafrente, CIAC, 30 Realty Drive, Cheshire, CT 06410 _____

- 0 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.
- 5 When the term mental retardation⁰ 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. ^{AD}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.