

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™ SOCCER ENTRY FORM

- Wednesday, October 13, 2004 -- Quinnipiac Park, Cheshire -- Middle Schools**
- Monday, November 8, 2004 -- Staples High School, Westport -- High Schools (Indoor)**
- Tuesday, November 9, 2004 -- East Hartford High School -- High Schools (Indoor)**
- Friday, November 12, 2004 -- Conard High School -- CCC League ONLY**

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.

TEAM NAME _____ / SKILL LEVEL _____				TEAM NAME _____ / SKILL LEVEL _____			
Coach _____				Coach _____			
<i>1, 2, 3, 4 (Mentor), 5</i>				<i>1, 2, 3, 4 (Mentor), 5</i>			
Name	SA/SP	Uniform #	Age Group 14-17 / 18-21	Name	SA/SP	Uniform #	Age Group 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 Unified Sports™ in that they have satisfied any one of the following requirements as having intellectual disabilities: 1) The person has been identified by an agency or professional as having intellectual disabilities as determined by their localities; or 2) The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing or other measures which are generally accepted within the professional community in that Accredited Program's nation as being a reliable measurement of the existence of a cognitive delay; or 3) The person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, self-direction, or self care). However, persons whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not eligible to participate as Special Olympics athletes, but may be eligible to volunteer for Unified Sports™.

The special partners may not have participated in that same varsity or junior varsity sport at any time since their matriculation in middle school or high 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 _____

10 players is MAXIMUM roster size -- One coach REQUIRED per squad. Schools who change entries after the entry deadline will be billed for food costs. Scratch deadline is five (5) school days prior to the event.

PLEASE RETURN TO: Ann Malafronte, CIAC, 30 Realty Drive, Cheshire, CT 06410

RETURN BY: Wednesday, October 6, 2004 -- Middle Schools
 Tuesday, October 26, 2004 -- High Schools