

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

UNIFIED SPORTS™ BASKETBALL ENTRY FORM

Name of School \_\_\_\_\_ Telephone (     ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Coach / Advisor \_\_\_\_\_ Home Telephone (     ) \_\_\_\_\_

G Monday, March 9, 2009 – Wilcox Tech., Meriden – Middle School  
 G Tuesday, March 10, 2009 – St. Luke’s, New Canaan – Middle/High  
 G Wednesday, March 11, 2009 – Simsbury HS – High School  
 G Thursday, March 12, 2009 – Bunnell HS – High School/SCC  
 G Friday, March 13, 2009 – Farmington HS – Middle School  
 G Monday, March 16, 2009 – NFA – High School / ECC  
 G Tuesday, March 17, 2009 – Glastonbury HS – High School  
 G Wednesday, March 18, 2009 – Berlin HS – High School/NWC  
 G Thursday, March 19, 2009 – Tolland HS – High School  
 G Friday, March 20, 2009 – Manchester HS – High School / CCC  
 G Tuesday, March 24, 2009 – New Haven Fieldhouse - Middle

**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 number for all participating students. \*Designate Captains

**Squad Name** \_\_\_\_\_ **Skill Level (1, 2, 3, 4, 5)** \_\_\_\_\_

Name	DOB	M/F	Uniform Number	SA / SP
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**12 players is MAXIMUM ROSTER SIZE per squad – 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.**

**Intent-to-enter is due January 26, 2009. Rosters are due March 2, 2009.**

**You may submit this online. If not, return to Ken Bragg, CIAC, 30 Realty Drive, Cheshire, CT 06410 or fax (203) 250-1345.**

List team’s practice schedule – day(s) \_\_\_\_\_ dates \_\_\_\_\_

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This team participated in the required scrimmage on \_\_\_\_\_  
vs \_\_\_\_\_

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.

Name of School \_\_\_\_\_  
Town \_\_\_\_\_

Signature of Principal \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Coach \_\_\_\_\_  
Date \_\_\_\_\_

