CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE 30 Realty Drive, Cheshire, Connecticut 06410 (203) 250-1111 / Fax (203) 250-1345

TO: PRINCIPALS, SPECIAL EDUCATION PERSONNEL, AND UNIFIED SPORTS 7 COACHES

A30 years of heroes@is how Special Olympics is describing their anniversary this year. Well, every Unified Sports7 coach is a hero in the eyes of his/her players!

Unified Sports7 soccer season is starting already! Entry paperwork must conform to strict time lines this year so don=t let your squad miss out.

The purpose of a Unified event is to bring mentally disabled and non-disabled students together for a day of sports and fun. The Unified Sports7 model pairs a special education student, the Special Athlete, with a regular education student, the Special Partner. The two participate as teammates, each one contributing equally to the partnership. We recommend that special education students be paired with regular education students of similar age and athletic ability.

The date and location for the upcoming Unified Sports7 soccer tournament is as follows:

Monday, October 19, 1998 -- Willowbrook Park, New Britain * Middle School

A team must consist of equal numbers of mentally disabled and non-disabled students, not to exceed a total of ten (10) students per team. Five (5) students, three (3) special education and two (2) regular education, will be on the court at all times. A school may enter as many teams as it would like. We encourage coaches to hold as many practices as possible, so as to allow the mentally disabled students the physical, social, and psychological benefits of continued interaction with their non-disabled classmates.

High-school soccer rules will be followed, with some modifications for the mentor division (low ability) teams. Modifications will be allowed only as described in our rule sheet. Every team will play at least two games. Skills divisions have been renamed. For soccer, there will be four (4) levels with 4 representing the highest skill category and 1 being the mentor (training group).

Changes for this season include selecting a squad name for each of your teams to help us differentiate between the groups. Also, please select a captain (or pair of captains). The leadership opportunity will be one more way to recognize the super athletes who participate with us. Additionally, we will offer individual skill contests for the lowest functioning athletes at each of our tournament sites.

Remember, rule modifications for this year include no wheelchairs in goal and no use of hockey sticks or other apparatus that may impair the safety of other athletes. Skill categories also have new names, to conform with Special Olympics.

Dinner will be provided for all athletes, coaches, and volunteers. Each athlete will receive an award for his/her participation in the tournament.

If you are interested in participating in this event or would like more information, please complete and return the enclosed Intent-to-Enter Form <u>no later than September 24</u>, 1998. A pre-determined cut-off number for teams will be utilized for each tournament. Teams will register on a first-come / first-served basis. If the Intent Form is not received by the 24th of September, the team will NOT be able to participate.

Unified Sports7 Soccer Tournaments Page 2

Please make a note on your Intent-to-Enter Form if you would like to receive an application for grant money. Non-CIAC member schools are asked to pay a \$20 registration fee, due with the completed Entry Form.

As the tournaments grow larger, it is our goal to organize the activities efficiently and streamline the registration and skill level divisioning process. In order to accomplish this, you as the coach, are asked to submit an accurate forecast of the number of teams and their skill level in advance of the event. This will allow us to designate skill divisions, game times and court assignments prior to your arrival.

If, however, in doing this, you do not bring the number of squads that you predicted or have not properly designated their skill division, the process will break down. PLEASE FULFILL YOUR COMMITMENT after returning your Intent Form, and call me if you need assistance in determining your team-s skill level.

Please contact Ann Malafronte at (203) 250-1111 with any questions.

MIDDLE LEVEL UNIFIED SPORTS7 SOCCER TOURNAMENT

INTENT-TO-ENTER FORM

Name of School	Telephone ()
Address	
City/Town	Zip Code
is interested in participating in the M	iddle Level Unified Sports7 Soccer Tournament on:
	October 19 Quinnipiac Park, Cheshire 00 - 5:30 p.m.
# of Squads:	Approximate total # of students:(athletes & partners)
Skill Levels:	*(1, 2, 3, 4Mentor)
 * 4 Mentor / very low le 1 Highly skilled 	vel / 3 Need rules modification / 2 Som modifications needed
* 4 Mentor / very low le	vel / 3 Need rules modification / 2 Som modifications needed Date Date
 * 4 Mentor / very low le 1 Highly skilled Name of Principal Name of Coach 	vel / 3 Need rules modification / 2 Som modifications needed Date Date
 * 4 Mentor / very low le 1 Highly skilled Name of Principal Name of Coach e-mail address CERTIFICATION: 	vel / 3 Need rules modification / 2 Som modifications needed Date Date

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

Return by: October 5, 1999

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 ()			
MIDDLE LEVEL UNIFIED SPORTS7 SOCCER ENTRY FORM				

Quinnipiac Park, Cheshire -- Tuesday, October 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. <u>Please check all participating female students</u>. PLEASE PRINT CLEARLY.

SQUAD NAME	SKILL LEVEL S 1, 2, 3, 4 (Mentor)			SQUAD NAME	SKILL LEVEL 1, 2, 3, 4 (Mentor)		
Name Uniform #	SA/SP Female U		Uniform	# Name	8A/SP Female		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
* Designate Captain(s)				* Designate Captain(s)			

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 retardation**0** as determined by his/her locality; has closely related developmental disabilities 5 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 Middle School.

Signature of Principal	Date
Signature of Coach	Date

PLEASE RETURN BY OCTOBER 12, 1999 TO: Ann Malafronte, CIAC, 30 Realty Drive, Cheshire, CT 06410

When the term Amental 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.
 ADevelopment 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.

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.