

UNIFIED SPORTS™

COACHES HANDBOOK

**CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE
SPECIAL OLYMPICS CONNECTICUT**

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ACKNOWLEDGEMENTS

This publication was prepared under the direction of Beau Doherty, Executive Director of Special Olympics Connecticut, Scott Chausse, former Director of Sports Management, Ann Malafronte, former Director of CIAC/SOCT Unified Sports™, Karen Packtor Assistant Executive Director of the Connecticut Association of Schools, Janet Moulin, Bolton Schools, Janet Lucco, Berlin, Karen Carlson, Suffield, Chris Daniels, Newington Schools and Barbara Hedden, Cheshire Schools.

TABLE OF CONTENTS

TITLES

CIAC / SOC Unified Sports™.....	1
General Information.....	2 - 4

Entry Procedure

Sample Letter.....	5
Eligibility Criteria.....	6
Unified Partner Eligibility.....	7
Letter to Tournament Directors.....	8
Letter to Unified Sports Coaches.....	10

Tournament Rules and Regulations

Unified Sports™ Soccer.....	12
Unified Sports™ Soccer Coaches Training Clinic.....	13
Soccer Intent-to-Enter Form.....	14
Soccer Entry Forms.....	15 - 16
Divisioning Criteria.....	17
Tournament Rules.....	18
Tournament Rules for Lower Divisions.....	19
Unified Sports™ Fall Elementary Skill Day Intent-to-Enter Form... 20	
Unified Sports™ Basketball.....	21
Basketball Intent-to-Enter Form.....	22
Basketball Entry Forms.....	23 - 24
Divisioning Criteria.....	25
Tournament Rules.....	26
Tournament Rules for Lower Divisions.....	27
Unified Sports™ Volleyball and Track & Field.....	28 - 29
Volleyball Intent-to-Enter Form.....	30
Volleyball Entry Forms.....	31 - 32
Divisioning Criteria.....	33
Tournament Rules.....	34
Track Intent-to-Enter Form.....	35
Tournament Rules.....	36 - 38
Track Tournament Order of Events.....	39

TABLE OF CONTENTS

TITLES

Unified Sports™ Spring Elementary Skill Days.....	40
Elementary Skill Days Intent-to-Enter Form.....	41
Elementary Skill Days Entry Form.....	42
Elementary Sports Skills.....	43 - 54
Baseball.....	43
Basketball.....	44
Floor Hockey.....	44 - 46
Jump Rope.....	46 - 47
Soccer.....	47 - 48
Tennis	48
Volleyball.....	49
Track.....	49 - 54

Medical Forms

Special Athlete Medical Form.....	55
Special Partner Medical Form.....	56
Release Form.....	57
Medical Form (Spanish).....	58
Release Form (Spanish).....	59

Tentative Unified Sports™ Calendar of Events..... 60 - 62

Connecticut Interscholastic Athletic Conference
30 Realty Dr, Cheshire, CT 06410
Telephone (203) 250-1111
Fax (203) 250-1345

Connecticut Special Olympics
2666-1 State Street, Hamden, CT 06517
Telephone (203) 230-1201
Fax (203) 230-1202

Northwest Region
1459 South Britain Road
Southbury, CT 06488
(203) 267-6566

Eastern Region
401 West Thames Street
Norwich, CT 06360
(860) 887-1555

Southwest Region
999 Oronoque
Stratford, CT 06614
(203) 380-9990

**Special Olympics Connecticut (SOCT)
&
Connecticut Association of Schools (CAS)
Connecticut Interscholastic Athletic Conference (CIAC)**

A Unified Sports™ Partnership

As a part of the Special Olympics Connecticut outreach efforts for school-aged athletes, Special Olympics Connecticut and the Connecticut Association of Schools began a partnership in 1992 utilizing the Special Olympics Unified Sports™ program. Rapidly growing, Unified Sports™ is a registered sports program that combines individuals with intellectual disabilities (athletes) and individuals without intellectual disabilities (partners).

The Special Olympics Connecticut / Connecticut Association of Schools partnership brings Unified Sports™ to student athletes with and without intellectual disabilities in Connecticut public and parochial schools, provided an opportunity for student athletes to train and compete in a variety of different team sports. Unified Sports™ events bring special education and regular education students together on the same playing field, using the athletic arena as a forum to help break barriers on a grassroots level and to mainstream students with intellectual disabilities.

This innovative approach has had and will continue to have a dramatic impact on the number of school-age children who will now have the opportunity to participate in organized team sports through their school. The CAS / Special Olympics Connecticut Unified Sports™ program currently boasts a participation of more than 1400 athletes and partners, and 120 schools throughout the state. Unified Sports™ now offered within the program include Unified Sports™ soccer, basketball, volleyball and track for middle and high school ages, along with sports skills events for elementary students.

Connecticut Association of Schools is a non-profit organization which provides education and activity opportunities for students in public schools. CAS is also linked with the Connecticut Interscholastic Athletic Conference (CIAC) which governs all interscholastic high school sports in Connecticut. By promoting Unified Sports™ as another one of the programs CAS offers, it is able to better fulfill their mission to improve the quality of education experiences for Connecticut students.

In 1992, CAS piloted two Special Olympics Connecticut Unified Sports™ events which allowed over 200 elementary and middle school students with and without disabilities to compete in a variety of sports activities. The success of these events helped CAS to obtain a grant from Special Olympics International for the purpose of developing and expanding Unified Sports™ throughout Connecticut's schools.

Within this partnership, CAS is responsible for organizing and running over twenty-nine Unified Sports™ competitions during the school year, recruiting and training public schools to participate in a Unified Sports™ event for each school level (elementary, middle, high) during each season of the school year, accessing tournament sites, and recruiting and training volunteers for the program.

Notable events include two Manchester High School Unified Sports™ basketball teams' demonstration game at half-time of a University of Connecticut's National Champions Lady Huskies game and the recent adoption of a CAS/Special Olympics Unified Sports™ basketball league by the Central Connecticut Conference.

MOST COMMONLY ASKED QUESTIONS

Q. *How many players do I need?*

A. On the middle and high school levels, at least 5 team members are needed to form a basketball or soccer team (3 special athletes and 2 special partners). Three special athletes and 3 partners are needed for volleyball. There is a maximum number of players for each team roster. Ten is the maximum for soccer, 12 for basketball, and 10 for volleyball. An elementary team can consist of any number of athletes and partners, even as few as two. Roster size for track is limited to 20. Schools entering more must separate in squads (red and blue, for example) to equalize scoring opportunities for all teams.

Q. *How do I start?*

A. Start by speaking to the special education teacher in your school to determine if you have at least 3 students who qualify via the definition of eligibility to be a special athlete. (See attached eligibility criteria on page 7.)

Q. *With whom do I work?*

A. Approach your principal with the idea of initiating a Unified Sports™ Program in your school. Share information on the program as well as the number of schools in nearby towns that are already involved.

Q. *What if I do not feel qualified to teach the various sport skills?*

A. Seek out a faculty member, physical education teacher, school coach, parent, or community person who has familiarity with sports to assist you. Coach's training is offered by the CIAC/SOCT at the start of each sport season.

Q. *How do I get the support of the parents?*

A. Prepare an informational flyer to be mailed to the parents of all of the children who qualify as special athletes. Collect the data on student interest and then recruit a matching number of non-disabled students to be the special partners. Plan a meeting for the parents at a time convenient to them.

Q. *What do I present at the meeting?*

A. Material for the parent meeting can be obtained from the Unified Sports™ Handbook. Speakers are also available from the C.I.A.C. office by calling Lou Pear at (203) 250-1111.

Q. *When do we start?*

A. Unified Sports™ events are offered seasonally. Soccer is run in the fall, basketball in the winter and volleyball and track in the spring. You are required to participate in Unified Sports™ Coaches Training, which is offered at the start of each season. The C.I.A.C./Special Olympics Connecticut recommends a minimum of eight (8) weeks of practice prior to competition.

Q. *When are practices scheduled?*

A. Schools vary in their scheduling of Unified Sports™ practices. Some high schools offer Unified Sports™ as a scheduled course during the school day. Other schools present it as a club elective, meeting during the school day. Adaptive physical education class is the site of some training. The majority of the schools choose one or two days a week, after school, to hold team practices.

Q. *How do I recruit the special partners?*

A. Successful programs have recruited special partners through a variety of efforts. Some teachers hand-select the appropriate students who have similar skill levels. Sometimes the Varsity Club, Honor Society, or Key Club at the school adopts Unified Sports™ as a project and contributes the partners. One goal is to attract those students who do not already participate in sports. Similar skill ability levels between the special partners and special athletes is necessary to have a balance among the players so that all players can meaningfully participate in the team's activities. Effective 1999, Unified Sports™ teams should never be comprised solely of people with disabilities.

Q. *What do I need for equipment?*

A. Typical sports team equipment is needed (i.e. balls, nets, etc.) This should be readily available through the school athletic department or you may coordinate use of equipment with your school physical education teacher.

Q. *Do my players need uniforms?*

A. It is extremely important that all athletes and partners are appropriately attired for athletic competition. Middle and high schools are asked to have each team member in a matching tee-shirt with a number on the back. Elementary schools are also encouraged to have team tee-shirts. Jeans, hats or jewelry are NOT allowed.

Q. *When do I sign up for competition?*

A. Each season, a mailing will be sent to you from the C.I.A.C. informing you of the details of the next event, and asking you to return an "Intent-to-Enter" form by a deadline. Once the form is returned, you will receive an "Entry Form", which asks for the names and uniform numbers of your players. Your principal must sign the form, verifying the eligibility of each athlete. Complying with the deadline for the return of the form is essential as food and awards must be ordered and schedules created for each event.

Q. *How do I insure that my team won't be "trounced" by another team?*

A. Middle and high school competition are divided into skill ability divisions (usually 2-5 divisions), to insure that each team is competing on a level where the players can be successful. You, as the coach, will be asked to determine which ability division you feel your team should compete in. If you are not sure, the Unified Sports™ Staff can attend one of your team practices to evaluate the skill level. Elementary students do not compete against each other. They learn and practice the various sport skills through group skill station activities.

Q. *What happens at a tournament?*

A. Regional sites are designated across the state for middle and high school tournaments. Generally, a brief Opening Ceremony is held, including a parade of athletes and the lighting of the Special Olympics torch. Then teams are given their game assignments. All teams will play at least two contests. All students who participate are given an award at the Closing Ceremony. Refreshments are provided, free of charge, to all athletes and volunteers.

Q. *May I send more than one team to competition?*

A. Yes, you may send as many teams as you have the numbers to support. Many teams are co-ed. You are encouraged to create different ability groups among your teams. Nearby schools or towns may join with you to form a co-op team.

Q. *May I plan some scrimmages prior to a tournament?*

A. Coaches are required to play at least one similar-skill level team from a nearby town. We share coach's names and numbers for that purpose. Contact Ken Bragg, Assistant Director of Unified Sports at (203) 250-1111.

Q. *How much will this program cost to operate?*

A. Special Olympics Connecticut has transportation reimbursement monies that permit each school to apply for transportation grants that will assist with getting to the tournaments. Many coaches have been able to supplement their travel by requesting a budget from their school, either under special services or athletics. There is no charge for tournament entry.

Q. *What if I want to recognize my team locally?*

A. Many coaches have included their teams in the school's athletic awards program. You are encouraged to recognize the efforts of your team members in an appropriate manner for your school (letter, pin, patch, etc.).

Q. *How will my athletes stay involved after high school graduation?*

A. Special athletes may participate in year-round sports training and athletic competition in a variety of Olympic-type sports, including Unified Sports™, for adults through Special Olympics Connecticut. Your local training program coordinator can be contacted by calling Special Olympics Connecticut at 1-800-443-6105.

Q. *Are all of the Unified Sports™ coaches physical educators?*

A. Our coaches are certified special educators, physical educators, classroom teachers, special services teachers, community leaders, etc. The most common practice that we see is a coaching partnership between a special educator and a sport coach working together to best serve the needs of the children. All coaches must be certified coaches who meet Connecticut State Department of Education standards.

Other questions? Call Lou Pear, CIAC / SOCT Unified Sports™ Director, at (203) 250-1111 or E-mail -- lpear@casciac.org .

**** SAMPLE LETTER ****

**MOUNTAIN MIDDLE SCHOOL
30 Realty Drive
Cheshire, Connecticut 06410**

**Joan Smith, Principal
Thomas Jones, Assistant Principal**

September 2, 2008

Dear Parent:

Unified Sports™ is a registered program of Special Olympics that combines approximately equal numbers of athletes with and without disabilities, on sports teams for training and competition. All Unified Sports™ players, both athletes and special partners, are of similar age and matched sport skill ability. Unified Sports™ teams are placed in competitive divisions based on their skill abilities, and range from training division (with a skill-learning focus) to high skill competition.

This pioneer sports program was started in 1992 under a partnership between the Connecticut Association of Schools and the Special Olympics Connecticut to expand athletic opportunities for students of all abilities. The Unified Sports™ program has grown rapidly, with over 1400 students participating during the 2006-07 school year.

We are exploring the idea of starting a Unified Sports™ program at Mountain Middle School. Your child would qualify for this opportunity. Please discuss this idea with your child and complete the information sheet below. Return it to Mr. Jones by September 9, 2007. A meeting will be planned for all interested parents and students if there is sufficient interest.

Please feel free to contact me if you have any questions concerning this proposal. Thank you for your time.

Yours truly,

Joan Smith, Principal

PLEASE RETURN TO MR JONES BY SEPTEMBER 9, 2008

Child's Name _____

Parent's Name _____ Telephone _____

My child is interested in participating in Unified Sports™.

Soccer Basketball Volleyball Track

I am available to attend a meeting on Unified Sports™.

My child is not interested at this time.

ELIGIBILITY FOR UNIFIED SPORTS™

- I. To be eligible for participation in Unified Sports™, an outgrowth of Special Olympics, a competitor must agree to observe and abide by the Official Special Olympics Sports Rules.
- II. Unified Sports™ and its parent-arm, Special Olympics, were created and developed to give individuals with intellectual disabilities the opportunity to train and compete in sports activities. No person shall, on the grounds of sex, race, religion, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of Special Olympics.
- III. Eligibility for participation in Unified Sports™ :
 - a. General Statement of Eligibility. Every person with intellectual disabilities who is at least five years of age is eligible to participate in Unified Sports™.
 - b. Age Requirements. The minimum age requirement for participation in Unified Sports™ is five years of age.
 - c. Degree of Disability. Participation in Unified Sports™ training and competition is open to all persons with intellectual disabilities who meet the age requirement of this Section, regardless of the level or degree of that person's disability, and whether or not that person also has other mental or physical disabilities, so long as that person registers to participate in Unified Sports™ as required by these General Rules.
 - d. Identifying Persons with Intellectual Disabilities. A person is considered to have intellectual disabilities for purposes of determining his or her eligibility to participate in Unified Sports™ if that person satisfies any one of the following requirements:
 - 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™.

SPECIAL OLYMPICS CONNECTICUT

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

30 Realty Drive, Cheshire, Connecticut 06410

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

UNIFIED PARTNER ELIGIBILITY

Definition

Special Olympics Unified Sports™ is a program that combines approximately equal numbers of Special Olympics athletes and athletes without intellectual disabilities (partners) on sports teams for training and competition. Age and ability matching of athletes and partners is specifically defined on a sport-by-sport basis.

Partner Eligibility

Though the above definition allows for partners with disabilities other than intellectual disabilities, Unified Sports™ was developed to provide Special Olympics athletes with the choice of a sports program that brings about meaningful inclusion with their non-disabled peers.

Effective immediately, SOCT will adopt this Partner Eligibility Statement and not allow Unified teams comprised solely of persons with disabilities. This statement will apply for both the Special Olympics Connecticut program and Unified program run through CAS-CIAC.

Questions regarding the Partner Eligibility Statement can be directed to:

CIAC-CIAC Program:	Lou Pear	(203) 250-1111 ext. 3904 lpear@casciac.org
	Bob Deasy	(203) 250-1111 ext. 3932 rdeasy@casciac.org
	Ken Bragg	(203) 250-1111 ext. 3931 kbragg@casciac.org
Special Olympics CT:	Laurie-Jean Hannon	(203) 230-1201 ext. 235

September 2008

Dear Tournament Directors:

After giving over thirteen years, above and beyond the call of Unified Sports, Ann has decided to retire. We will miss her faithfulness to the student athletes and her determination to “change attitudes and change lives.” We will endeavor to take her efforts and wonderful results to continue to raise the bar of excellence for Unified Sports in CT. We will build upon what Ann and her staff has created to better serve the intellectually disabled population in CT and to those regular education student athletes that choose to come along side their intellectually disabled counterparts to continue to make a difference.

My name is Lou Pear and I am excited to join the Unified Sports staff as its new director. My background is similar to Ann’s as I have been a Physical Education educator and administrator as a principal at the elementary level. Recently within the CAS/CIAC family I was Assistant Executive Director. I look forward to our new Unified Sports challenges and look forward to meet and work with you to continue to grow our Unified Sports programming in CT.

To that end, growing Unified Sports programming in CT, we are asking that you and your school family help us to make changes that will allow our Unified Sports staff work with a greater school population as well as better serve you. **One immediate need** that we have is for you to garner a special team of students, staff and parents at your school to be the primary volunteer group as you host our already scheduled Unified Sports Tournament.

Most schools have many groups of students such as National Honor Society chapters, other clubs or service project organizations that may be available to assist you in our Unified sports tournament dates. We need these organizations to be available when we arrive to set up, to do registration, become team chaperones, keep score, referee, distribute food and clean up. If each school would assume this responsibility, our staff would be able to split up tournament responsibilities and allow us to grow additional schools and tournaments through CIAC Athletic Conferences hosting their own tournaments.

If you are already assuming these responsibilities we thank you and are willing to work with you to further involve your students, staff and parents. If you need initial assistance to do this, please call us so we may give you some suggestions to make this happen.

In addition, a reminder that all of our tournaments will be on a first come, first served basis. Once a tournament has reached its maximum number of teams/schools, they will be asked to attend another tournament. We are trying to gradually bring along our Unified Sports programming to those rules that govern your regular CAS/CIAC athletic programming. This message will also be communicated to all Unified Sports coaches prior to their sport season and at the coaches training seminars.

I am looking forward to meeting you and I am interested in listening to you. Your concerns are very important as we together, grow Unified Sports in CT.

Have a great school year as we provide opportunities to “change attitudes and change lives,”

Lou Pear
Director
Unified Sports
CAS/CIAC

September 2008

Dear Unified Sports Coach:

After giving over thirteen years, above and beyond the call of Unified Sports, Ann has decided to retire. We will miss her faithfulness to the student athletes and her determination to “change attitudes and change lives.” We will endeavor to take her efforts and wonderful results to continue to raise the bar of excellence for Unified Sports in CT. We will build upon what Ann and her staff has created to better serve the intellectually disabled population in CT and to those regular education student athletes that choose to come along side their intellectually disabled counterparts to continue to make a difference.

My name is Lou Pear and I am excited to join the Unified Sports staff as its new director. My background is similar to Ann’s as I have been a Physical Education educator and administrator as a principal at the elementary level. Recently within the CAS/CIAC family I was Assistant Executive Director. I look forward to our new Unified Sports challenges and look forward to meet and work with you to continue to grow our Unified Sports programming in CT.

To that end, growing Unified Sports programming in CT, we have asked the Unified Sports school tournament directors to help us to make changes that will allow our Unified Sports staff work with a greater school population as well as better serve them. We asked them to garner a special team of students, staff and parents at their school to be the primary volunteer group as you host our already scheduled Unified Sports Tournament.

Most schools have many groups of students such as National Honor Society chapters, other clubs or service project organizations that may be available to assist you in our Unified sports tournament dates. We need these organizations to be available when we arrive to set up, to do registration, become team chaperones, keep score, referee, distribute food and clean up. If each school would assume this responsibility, our staff would be able to split up tournament responsibilities and allow us to grow additional schools and tournaments through CIAC Athletic Conferences hosting their own tournaments.

If you as a Unified Sports Coach can assist your tournament director to achieve this, I'm sure that they will be very happy to receive your assistance

Coaches this is very important as a reminder that all of our tournaments will be on a first come, first served basis. Once a tournament has reached its maximum number of teams/schools, you will be asked to attend another tournament. We are trying to gradually bring along our Unified Sports programming to those rules that govern your regular CAS/CIAC athletic programming. This message has been communicated to all Unified Sports Tournament Directors as well.

I am looking forward to meeting you and I am interested in listening to you. Your concerns are very important as we together, grow Unified Sports in CT.

Have a great school year as we provide opportunities to "change attitudes and change lives,"

Lou Pear
Director
Unified Sports
CAS/CIAC

FALL

SOCCER

CAS/CIAC UNIFIED SPORTS
2008-2009 SOCCER TOURNAMENTS

Welcome to another Unified Sports Soccer season. We have scheduled two (2) middle school soccer tournaments and four (4) high school soccer tournaments for you. Please note that the Intent-to-Enter Form is due September 23, 2008 and the Roster Form is due October 7, 2008.

Please adhere to these two dates as they have been established to help you maintain your request for a specific tournament as well as assisting us to create a competitive scheduling plan for your teams. In addition, we need your numbers/roster to order the food and beverages.

Please submit your data on line, if applicable or mail to Ken Bragg, Assistant Director, Unified Sports, CAS/CIAC, 30 Realty Drive, Cheshire, CT 06410.

Remember, you need to have your medical forms up to date and partner forms as well. Please bring your forms, as applicable, to the tournament and give to Ken.

Opening Ceremonies are all at 3 P.M. except the New Canaan Country School event which is at 3:30 P.M. Please remember to bring pinnies, balls, banner and your **emergency information**.

Directions can be found on the CAS/CIAC web site, casciac.org or Google addresses located in the membership guide on our web site.

I am looking forward to meet you and listen to your needs,

Lou Pear
Director, Unified Sports'
CAS/CIAC

NEW COACHES CLINIC -- UNIFIED SPORTS™

SOCCER TRAINING
Wednesday, September 17, 2008
at CIAC Office in Cheshire
3:30 - 5:30 p.m.

.2 CEU's

3:30 - 4:30 p.m. -- All coaches -- Classroom discussion
Lou Pear, Ken Bragg and Bob Deasy, Unified Sports™ explain:

Coaches Code of Ethics Philosophy of Competition Program Goals
Athlete Medicals Partner Forms Event Registration
Divisioning Criteria Assignment by Skill Level Partner Domination
Emphasis on Rules Scratch Deadlines Approved Modifications
Protective Behaviors **Web site use for forms and registration**

4:30- 5:30 p.m. -- Setting up your Unified Sports™ Program and “Running your Practices”

Topics will include: How to initiate a program of Unified Sports™, teaching the basic skills of the sport, equipment purchases and how to organize your practice time. Coaches are encouraged to ask questions and share ideas for success with other coaches.

Directions: Take I-91 or I-84 to Rt. 691. Take Exit 3 and head south on Rt. 10 to the blinking light at Realty Drive. The Connecticut Association of Schools/CIAC is the second building on the left on Realty Drive.

Unified Sports™ Coaches Clinic -- .2 CEU's
September 17, 2008 at CIAC Office, Cheshire

Name _____ School _____
Telephone _____

Call Lou Pear (203) 250-1111 or e-mail -- lpear@casciac.org
***** Registration -- Required of all coaches *****

\$5.00 fee for Skill Guide, and \$6.50 fee for NFHS rulebook (only if needed), payable to Unified Sports™.

FALL UNIFIED SPORTS™ EVENTS
INTENT-TO-ENTER FORM

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

is interested in participating in the Unified Sports™ Soccer Tournaments on:

High Schools: (Intent must be returned by e-mail or fax by Tuesday, September 23, 2008)

- Wednesday, October 15, 2008 -- Bristol Central High School -- 3:00 - 5:30 p.m. High School -- **Outdoors**
- Thursday, October 23, 2008 -- Avon Old Farms School -- 3:00 - 5:30 p.m. -- High School -- **Indoor**
- Monday, November 3, 2008 -- Staples High School, Westport -- 3:00 - 5:30 p.m. -- High School -- **Indoor**
 - Thursday, November 6, 2008 -- East Hartford High -- 3:00 - 6:00 p.m. -- High School -- **Indoor**
 - Thursday, November 13, 2008 -- Conard High School -- **CCC League ONLY** -- 3:30 - 5:30 p.m.

Middle Schools: (Entry must be returned by e-mail or fax by Tuesday, September 23, 2008)

- Tuesday, October 14, 2008 -- Quinnipiac Park, Cheshire -- 3:00 - 5:30 p.m. -- Middle Schools -- **Outdoors**
(Rain Date -- 10/17)
- Wednesday, October 22, 2008 -- New Canaan Country School -- 3:30 - 6:00 p.m. -- Middle School Soccer &
Elementary Skills

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

High School & Middle Schools Only --- **Number of Squads** _____

Skill Levels: _____ (1-- Highest; 2-- Partners may score; 3-- No partner scoring
4-- Special athlete in goal; 5-- Very limited ability)

Name of Principal _____ Date _____
Name of Coach _____ Date _____
Coach's e-mail address _____
Coach's direct or cell number _____

Please return to: Lou Pear, CIAC, 30 Realty Drive, Cheshire, CT 06410
By e-mail -- lpear@casciac.org or by fax -- (203) 250-1345

Return by: High Schools -- Due by Tuesday, September 23, 2008
Middle Schools -- Due by Tuesday, September 23, 2008

Rosters are due one week prior to event -- **NO EXCEPTIONS!**
Tournaments will fill on a first-come / first-served basis.

***** STATE CERTIFIED COACHES MUST RENEW COACHING CERTIFICATE EVERY FIVE (5) YEARS WITH PROPER CEUs. Contact Fred Balsamo at fbalsamo@casciac.org or (203) 250-1111 for information on renewal. *****

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

- G** Tuesday, October 14, 2008 – Quinnipiac Park, Cheshire -- Middle Schools
- G** Wednesday, October 15, 2008 -- Bristol Central High School -- High Schools
- G** Wednesday, October 22, 2008 -- New Canaan Country School -- Middle Schools / Elementary Skills
- G** Thursday, October 23, 2008 – Avon Old Farms -- High Schools
- G** Monday, November 3, 2008 -- Staples High School, Westport -- High Schools
- G** Thursday, November 6, 2008 -- East Hartford High School -- High Schools
- G** Thursday, November 13, 2008 -- 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 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.				

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.

Intent-to-enter is due September 23, 2008. Rosters are due October 7, 2008.

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 _____

UNIFIED SPORTS™ SOCCER ENTRY FORM

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 _____

DIVISIONING CRITERIA - SOCCER
(Developed by SOCT Soccer SMT)

DIVISION 5 -- 3 on 3 play / skills opportunity

- * No team concept
- * Special athletes need a one-on-one aide at all times
- * No understanding of game play
- * Manual wheelchair allowed
- * All rules are modified for success
- * Smaller goal used
- * At least one partner participates at all times, but only to encourage the special athlete
- * No score is kept
- * Challenge medals issued
- * We will ask for total number of wheelchair entries on our entry forms

DIVISION 4 -- MENTOR (formerly Training Level)

- * No team concept
- * All players -- limited ability to dribble
- * All players -- low understanding of rules
- * No score is kept.

If only one real good player dominates the game, you could still possibly be a Division 4 team.

DIVISION 3

- * Slightly better ability to dribble, but will see one dominant foot used.
- * Limited concept of rules
- * Pass ball only to get rid of ball
- * One or maybe two players stand or score all goals
- * Low understanding of penalties
- * Limited team concept

DIVISION 2

- * Basic understanding of rules
- * Ability to dribble and pass on the run
- * On starting team, typically 2-4 good players
- * Most players know where to go and where to be
- * Understand concept of teamwork
- * Understand side-line throw-in rule

DIVISION 1

- * Good understanding of rules -- at least top 7 players
- * Better athletes -- physical ability
- * Can play by high school rules

IN ORDER TO PROPERLY DIVISION YOUR TEAM, USE THE ABOVE CRITERIA KEEPING YOUR FIVE BEST PLAYERS IN MIND.

Utilizing the individual skills assessment will assist you in determining the level of play for each athlete. However, keep in mind soccer is a team sport and teams will be divisioned based on total team composition.

- * A. Coaches will have choice of placing their wheelchair at whichever level (5-4-3) they feel is appropriate.
- * B. Wheelchairs will not be allowed in the goal area for safety reasons at levels 4 or 3.

**CIAC UNIFIED SPORTS™ SOCCER TOURNAMENT RULES
(5-A-SIDE)**

1. A team roster should have a maximum of ten (10) players, at least 50% of whom shall be intellectually disabled students. A team may consist of both male and female athletes. Coaches may not involve varsity or junior varsity soccer players on a Unified Sports™ team.
2. Three (3) intellectually disabled students and two (2) non-disabled students must be on the field at any given time. Unlimited substitutions can be made, as long as the ratio of Special Athletes and Special Partners remains unchanged.
3. A yellow card will be given to any athlete who is judged with domination of the game. A red card will be given to the athlete upon his/her second offense.
4. Athletes must be appropriately attired in numbered uniforms. Sneakers or rubber cleats must be worn. Special athletes must wear even numbers, partners must wear odd numbers. No jeans, hats or jewelry may be worn.
5. High school rules will be followed with the following modifications:
 - a. Duration of Games -- The length of the games will be shortened in accordance with the physical condition / ability level of the athletes and the number of teams competing. (2 x 10 minute halves to 2 x 8 minute halves)
 - B. Field of Play -- The size of the field will be modified with the possible dimensions of, at maximum, 50m x 35m, and, at minimum 40m x 30m. A smaller field may be used for lower ability teams.
 - C. Tie-Breaker -- A tie-breaker system that would allow five (5) goal kicks per team, by special athletes only. No goalie would be used (to relieve pressure on that person) in levels 3 and 4. Distances would be adjusted by skill level - level 4 would be from 15 feet, level 2 from 21 feet, etc.

CIAC UNIFIED SPORTS™ SOCCER TOURNAMENT RULES
FOR LOWER DIVISIONS
(Revisions in *italics* -- 8/30/04)

These modifications of the official sport rules are made for teams, who because of a disparity in skill level between special athletes and special partners, are placed in the non-competitive division (level 4 *and* 5).

All Unified Sports™

No score will be kept in level 4 *or level 5 games*.

The following modifications were approved because of safety:

Wheelchair athletes may compete in level 3, 4 or 5. Wheelchair and partner will count as one person. No wheelchair athlete will be allowed as goalkeeper. Chairs may be modified to allow inclusion of athlete for dribbling. No motorized chairs may be used. Ball caught under a wheelchair will be a side out for team who had possession.

Soccer

Level 4 -- Special athletes are the only players to score, block shots on goal, and/or steal the ball from opponents. Special partners are to supplement the playing action and keep the game moving. *Goalkeeper MUST be a special athlete*. He/she is not allowed to kick the ball the length of the field. Once the goalkeeper picks up the ball, it must be thrown, but no further than the halfway line. Ball over end-line must be restarted with a throw by the goalie. All balls over the side-line are restarted with a kick-in or thrown in.

Level 5 -- *Will allow one-on-one aides, as needed. There will be no goalie in level 5.*

FALL
ELEMENTARY
SKILL DAY

**ELEMENTARY UNIFIED SPORTS™ DAY
FALL 2008**

INTENT-TO-ENTER FORM

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

is interested in participating in the Elementary Unified Sports™ Day on

**G Wednesday, October 22, 2008 – 3:30 - 6:00 p.m.
at New Canaan Country Day**

**G Saturday, November 22, 2008 -- 10:00 - 12:00 p.m.
at Jack Jackter School, Colchester**

Skills will be soccer, basketball and volleyball

Approximate number of entrants (Athletes & Partners combined) _____

Name of Principal _____

Coach/Advisor _____

Coach's e-mail Address _____

Coach's direct or cell number _____

**Return to :Lou Pear, CIAC, 30 Realty Drive, Cheshire, CT 06410
E-mail or by fax (203) 250-1345 by Friday, October 24, 2008**

Rosters will be mailed when intent form is received. Roster names are due one week prior to the event! Food orders must be placed at that time. Each participant must have a medical form or partner form on file at CAS-CIAC in order to play.

Coach must be certified and remain certified by taking C.E.U.'s

Questions – lpear@casciac.org or (203) 250-1111 x 3904 to Lou

WINTER
BASKETBALL

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

January, 2009

TO: UNIFIED SPORTS™ COACHES

The season that our athletes wait all year for is finally here! Basketball time! Please read the enclosed information carefully so that you are properly prepared for our 2008-09 season.

Changes:

- * A level five (5) has been created for severely limited athletes who need one-on-one aides.
- * Skills areas will be offered at sites for low functioning athletes who pre-register.

Opportunities:

- * Ten tournament sites will be offered for high school teams and four sites for middle school teams.
- * All levels may not be available at all sites. NOTE: If no other team of your squad's level registers by the due date of January 25, 2009, you will be asked to select another site. Rosters are due no later than March 2, 2009
- * All entries are based on size of site -- "first-come, first-served."
- * There are league opportunities available for schools who wish to provide multiple competitive activities for their teams.
- * Teams that need transportation assistance must request a grant form prior to the tournament.

Reminders:

- * The head coach must be a certified coach with the State Department of Education (plus first aid and CPR).
- * Every assistant coach must go through Unified Sports™ coaches training prior to the next tournament.
- * The name of each coach is to be listed on the roster form. No squad may play without a trained coach supervising them.
- * Athlete medical forms must be updated every three (3) years and be on file with SOCT.
- * All partner forms must be on file with CIAC.
- * Each squad must hold at least eight (8) practices and participate in one scrimmage prior to the tournament.
- * Bring emergency information, a first aid kit, copies of medical forms, pinnies, practice balls and your school banner to all events.
- * Opening ceremonies will start at 3:00 p.m. Please be sure that your athletes are on time and have a chance to participate in the welcoming ceremony.
- * It is your responsibility to keep your coaches certification up-to-date. Check with your athletic director for courses.
- Special athletes must wear even-numbered jerseys. Partners wear odd-numbered jerseys.

Please read and follow all of our rules, especially those involving uniforms and numbers. Call with any questions. Have a great basketball season.

Lou Pear
Director, Unified Sports™

Bob Deasy and Ken Bragg
Assistant Directors, Unified Sports™

2009 UNIFIED SPORTS™ MIDDLE AND HIGH SCHOOL BASKETBALL TOURNAMENTS
INTENT-TO-ENTER FORM

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

is interested in participating in the Unified Sports™ Middle and High School Basketball Tournament* on:

* Multiple entries are encouraged, however, all entries are based on number of openings -- “first come, first served basis.”

- Monday, March 9 -- Wilcox Tech High School, Meriden – Middle Schools
3:00 - 5:30 p.m.
- Tuesday, March 10 -- St. Luke’s, New Canaan – High & Middle Schools
3:00 - 5:30 p.m.
- Wednesday, March 11 – Simsbury High School – High Schools
3:00 - 5:30 p.m.

Thursday, March 12 – Bunnell High School, Stratford – High Schools / **SCC League**
3:00 - 5:30 p.m.

- Friday, March 13 – Farmington High School – Middle Schools
3:00 - 6:00 p.m.

Monday, March 16 – Norwich Free Academy – High Schools and **ECC League**
3:00 - 6:00 p.m.

- Tuesday, March 17 – Glastonbury High School – High Schools
3:00 - 6:00 p.m.

Wednesday, March 18 – Berlin High School – High Schools and **NWC League**
3:00 - 6:00 p.m.

- Thursday, March 19 – Tolland High School – High Schools
3:00 - 6:00 p.m.

Friday, March 20 – Manchester High School – High Schools and **CCC League**
3:00 - 6:00 p.m.

- Tuesday, March 24 – New Haven Fieldhouse – Middle Schools
3:00 - 6:00 p.m.

Name of Principal _____
 Name of Coach _____ Home Telephone _____
 e-mail address _____

of Squads: _____ Skill Level for Each Squad: _____ (1, 2, 3, 4, 5)
 Approximate # of students (athletes & partners): _____

1 - Skilled; 2 - Some Modifications; 3 - No partner shooting, competitive medals
 4 - Low level, No partner shooting or rebounding, challenge medals;
 5 - Severely Limited, small baskets, challenge medals

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

Please return to: Ken Bragg
 CIAC, 30 Realty Drive, Cheshire, CT 06410
 Fax -- (203) 250-1345
 Return by: January 25, 2009 Intent-to-Enter
 March 2, 2009 Roster

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

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 _____

UNIFIED SPORTS™ BASKETBALL ENTRY FORM

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 _____

DIVISIONING CRITERIA - BASKETBALL
(Developed by the Unified Sports™ High School Committee)

DIVISION 5 -- 3-on-3 play / skills opportunity

- * No team concept
- * Special athletes need a one-on-one aide at all times
- * No understanding of game play
- * Manual wheelchair allowed
- * All rules are modified for success
- * Smaller baskets are used
- * At least one partner participates at all times, but only to encourage the special athlete
- * No score is kept
- * Challenge medals issued
- * Coaches will have a choice of placing wheelchair athletes at whichever level (5-4-3) that they feel is appropriate

DIVISION 4

- * No team concept
- * All players -- limited ability to dribble
- * All players -- low understanding of rules
- * Only special athletes can shoot and rebound. No stealing the ball.
- * No score is kept.
- * Basket is regulation height
- * Manual wheelchair allowed - athlete must have use of hands. Wheelchair will not be allowed in the “key” area for safety reasons
- * All receive challenge medals
- * A 10 second count will be used for all athletes and partners to avoid tying up the ball.

DIVISION 3

- * Slightly better ability to dribble, but will see shuffles, double dribbles, etc.
- * Limited concept of rules
- * Pass ball only to get rid of ball
- * One or two players stand or score all of the points
- * Low understanding of fouls
- * Limited team concept
- * Only special athletes can score
- * Partners may rebound and steal the ball
- * Score is kept
- * Various medals awarded
- * Wheelchairs will not be allowed in the “key” area for safety reasons.
- * A 10 second count will be used by all athletes and partners to avoid tying up the ball.

DIVISION 2

- * Basic understanding of the rules
- * Ability to dribble
- * On starting team, typically 2-4 good players
- * Most players know where to go and where to be
- * Understand concept of lane violation
- * Both partners and athletes can score
- * 50% rule - partners may not score more than 50% of the points
- * Various medals awarded
- * A 10 second count will be used by all athletes and partners to avoid tying up the ball

DIVISION 1

- * Good understanding of rules -- at least top 5 players
- * Better athletes -- physical ability
- * Can play by high school rules
- * Both partners and athletes can score
- * 50% rule - partners may not score more than 50% of the points
- * Various medals awarded

* A 10 second count will be used by all athletes and partners to avoid tying up the ball.

CIAC UNIFIED SPORTS™ BASKETBALL RULES FOR 2008-09

ROSTER: Maximum of 12 per team. Fifty percent of the team must be non-disabled. The team may have males and females. No one who has ever played varsity or junior varsity basketball may participate as a partner.

PLAYERS ON COURT: There will be two (2) non-disabled and three (3) intellectually disabled players on the court at all times, except in Level 5, where there will be two (2) special athletes and one partner, plus any one-on-one aides as needed. Partners must be players without disabilities.

UNIFORMS: Teams must wear appropriate attire. All uniforms must be the same. Shirts must be numbered. Sneakers must be worn. No sponsor names may appear on uniform. Only digits 1-5 should be used with highest number being 55. Athletes must wear even numbered shirts. Partners must wear odd numbered shirts.

RULES: High School rules will be followed.

MODIFICATIONS: A player may be allowed to shuffle his/her feet while holding the ball without changing position on the court. A player may be allowed to take one extra step when gaining possession of the ball from a dribble or pass.

For Level 5: No score will be kept. Modifications to size of ball and goal/basket will be allowed, as needed. One-on-one aides are restricted to level 5 play.

For Level 4: No score will be kept. Special athletes are the only players to score, steal the ball, block shots, or aggressively rebound the ball. Regulation basket.

Wheelchair athletes may compete in levels 3, 4 or 5. Wheelchairs are not allowed in key area in level 3 or 4. Partner pushing wheelchair does not count as a team player but may not touch the ball. No additional device or aid may be used by the wheelchair athlete that creates a safety concern.

For Level 3: Score will be kept. Partners may not shoot but may rebound and steal the ball

THE GAME: Games will consist of two (2) ten minute halves of running time for levels 1 - 4. Middle schools will play 8 minute halves. The clock will stop for the last two minutes of each half for all dead ball situations in levels 1 and 2.

Level 5 will play two five (5) minute halves of running time.

Each team is entitled to four time-outs per game and one additional during overtime. Overtime periods will be two minutes.

No back court pressure will be allowed. Substitutions may be made any time the referees whistle is blown to stop play, or during time-outs. Substitutes will report to the scorer who will notify the referee. No dunking is allowed at any level.

Each player will be allowed five (5) fouls per game.

Credit will be given for 3-point shots at the officials discretion as many courts are not properly marked.

The game will be forfeited when a team fails to play within five minutes of scheduled time.

FOULS WILL BE CALLED IN ALL DIVISIONS: Referees shall have the power to make all decisions on any point not specifically covered in the rules. Coaches are asked to give partners odd-numbered uniforms and special athletes even-numbered uniforms to assist the referees with calling partner domination.

Coaches are responsible for knowing and understanding the rules of the game, not only the modified rules listed here. The National Federation of State High School Associations provide the required rule book.

SCRIMMAGE/PRACTICE: Each team must schedule or host a scrimmage or practice game prior to tournament entry.

MEDICAL: Each Special Olympic athlete is required to have a medical filled out by a certified physician in order to participate. Also, each special partner must fill out a Unified Sports™ partner release form in order to participate. This is

in accordance with Special Olympics general rules.

CIAC UNIFIED SPORTS™ BASKETBALL TOURNAMENT RULES
FOR LOWER DIVISIONS
(Revisions in *italics* - 8/30/04)

These modifications of the official sport rules are made for teams, who because of a disparity in skill level between special athletes and special partners, are placed in the non-competitive division (level 4 & 5).

All Unified Sports™

No score will be kept in level 4 *or level 5 games*.

The following modifications were approved because of safety:

Wheelchair athletes may compete in level 3, 4 or 5. Wheelchair and partner will count as one person. No wheelchair athlete will be allowed as goalkeeper. Chairs may be modified to allow inclusion of athlete for dribbling. No motorized chairs may be used. Ball caught under a wheelchair will be a side out for team who had possession.

Basketball

- * *In level 5, the smaller baskets may be used*
- * Credit will be given for 3-point shots at the officials discretion as many courts are not properly marked.

SPRING
VOLLEYBALL
&
TRACK & FIELD

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

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

Your Unified Sports Team at CAS/CIAC are planning a busy Spring Volleyball and Track schedule for you and your Unified Sports Teams.

Spring Sports Coaches Training

Wednesday, April 1, 2009

CIAC Office, Cheshire, 3:30 - 5:30

Please register online or call (203) 250-1111

Deadlines are very important for food and soda ordering to be made and seeding to be completed. Please register your team online at www.casciac.org to assist us as much as possible.

VOLLEYBALL

Monday	April 6, 2009	Intent-to-Enter Forms Due
Monday	April 27, 2009	Entry Forms Due
Monday	May 4, 2009	Middle School Volleyball Sheehan High School, Wallingford 3:00 - 5:30 p.m.
Wednesday	May 6, 2009	High School Volleyball Branford High School, Branford 3:00 - 5:00 p.m.

Regulation volleyballs will be used except in Level 4, where a larger training ball may be substituted

TRACK

Monday	April 13, 2009	Intent-to-Enter Forms Due (Plainville, NFA, and Danbury only)
Monday	May 4, 2009	Entry Forms Due (Plainville, NFA, and Danbury only)
Monday	May 11, 2009	Middle and High School Track Plainville High School, Plainville 3:00 - 6:30 p.m.
Wednesday	May 13, 2009	Intent-to-Enter Forms Due (West Haven Only)
Wednesday	May 13, 2009	High School Track ECC League ONLY Norwich Free Academy, Norwich 3:00 - 6:30 p.m.
Thursday	May 14, 2009	Middle and High School Track Danbury High School 3:00 - 6:30 p.m.
Thursday	May 21, 2009	Entry Forms Due (West Haven Only)
Wednesday	May 27, 2009	High School Track West Haven High School, West Haven 3:00 - 6:30 p.m.

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

SPRING VOLLEYBALL AND TRACK

PLEASE NOTE:

With our computer entry system, **you must enter your names and times or distances on the CIAC web site by the dates listed above** in order for us to “seed” the athletes for the meets - www.casciac.org - click CIAC, click Unified Sports, scroll to track forms and enter exactly as directed.

If your names and times are not on the computer, your students **will not be running**. In order to properly seed teams by times, your information must have been received on time. Once seeding is completed - **NO CHANGES MAY BE MADE ON THE DAY OF THE EVENT**. (We are working on this and hope to have changes made shortly after arrival. Details to follow.

Please check that we have you at the correct meet on the right date and you are ready to participate. Please do not arrive at host sites until dismissal buses have left. Opening ceremonies will begin at 3:00 p.m. Remember to send all medical forms to me **prior to the event**.

GENERAL INFORMATION

- Every assistant coach must go through Unified Sports™ coaches training prior to coaching tournament.
- The name of each coach is to be listed on the roster form. No squad may play without a trained coach supervising them.
- All events are scored with a partner and athlete combined total. (For track events)
- No overhead serving or spiking allowed at Levels 3 & 4 by partners. (For volleyball events)
- Each team must participate in at least one scrimmage prior to tournament play.
- The head coach must be a certified coach with the State Department of Education (need first aid and CPR)
- All special athletes must have a current medical form on file with CIAC.
- All partners must have a signed partner form on file with CIAC.
- At least eight practice sessions must be held prior to play.
- Opening ceremonies are important to all. Please plan to march with your team at 3:00 p.m., banner in hand.
- Bring pinnies, practice balls, first aid kit and copies of medical forms
- Teams that need transportation assistance must request a grant form prior to the tournament.

We all hope and plan for a smooth operating tournament experience for the youngsters. Please do your part to impact the proper Special Olympics philosophy to all of your athletes and coaches. Call with questions.

Warmest Regards,

Lou Pear
 Director, Unified Sports™

2008 - 2009 UNIFIED SPORTS™ VOLLEYBALL TOURNAMENT

INTENT-TO-ENTER FORM

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

is interested in participating in the Unified Sports™ Volleyball Tournament on:

Q **Monday, May 4** — **Sheehan High School, Wallingford**
3:00 -5:30 p.m.
MIDDLE SCHOOLS

Q **Wednesday, May 6** — **Branford High School**
3:00 - 5:00 p.m.
HIGH SCHOOLS

Name of Principal _____
Name of Coach _____ Home Telephone _____
e-mail address _____

of Squads _____ Skill Levels: _____ (1, 2, 3, 4)

Approximate # of students (athletes & partners): _____

Signature of Principal _____ Date _____

Signature of Coach _____ Date _____

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

Return by: April 6, 2009

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™ VOLLEYBALL ENTRY FORM
G MIDDLE SCHOOLS – Monday, May 4, 2009 – Sheehan High School, Wallingford
G HIGH SCHOOLS – Wednesday, May 6, 2009 – Branford 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 number for all participating students. PLEASE PRINT CLEARLY. *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 – 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 Monday, April 6, 2009. Rosters are due Friday, April 27, 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 _____

UNIFIED SPORTS™ VOLLEYBALL ENTRY FORM

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 the 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 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 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 _____

DIVISIONING CRITERIA - VOLLEYBALL

Developed by SOCT Volleyball SMT)

DIVISION 1

- * Good understanding of rules -- at least top six (6) players
- * Better athletes -- physical ability
- * Can play by High School rules
- * Overhead serving and spiking allowed
- * Various medals awarded

DIVISION 2

- * Basic understanding of rules
- * Ability to set
- * On starting team, typically 2-4 good players
- * Basic understanding of court presence
- * Understand concept of serve
- * Overhead serving and spiking allowed
- * Various medals awarded

DIVISION 3

- * Lower athletic ability
- * Limited concept of rules
- * Low ability to serve
- * 2 or maybe 3 players bump all balls
- * Low understanding of violations
- * No spiking or overhead serving allowed
- * Various medals awarded

Limited Team Concept

DIVISION 4

- * All players -- limited ability to bump and serve
- * All players -- low understanding of rules
- * No scoring for place
- * Two service tries allowed
- * No overhead serving or spiking
- * Wheelchair division
- * Challenge medals awarded to all

All scoring will be rally scoring.

CIAC UNIFIED SPORTS™ VOLLEYBALL TOURNAMENT RULES

ROSTER: Maximum of twelve (12) per team. Fifty percent (50%) of the team should be non-disabled. The team may have males and females. No student who ever played on the school's varsity or junior varsity volleyball team can participate.

PLAYERS ON COURT: There will be three (3) non-disabled and three (3) intellectually disabled players on the court at all times.

UNIFORMS: Team must wear appropriate attire. All uniforms must be the same. Shirts must be numbered. Sneakers must be worn. Special athletes must wear even numbers, partners must wear odd numbers.

RULES: High School rules will be followed.

MODIFICATIONS:

High School: The court will be regulation size (18m x 9m) with a net of regulation height (2.24m) (7' 4C"). A slightly lighter ball may be used for Level 4 teams. Wheelchair athletes must compete in Level 4. Wheelchair and partner will count as one person. No score will be kept in Level 4.

For lower ability teams, and only if necessary, the serve line may be moved closer to the net, but no closer than 4.5m (14' 9¼"). The serve line may also be moved toward the middle of the court, but no more than three (3) meters (9' 10¼") from the sideline. A second serve will be allowed in Levels 3 and 4 if the first serve is unsuccessful.

Middle School: The serve line may be moved closer to the net, but no closer than 4.5m (14' 9¼"). The serve line may also be moved toward the middle of the court, but no more than 3 meters (9' 10¼") from the sidelines.

The height of the net shall be 2.24m (7'4C"). Middle school divisions will use an 81cm (32") circumference ball that weighs 8 ounces.

Wheelchair athletes must compete in Level 4. Wheelchair and partner will count as one person. No score will be kept in mentor level.

High & Middle School:

Multiple substitutions will be allowed as follows:

- A. Three (3) entries per position.
- B. Maximum twelve (12) substitutions per game.

A three (3) point serving rule will be used. Once the player has scored three (3) points, there will be an automatic side out (rotation) rule.

Due to the nature of the game, it is difficult to be specific as to who can hit the ball and when. It must be remembered that Unified Sports™ Volleyball, especially at levels 3 & 4, must not be dominated by special partners. They are there to compliment the athlete and to keep the game moving as smoothly as possible. Special partners cannot spike the ball, overhead serve, or hit it three consecutive times during each volley. If the ball is hit three times on one side, at least one of those hits must be by a special athlete. The special partner must set the ball to a special athlete whenever possible except in the case of a third hit. *Different types of balls may be used for skill acquisition and at practice games. A regulation volleyball must be used at all tournaments in levels 1 and 2. A training ball may be used at levels 3 and 4 upon agreement of the coaches.*

If the server in level 3 or 4 misses his/her first serve, a second serve will be allowed.

All scoring will be rally scoring to 25 points. A minimum of three (3) games will be played.

Return by:

April 13, 2009

CIAC UNIFIED SPORTS™ TOURNAMENT RULES
TRACK AND FIELD

DIVISIONING:

Divisioning will be done by qualifying times.

Skill events -- designed for athletes of limited ability -- to propel or move on their own -- for athletes that need to be assisted are non-scoring events. Non-scoring events include the tennis ball throw and the 2 x 25m relay. Only limited ability athletes should be registered for non-scoring events.

Unified track & field events -- athletes must be able to throw, jump, and run/walk on their own. Wheelchair athletes must be able to propel their own wheelchair.

All events will be scored, except the 2 x 25 meters, and the tennis ball throw.

For running events, athletes will be grouped based on the following -- seed time, wheelchair/walker or running/walking.

Wheelchair and walkers could be in the same heat.

EVENTS:

Scoring events -- Running

- 2 x 50 meters
- 2 x 50 wheelchair
- 4 x 100 meters
- 4 x 100 wheelchair
- 4 x 200 meters
- 4 x 400 meters

Jumping

- 2 x Standing long jump
- 2 x Running long jump

Throwing

- 2 x turbo javelin - 300 gm javelin
- 2 x shot put -- 6 lb. for high school
4 lb. for middle schools

Non-scoring events

- 2 x 25 meters
- Tennis ball throw

ENTRIES:

Intent-to-Enter Form – Due April 13 for Plainville, NFA, and Danbury and May 13 for West Haven. Form must be done online to enter.

Entries are due by May 4 for Plainville, NFA, and Danbury, and May 21 for West Haven. Entries must be done online. Go to www.casciac.org, click ciac and scroll to Unified Sports – scroll to track forms.

Entering Athletes – Entries will be entered online by listing event, school, names of all athletes in relay, then score.

How to enter times or distance -- List time in minutes, seconds and tenths. Example 4 x 100 relay may be 1:20.9. All times should be rounded up to tenths. Running events will be the total time of the relay team scores. This score is a total of each athlete/partner combination which makes up the relay.

Distances for throwing and jumping events will be written in feet and inches -- round to nearest inch. Example: A total score of 10 feet, 2 inches will be written as 10-2.

ROSTER – Only athletes who are listed on the Intent-to-enter form may compete on the day of the meet.

To equalize the opportunity for scoring, maximum of twenty (20) per team. Schools entering more than twenty (20) must separate into squads (example - red and blue). Team must be composed of both special athletes and partners. No student who ever played on the school's varsity or junior varsity track team can participate as a partner. Special Olympic athletes who participated on a middle or high

school team may compete. Teams may consist of both males and females.

UNIFORMS – Team must wear track attire (no jeans or cut-offs). All uniforms must be the same. Appropriate footwear should be worn, sneakers, running shoes, throwing shoes as dictated by the surface at the event venue. Numbered bibs will be used for staging athletes for events.

POINTS OF

EMPHASIS – Only athletes listed on the seed card may compete in that relay.

No jewelry, hats, headgear. Contestants shall not wear jewelry with the exception of religious/medical medals. If such medals are worn, they shall be taped to the body.

RULES

MODIFICATIONS – High school track and field rules will be followed.

All entries must be submitted in advance on line.

Athlete may compete in a maximum of three (3) events with no more than two entries in either track (running) or field (throwing or jumping). All seedings will be computerized in advance of the meet to maximize scoring opportunities and the fairness to the athletes and teams..

Events that will be offered are:

Opening Ceremonies -- 3:15 p.m.

- * Throwing Equipment -- High school athletes will use a 6 lb. Shot, middle school a 4lb. Shot. All athletes will use a 300g turbo javelin. Tennis ball will be used for tennis ball throw.
- * All relays will consist of both special athletes and partners. In a two person relay, the order will be partner then special athlete. In a four person relay, the order will be partner -- special athlete -- partner -- special athlete.
- * Throwing and jumping event will be done as two person relays. The distance for each athlete will be added together to create a relay score.
- * Scoring -- Skill events designed for athletes of limited ability -- (to propel or move on their own) -- for athletes that need to be assisted are non-scoring events. These events include tennis ball throw and 2 x 25m relay. All other events will be scored.

All events will be relay events. Total time or distance of the relay is what will count toward scoring. All competitors must complete his/her leg in order to score. All events and divisions will be scored except the 2 x 25m relay and the tennis ball throw.

Scoring by division -- each heat is a separate division as determined by your times/distances submitted to CAS/CIAC Unified Sports by the specific deadline. If you fail to enter the times/distances by the deadline date, you/your school team/squad cannot participate. First place in each heat -- 5 points, second place in each heat -- 3 points, third place in each heat -- 1 point.

- * Team Awards -- Team with highest total points is the meet champion, second highest the runner-up. All participants will receive a medal for sportsmanship and participation.
- * Only athletes listed on the seed card may compete in a relay. (Note: same in high school)
- * Definition of special athlete and partner

Special athlete -- A person is eligible to participate in Unified Sports™ as a special athlete, provided that he/she:

- a. Is considered to have intellectual disabilities * as determined by his/her locality.
- b. Has closely related developmental disabilities ** 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.

* Any person who is identified as having intellectual disabilities 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 intellectual disabilities include: cognitive disabilities, and mental handicaps.

** When the term “intellectual disabilities” 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.

Partner -- Special Olympics Unified Sports™ is a program that combines approximately equal numbers of Special Olympics athletes and athletes without intellectual disabilities (partners) on sports teams for training and competition. Age and ability matching of athletes and partners is specifically defined on a sport-by-sport basis.

Though the above definition allows for partners with disabilities other than intellectual disabilities, Unified Sports™ was developed to provide Special Olympics athletes with the choice of a sports program that brings about meaningful inclusion with their non-disabled peers.

Effective immediately, SOCT will adopt this Partner Eligibility Statement and not allow unified teams comprised solely of persons with disabilities. This statement will apply for both the Special Olympics Connecticut program and Unified program run through CAS-CIAC.

* Practice -- Each team must have at least eight (8) practices before competition. Practice meets may be held prior to the championship. If no practice meets are held prior to the championships a team may run an intersquad meet or time trials to obtain scores for entry into the championship. Relays cannot be entered into the championship without a score.

SUPERVISION – An athlete may not compete in the tournament unless accompanied by his/her coach or a properly certified representative of the school designated by the principal in writing. Coaches are expected to provide proper supervision for their athletes and spectators during all meets.

Contestants, not actual competing, must remain in assigned areas. Jumpers and throwers may not practice or compete without adult supervision present. Implements are to be secured immediately following the completion of the event and any athlete throwing the implement thereafter will be disqualified from the event.

Order of Events

After the Opening Ceremonies, the **Field Events** will take place **first** on a rotation basis as determined by school/team rosters for each Field Event:

Station I **2 X Standing Long Jump** – upon completion will rotate to Station I
Station II **2 X Running Long Jump** – upon completion will rotate to Station III
Station III **2 X Javelin Throw** – upon completion will rotate to Station IV
Station IV **2 X Shot Put** – upon completion will rotate to Station I

Non scoring Tennis Ball Throw will commence during the first Station I activity. Coaches will be responsible to be present or send a responsible person to accompany the Special Athlete and Special Partner to the Tennis Ball Throw.

Coaches, you will be at each station with you team/squad and the host school running that station will have a school/squad roster for that specific event. They will call out the two person teams, Special Partner/Special Athlete to compete. Your team/squad may not all participate in that venue but you will remain there until all that are on the specific Station seedings compete.

After the Field Events are all through, the Track events will take place next in the following order:

Non-scoring 2 X 25 meter relay
4 X 200 meter relay
2 X 50 meter relay
4 X 100 meter relay
4 X 400 meter relay

SPRING
ELEMENTARY
SKILL DAYS

September 2009

Dear Elementary Unified Sports™ Coach:

Our program keeps growing and we are thrilled! We have three **excellent venues** planned for our Spring Elementary Unified Sports™ Day events that will make it convenient for you and provide an exciting atmosphere for your youngsters! Check your school vacation dates to avoid trip conflicts on scheduled event dates.

Saturday, April 11, 2009
at Glastonbury High School
10:00 a.m. - Opening Ceremonies

Saturday, May 2, 2009
at Conard High School, West Hartford
10:00 a.m. - Opening Ceremonies

Saturday, May 9, 2009
at the New Haven Fieldhouse
10:00 a.m. - Opening Ceremonies

At least eight (8) practices are required for entry. Your students benefit from the practices and the interaction with the partners – so get started early. Enclosed are the skill descriptions. Call with questions.

The five skill activities for this spring will be:

Soccer

Track

Baseball

Basketball

Volleyball

All medical forms and partner forms must be on file prior to participating. Details regarding Intent-to-Enter and registration will follow

Please encourage other schools to join us or come take a look at what Unified Sports™ has to offer. Help us to spread the word!

Lou Pear
Director, Unified Sports™

CIAC/SPECIAL OLYMPICS UNIFIED SPORTS™
30 Realty Drive, Cheshire, Connecticut 06410
Telephone (203) 250-1111 / Fax (203) 250-1345
e-mail: amalafronte@casciac.org

**ELEMENTARY UNIFIED SPORTS™ DAY
SPRING 2009**

INTENT-TO-ENTER FORM

Name of School _____ Telephone () _____

Address _____

City/Town _____ Zip Code _____

is interested in participating in the Elementary Unified Sports™ Day on

G April 11, 2009 at Glastonbury High School
10:00 a.m. - Opening Ceremonies

G May 2, 2009 at Conard High School, West Hartford
10:00 a.m. - Opening Ceremonies

G May 9, 2009 at the New Haven Fieldhouse
10:00 a.m. - Opening Ceremonies

Name of Principal _____

Coach/Advisor _____ Telephone () _____

e-mail Address _____

Approximate number of entrants (Athletes & Partners combined) _____

Signature of Principal _____ Date _____

Please return to:

Ken Bragg
CIAC/Unified Sports™
30 Realty Drive
Cheshire, CT 06410

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 () _____

ELEMENTARY UNIFIED SPORTS™ DAY
G Saturday, April 11, 2009 – Glastonbury High School
G Saturday, May 2, 2009 – Conard High School, West Hartford
G Saturday, May 9, 2009 – New Haven Fieldhouse

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. PLEASE PRINT CLEARLY.

* GRADES K - 3		GRADES 4 - 5	
Name	SA/SP	Name	SA/SP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

* Please list by grade level so any age group data can be collected.
 ** **MEDICAL FORMS ARE DUE PRIOR TO PARTICIPATON**

List team’s practice schedule – day(s) _____ Dates _____

I certify that the above listed speical athletes are eligible for participation in Unified Sports™ in that they have satisfied any one fo 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 the Accredited Program’s nation as being a reliable measurement of the existence of a cognitive delay; or 3) The person has a closely related development disability. A “closely related developmental disability” means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as 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 for Unified Sports™

Signature of Principal _____ Date _____

ELEMENTARY SPORT SKILLS

BASEBALL

Throwing: Students will throw to a target, then to a partner; first underhand, then overhand.

Tip: Check fingertip grip and full arm motion. Turn and rotate hips, stepping into overhand throw with left foot for a right-hander. Aim chest high.

Catching: In partner toss; start pairs close together with underhand toss.

Tip: Catch with two hands, “giving” slightly by pulling back. Watch the ball as it is caught.

Hitting: Set tee for waist height or slightly above.

Tip: Left hand grips bottom of bat for right-handed batters. Stance is slightly away from plate (or tee), feet shoulder-width apart, knees bent. Bat up off shoulder and eyes watching the ball. Swing through the ball by extending arms and stepping into swing with left foot. Place bat on the ground.

Fielding: Student will roll ball on the ground to a partner. First roll directly to partner. Then to each side of the partner.

Tip: “Ready position” means feet shoulder-width apart, knees bent, hands down, eyes watching the ball. Keep hands touching the ground. Catch ball when it is between both of your legs. When ball is to your side, slide step to catch ball when it is between your legs.

Base running: Student will run the bases in order, stopping when told to.

Tip: Touch the outside corner, allowing the base person the inside corner. Approach the base by curving out when moving on.

BASEBALL STATIONS

The baseball skills were broken down according to stations. All stations will have a choice of balls -- wiffle, nerf, rope balls, bean bags, etc. Plastic bats of various sizes and shapes will be used.

1. Throwing and Catching:
 - a. To wood targets
 - b. To partner in a toss
 - c. To partner, grounders -- straight and side-to-side
2. Batting:
 - a. Four stations of tees -- choice of plastic bats, flat bats
3. Pitching:
 - a. Two targets of clown face
 - b. Two targets of batter’s box
4. Base running:
 - a. Using large numbered cones
 - b. High-five each person standing on base
 - c. Run to first base and stop on command. Then run to second, etc.

BASKETBALL

Dribbling: Students will bounce the ball to the floor and back up to waist level off to the side of their body using their fingertips. They will dribble in and out of objects such as cones.

Tip: Keep knees slightly bent -- head up -- eyes straight ahead -- fingers spread apart.

Passing: Special athletes and their partners will pass the ball back and forth with either a bounce pass or a chest pass. A bounce pass is pushed onto the floor about three feet in front of the receiver. The passer uses two hands, one on either side of the ball, and points his/her hands to the spot on the floor being pushed or bounced to as he/she releases the ball. A chest pass is received in the air at chest height. The passer uses the same motion as the bounce pass only aims his/her hands at the partner's chest as the ball is released.

Tip: Keep fingers spread upon receiving the ball -- bring it softly into you -- fingers do the work, not the palms -- non-dominant foot forward on all weight transfers (passes).

Shooting: Partners will be able to choose from two sets of basket heights; either 10, 8, and 6 feet or 8, 6 and 4 feet. They will also be able to choose what kind of ball they wish to use. Either nerf-type, all-purpose playground ball, or basketball will be available.

Tip: Knees slightly bent -- same foot forward as shooting hand -- use a wrist -- finger-tip action.

FLOOR HOCKEY

The committee decided to offer three stations -- passing, which will include the push pass, basic dribble, and forehand / backhand pass. Shooting -- which will be between cones, to aim for plastic milk bottles filled with sponges, and into a net. The third station will be a game of "knockout". A small rectangular area is designated and one person is "it". Each person has a stick and a puck. The object is for the person who is "it" to knock someone's puck out of the area. The penalty for getting knocked out is doing jumping jacks for 20 seconds.

Floor Hockey -- Passing

Given demonstration and practice, the athlete will successfully perform floor hockey skills.

1. Passing

Grip stick properly --

- a. With stick horizontal, place one hand near end with palm down and curl fingers securely.
- b. Place the other hand one-third way along stick with palm up and curl fingers securely.
- c. Keep stick below the shoulders at all times.

Coaching suggestions:

- * The grip used is similar to the ice hockey and baseball grip. This grip is preferred by most athletes.
- * Some athletes may want to grip the stick differently. If they seem to be proficient at other grips, then let them use their own grip. However, then some of the other skills will have to be modified accordingly.
- * A grip that is popular by some athletes is held with stick vertical placing hands around stick with palms facing toward body. Both the forehand and backhand left passes are easy to master, as well as being able to hold the tip of the stick on the ground hard to keep from losing the puck.
- * If an athlete has the use of only one hand, then modify the grip to fit the athlete.
- * The grip is reversible for right-handers and left-handers. However, whichever grip is used, keep the same grip when doing different skills.

Floor Hockey

2. Make a forehand pass to an intended target --
 - a. Face sideways to target with puck in front of body.
 - b. Grip stick properly.
 - c. Place tip of stick inside the puck.
 - d. Focus eyes on target.
 - e. Sweep stick across the body with bottom hand palm going in forward direction (push with bottom hand).
 - f. Follow through with stick pointing toward target's feet.

Coaching Suggestions:

- * To organize the athletes to do the passing skill all at the same time, pair up the athletes facing each other between 2 rows of cones. Everyone then can pass the same direction and the whole group can be watched at the same time.
- * Demonstrate the passing skill first, then let the athletes try the pass.
- * If athlete is not doing pass by self, stand behind athlete and place hands over athlete's hands in grip position. Physically assist athlete in executing the pass.
- * Emphasize control and accuracy of pass. Next work on distance.

3. Make a backhand pass to an intended target --
 - a. Face sideways to target with puck in front of body (face opposite direction from forehand pass).
 - b. Grip stick properly.
 - c. Place tip of stick inside the puck.
 - d. Focus eyes on target.
 - e. Sweep stick across body with bottom hand palm going in the backward direction (pull with bottom hand).
 - f. Follow through with stick pointing toward target's feet.

Coaching Suggestions:

- * Keep the same grip when doing the forehand and backhand. Don't let the athletes switch grips when they turn around to do the backhand or they will be doing the forehand pass again.

4. Make a backhand lift pass to an intended target --
 - a. Get in position for backhand pass.
 - b. Hold stick up and down.
 - c. Place tip of stick inside the puck with tip touching inner edge of puck on the side closest to the target.
 - d. Focus eyes on target.
 - e. Lift bottom hand toward target while lowering top hand (shovel shot).
 - f. Follow through with stick pointing toward target's feet.

Coaching Suggestions:

- * It is surprisingly easy to teach the athletes to lift the puck using the backhand lift pass. Athletes of almost all abilities can learn to lift the puck, thereby adding all sorts of new dimensions to the game.
- * If athlete is not getting lift by self, stand behind athlete and place hands over athlete's hands in grip position. Physically assist athlete in shoveling motion.
- * By slightly lifting the front edge of puck, the athlete can usually lift the puck.
- * By pulling back slightly on the puck, the athlete can usually lift the puck.
- * Athlete should try to have puck land at target's feet.
- * To make sure athlete is not lifting stick too high on follow through, place coach's stick horizontally at waist level directly in front of athlete. If athlete hits stick, the athlete is lifting stick too high.
- * The puck should not be lifted sky high. Place coach's stick horizontally at knee level halfway between athlete and target. Athlete should try to have puck hit the coach's stick.
- * To increase speed and keep lift lower, emphasize stepping forward with the foot and body, and pointing toward target's feet.

Floor Hockey

5. Make a forehand lift pass to an intended target --
- a. Get in position for forehand pass with puck in front of leg closest to target.
 - b. Hold stick up and down.
 - c. Place tip of stick inside the puck with tip touching inner edge of puck on the side closest to the target.
 - d. Focus eyes on target.
 - e. Lift bottom hand toward target.
 - f. Follow through with stick pointing toward target's feet.

Coaching Suggestions:

- * The forehand lift pass is done similarly to the backhand lift pass, but on the forehand side.

6. Make a forehand wrist pass to an intended target --
- a. Get in position for forehand pass.
 - b. Place tip of stick inside the puck.
 - c. Focus eyes on target.
 - d. While sweeping the stick across the body, the wrists will be twisting and snapping the stick to give the puck a lift.
 - e. Follow through with stick pointing toward target's feet.

Coaching Suggestions:

- * The forehand wrist pass is the most difficult pass to teach, but once learned, it can be used to send the puck across the court at great speeds just above the ground.
- * Don't expect everyone to learn the forehand wrist pass. Sometimes athletes will just pick it up over a period of time though.

Floor Hockey -- Drills

- One-on-one snatch the bacon drill: Athletes are paired up facing each other between two rows of cones. At signal athletes try to pass puck between opponent's cones. Play best two out of three with winners moving up line and losers moving down line. This varies the competition and athletes of similar abilities play each other more often.
- Circle pass drill: Athletes pass to teammate in center of circle. Add moving circle. Change direction. Variation -- Teammate passes from outside circle.
- Pass drill: Athlete tries to pass the puck between two cones which are placed one meter apart and eight meters from the line. Athlete takes five passes. Score five points for each pass between the cones and three points for each pass hitting the cones.

JUMP ROPE SKILLS

Beginner Level

1. Lay rope on floor in a straight line
 - * Students stand with rope to side
 - * Keep feet together
 - * Jump side to side (skier) over the rope
2. Face rope-jump forward and back over rope (bell)
3. Above skills repeated with rope in shape of a circle.

Elementary Sport Skills

Jump Rope Skills

4. Straddle jump (open, close) -- keep rope (which is on the floor) between feet.
5. Hold handles of rope, in one hand only, side swing rope on side of body, repeat on other side.

Intermediate Level

1. Side swing rope on side of body and jump each time the rope touches the floor.
2. Pretend you are holding your rope -- practice the arm motion for turning, progress to short pieces of rope and then the regular rope for turning.
3. Put a handle in each hand and stand so the rope is behind you. Turn the rope overhead, let it stand on the floor (lightly), step over it.

Advanced Level

1. Teach skier (side-side) skill with rope.
2. Teach bell (forward-back)
3. Teach straddle (open-open)

LONG ROPE

All will learn Blue Bells with rope still (on ground) or slowly swaying from side to side.
Rhyme: "Blue bells, cocker shells, eavy, ivy, over".

PHYSICALLY CHALLENGED STUDENTS

1. Attach a long rope to a standard -- Students pull using hand-over-hand technique to reach the pole.
2. Stretch loops -- Students will work on arm stretches, sideways and upward.
3. Long Rope -- Practice Blue Bells rhyme and rope sway.
4. Ribbons will be used to teach side swing to physically challenged students.

Skills will be modified as necessary.

SOCCER

Soccer Drills "All are success-oriented". Passing & trapping -- in a circle, 4 or 6 athletes in a group. Kick, with the side of your foot, to a teammate, who traps the ball with the bottom of their foot. Dribbling -- using alternating feet, going from one designated line to a cone, and back. May dribble around a line of cones. Shooting -- a hard kick with the side of the foot, into a target (between two cones). May or may not use a goalie.

Dribbling: Inside of foot -- outside of foot.
Athletes will use the inside of the foot to gently push or tap the ball ahead of them towards open space. The goal should be control of the ball so that the student does not top the ball too far ahead of himself. He/she should be able to move the ball at various speeds and directions with various parts of the foot.

Elementary Sport Skills

Soccer

NOTE: All other parts of the foot (except the toe) may be used to dribble the ball.

Shooting & Passing: Athletes will use all different parts of either foot (except the toe) to move the ball from themselves to either a space (passing and shooting) or to another athlete (passing).

Tips: For short passes, use the heel and sides of your foot. For long passes, use the instep which is where the shoelaces are located. In this case, the kicking toe points down to the ground.

- * Look at the ball all of the time -- head down when striking the ball.
 - * Point your non-kicking foot at the spot or place where you want the ball to go.
 - * Turn kicking foot fully sideways so that the whole inside part of the foot touches the ball.
 - * Using a pushing action with the kicking foot.
 - * Keep kicking foot moving forward after the kick (follow through) so that the ball can be directed more successfully to the kicker's desired spot.
 - * Arms can be held out to sides to maintain balance throughout.
- Receiving a ball: sole of foot --- inside of foot -- outside of foot.

Athletes will be able to use different parts of their body (except hands) to stop a rolling or airborne ball. The commonly used body parts are chest and thigh for balls in the air. Different parts of the foot are used for receiving a rolling ball.

NOTE: The ball is usually received as a result of an intended pass, an errant pass, or a deflection or an interception.

An athlete should be able to gain control of a ball so that it can be passed, dribbled or shot.

Tip: Decrease the speed of the oncoming ball by cushioning or relaxing the body part being used to "catch" the ball: it is also called "giving" with the ball.

TENNIS

Pop-ups: Students will bounce a tennis or larger ball up and down off the strings of the racket, with the racket held horizontally to the ground.

Tip: Use center of the strings.

Bouncing: Students will dribble tennis or larger ball to ground, using the racket to make contact. Count consecutive hits.

Tip: Keep ball waist high or lower.

Volleys: Students will hit ball toward a wall. Partner will bounce ball for the athlete to hit at waist height.

Tip: The bounce must be accurate. Contact is made at waist level, with a straight arm.

VOLLEYBALL

Underhand Serve: The partner or athlete holds the ball in the palm of the non-striking hand and contacts the ball with an underhand (bowling-like) motion with their writing or dominant hand, keeping both arms straight and stepping forward with the opposite foot as contact with the ball is made.

Tip: Right-hander has left leg forward -- stroke ball with heel or fist of dominant hand from held position or from a slight toss.

Set: Pointing hands up toward the ceiling, the partner or athlete uses this hit when the ball is chest level or higher. He/she strikes the ball with his/her fingertips, fingers spread out and steps forward as the ball is struck.

Tips for Setting: Contact ball off ends of flexed fingers -- when receiving ball, look through the triangular “window” made with the index fingers and thumbs.

*Choice of beach ball, volleyball, or nerf ball for all skill activities.

Bump: Keeping their hands together either interlocking fingers or hand, the partner or athlete uses this hit when the ball is waist level or lower and uses their outstretched forearms to contact the ball as he/she steps forward.

Tip: Ball can be contacted on the wrists or forearms -- no real follow-through.

The students will practice the above three volleyball skills in small circles trying to keep the ball up in the air as long as possible. Each time the ball touches the floor, the volleying will be restarted with a serve.

Clean Up Your Yard Game: At the start signal, the partners and athletes who have been evenly divided on either side of the net, will serve the ball they are holding over the net. From then on, anyone can attempt to bump or set the ball back over the net. The object of the game is to “clean your yard” or your side of the net by getting rid of the balls as fast as you can!

TRACK

Track and field can be divided into three (3) general categories -- running, jumping, and throwing. Skills and drills for developing these skills appropriate for elementary students are listed below.

Running

I. Beginning Running Form Drills (can be used to help develop good sprinting form).

1. **High Knee March** (slow marching soldiers) -- Each student brings one knee up till the leg is parallel to the ground in a running action. Arms are bent at 90° at the elbow. As the student lifts his knee, the opposite leg (standing on) extends up onto the toes. As the knee comes back down the toe touches first then the heel. Repeat 4 to 8 times.

Hint: The emphasis is on form not speed. Make sure the student lifts the knee straight ahead, not to the outside.

2. **The Pendulum** -- Stand sideways and hold onto a wall, fence, or chair. Stand on inside leg. Lift the outside leg so the knee is at a 90° angle. Rhythmically swing your leg back and forth. The knee and the foot should move like a pendulum straight forward and straight back. Swing your leg 2-5 times then switch legs.

Hint: Remember to remain facing forward and don't bend at the waist. Students can count or sing a rhythmic song as they do this drill.

Track

3. Sprint Arm Action -- The student concentrates on maintaining his/her arms at a 90° angle. Swing the arms forward and backward, concentrate on pulling the elbows back. Keep the hands relaxed (not in a fist). When one arm is forward the other should be back.

Hint: Practice this drill first standing still, then walking, and then jogging or running.

4. Step Ups -- A wooden box or bleacher is needed for this drill. Stand in front of the box (or step) with one foot on top of the box and the other on the ground. Step up with the ground foot until the thigh is parallel to the ground. The foot on the box should extend through the toes. Step back down to the ground with the same leg. Repeat 8-15 times. Then switch legs.

Hint: Remember to also emphasize arm action. Opposite arm and leg.

5. Cone Hops -- Set cones a few meters apart. Using one or both legs students hop over the cones.

Hint: Hula hoops can also be used. Lie them flat on the ground.

- II. **The Start** -- A standing start is usually the fastest for most elementary students. Older elementary students with strong arms may want to try a crouch start. A standing start is used for middle and long distance races.

1. Starting Commands -- Teach the students the three commands -- “On your mark” (get into position, feet behind the starting line, eyes forward), “Set” (don’t move, remain steady), “Go” (run).

Hint: Substitute a whistle or bang two wooden blocks together (preferred way) to signify the “Go”. This enables a student to learn to go on a sound rather than your voice because most races are started with a gun.

2. Standing Start -- Student places one foot behind a line, with the opposite foot in back. The student bends forward slightly over the leg in front. (Set position). On “Go” the student runs. Arms should be in 90° spring position.

Hint: Hands can be placed on forward knee for those students having trouble balancing.

3. Rolling Standing Start -- Students stop into start position as in #2, then they see who can lean forward the fastest without losing their balance. As they lose their balance they should step forward and run/jog to a designated spot (a circle, a line, a cone, or a hula hoop placed on the ground).

Hint: Keep eyes forward, not down at ground.

4. Crouch Start: Student gets into standing start, then lowers her/his back leg till it touches the ground. The knee on the ground should be even with the front toe. The hands are then placed on the ground in front of him/her, behind the starting line. This is the “On Your Marks” position. On the set command the student raises the hips till they are slightly higher than the head. His/her eyes should be looking about 1 meter in front. On “Go” (a whistle, 2 blocks, etc) runs.

Hint: Make sure arms are shoulder width apart. Don’t jump straight up in the air on the go command. Work arms and legs to drive forward.

Elementary Sport Skills

Track

III. **Relays**

1. *Shuttle Relays* -- Teams are split into two groups (A and B) that face each other 20 to 30 meters apart. The first runner from group A runs and tags the first runner in group B, who sprints to tag the number two runner in group A, etc.

Hint: Vary what the runners do -- carry a ball, hold a paper plate on their heads, walk hand and hand with a partner, carry a tennis ball in an ice cream cone, etc.

2. *Standing Baton Exchange* -- Form groups of three to five students. Each stands about an arms length apart, all facing forward. The last student holds the baton. All students move their arms back and forth as if sprinting but remain in one place. The student with the baton yells "stick" and all the other students then put one arm back with the palm up. The student with the baton places the baton in next person's hand. The second person then puts it in the third person's hand, etc., till it reaches the last person.

Hint: You can form several groups and have a race to see which group can get the baton to the end first. After the students are comfortable passing the baton you can have them alternate hands. The first student passes the baton from his right hand to the second person's left hand. The second passes from his left to the third person's right, etc.

3. *Jogging Baton Exchange* -- This is the same as #2 but students now jog slowly. When the last runner (student) gets the baton he passes it backwards.

Hint: Limit the # of students in a group to three or four. Start by walking through the drill. This drill could also be done with each student shouting "stick" or a name to the student in front of them when they are ready to pass the baton. This method would allow the students to jog with their arms relaxed until it is their turn to get the baton.

4. *Nine Runner Continuous Relay* -- This can be done on a track or an oval course. Divide the course into eight equal sections marked by a cone. The first runner (#1) and the last runner (#9), stand in the same spot (the start). Runner number 1 runs and passes the baton to #2. Runner #1 stays at cone #2. Runner #2 runs and passes to #3. This continues around the circle till #8. #8 passes to #9 who is standing at cone #1. #9 then passes to #1, etc. They continue till they return to the cone they started at.

Hint: Call the cone they start at "home" and tell them they will be visiting the neighborhood cones and returning home. This can also be done in pairs -- with a special needs student running with a partner.

Hint: The number of students (or stations) can be increased or decreased depending on the size of the oval. Just make sure to have an odd number with two students (or 2 groups) at the start.

5. *Indian Relay* -- A group of four to six students line up in a line behind "the chief", the student at the front of the line. While remaining in a line, they slowly jog. The last "Indian", student, wants to become the "chief" so he/she sprints to the front. When he/she get to the front they raise their hands in triumph or give a "yell". They are now the chief. Now the last runner (Indian) wants to be chief so he/she sprints to the front, etc.

Hint: Make sure the "chief" jogs slowly enough to keep all his/her "Indians" with him. Have a course or oval the students run the relay in.

Jumping -- These are drills which help develop skills needed for high jump and long jump.

Elementary Sport Skills

TrackI. Beginning Jumping Drills

1. High Knee March (See running)
2. Cone Hops (See running)
3. Skipping
Hint: Remember to alternate arms
4. High Knee Skipping
5. Touching a suspended ball -- Suspend a lightweight playground ball so that it is slightly out of arms reach. The student take three to five steps and uses a one foot take off to hit the ball with one hand.
6. Skipping rope -- Start with two feet together then progress to jumping on one foot, then alternating feet.

II. Cumulative Standing Long Jump -- The special partner jumps forward from the starting line with feet starting and landing together, knees bent and arms reaching forward. The landing spot on the floor is marked using the closest body part from the point of take-off. The special athlete starts from his/her partner's landing point and jumps as far forward as can. The last jumper's spot is marked and everyone starts again from the first starting line. The challenge is to get further the second time through the line!

III. "Piranha" Pond -- A mat or long jump pit is needed for this activity. Also needed are "fish (piranha)" that are cut out of paper or foam. The student stands behind a line, two feet together. One or two fish are placed on the mat or sand close to the line. The special needs athlete does a standing long jump over the fish (piranha). Then the partner jumps. If both make it they return to the line and more fish are added. This continues until one student(s) gets eaten by the piranha (they don't jump past the fish).

Hint: A partner can "rescue" his teammate by extending his hand and helping him/her make a second jump. However, the game would still end.

IV. Hoop Jumping Circle -- Arrange a series of hula hoops on the floor in a circle. Students jump with two feet together from one hoop to the next. The second time they jump on one foot. The next time they jump alternating feet.

Hint: Use two pieces of masking tape on either side of the hoop to keep it in place.

V. Spiral Run -- The Snail Trail -- The students start in a line. The lead student jogs so they form a circle. They keep running behind the leader as he/she makes a smaller and smaller circle. When they form a tight circle, the "snail" unwinds. The last student becomes the leader, the students turn around and follow him/her, and they jog making a larger and larger circle till they unwind.

Throwing

Most elementary programs substitute the softball throw for the four throwing events (discuss, hammer, javelin, shot put). Please see the section on baseball for skills and drills on throwing a baseball or softball. Below are some drills that can be used in addition to the softball throw. These drills are used to develop skills needed in the throwing events.

I. Basic Medicine Ball Drills -- A lightweight medicine ball, a basketball, soccer ball, or a playground ball can be used for these drills. They will help develop the motions and strength needed in throwing.

Elementary Sport Skills

Track

1. Side Bends -- Student holds the ball with two hands over his head. He/she alternates side bends to the right and left.

Hint: Slightly bend the knees as the ball moves.
2. Twist -- Standing in a straddle position student holds ball extended out arms length. Student alternates twisting to the right and left while keeping the ball above the waist.
3. Partner Twist -- Student and partner stand back to back. Student #1 holds ball at waist height and twist to hand it to his/her partner. The partner twist to other side handing it back to student #1's other side. It keeps going in a circle.
4. Grasp Circle Twist -- Students stand in a circle so they are facing someone's back and one shoulder is inside the circle. The ball is passed at waist height by twist from one side then the other. So the ball is first outside the circle then inside, then outside, etc.
5. Over and Under Pass -- Students stand in a circle so they are facing someone's back and one shoulder is inside the circle. The students stand in with their legs in a slight straddle position. The ball is passed under the first students legs, then over the next person's legs. It continues as such around the circle.
6. Chest Pass -- Student stands with ball held at chest height, legs shoulder width, knees slightly bent. Student push passes the ball to his/her partner.

Hint: This can be varied by (a) throwing up against a wall, (b) throwing from a straddle sitting position, or (c) throwing from kneeling on two knees.
7. Group Chest Pass -- Students stand in a circle facing inward. Students use a chest pass to throw the ball to his/her partner across the circle.

Hint: Person throwing the ball should call the name of the person they are passing to.

- II. **Two Arm Put** -- (Intro to shot put -- use a lightweight medicine ball, playground ball, basketball, or softball)

Student stands with legs straddled, knees slightly bent, and ball held to one side by the face and shoulder. Twist to the side (ball is held) and "push" or "put" the ball forward. The ball can be thrown to a partner or up against the wall. Be sure to have the student step forward with opposite foot before he/she throws.

Hint: Keep the elbow of the throwing arm at about shoulder level. Be sure to have the students push with their fingers as well as hand. The ball should never go in back of the shoulder, as this action should simulate the shot put.

- III. **Hula Hoop Sling** -- (Intro to discus, use a hula hoop or rubber rings. You will also need something to use as a target for them to throw over -- such as two high jump standards with a bungee or regular bar, two chairs with a jump rope across, etc.)

A target is set up five to ten meters from a starting line. The student steps forward with the opposite foot (from throwing hand), and slings the hula hoop (or ring) around the body just below shoulder level. The throwing arm is kept straight throughout. The student should release the hoop ahead of her/his body at eye level, aiming to get it over the bar of the target.

Hint: The bar can be raised or the target moved farther away as the students progress.

Elementary Sport Skills

Track

- IV. **Hula Hoop Horseshoes** -- The student uses the same motion to throw through the hoop as described above in III. The target is different. Set up several cones (if possible of varying heights) at several different distances. Student tries to sling the hoop and have it land on a cone.
- V. **Overhand Target Throw** -- (Intro to javelin, the javelin is similar in some ways to an overhand baseball or softball throw.)

Suspend a hoop from soccer goal post or draw circular targets on a wall. Students throw tennis balls at the targets using an overhand throw.

Hint: Make sure the throwing arm is extended. Move forward into the throw

SPECIAL
OLYMPIC
FORMS

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS CONNECTICUT

Local Program: _____ Please check New Renewal
Name (First - Last) _____
Date of Birth: ____/____/____ **Gender:** Male Female
Telephone: _____
Street: _____
 City _____ State: _____ Zip _____
 Code: _____

PARENT OR GUARDIAN INFORMATION

Name: _____
Address (if different than athlete's): _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Work Phone: _____ Mobile: _____
 E-mail: _____

~~**EMERGENCY CONTACT IF DIFFERENT THAN PARENT OR GUARDIAN**~~

Name: _____
Telephone: _____

HEALTH HISTORY

An up-to-date health history and a physical examination performed by a licensed physician is required upon entry into the program. A physical examination is required every three (3) years for athletes with "yes" responses to items 1-5. A physical examination is required for all athletes with a "new problem" response to items 7-11. Athletes must submit this form every three (3) years whether or not an examination is necessary.

- | | | | |
|---|---|---------------------------------|--|
| 1. Heart problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Uses a Wheelchair | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Chest pains | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Special Diet | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Seizures/Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Bleeding Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Down Syndrome | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Emotional/Behavior Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Neck X-Ray Done | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Bone or Joint Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Instability Present | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Sickle Cell/Trait Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Blindness/Vision Problem | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New | 20. Hearing Loss/Hearing Aid | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Absence of Kidney/Testicle | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New | 21. Contacts/Eyeglasses | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Head Injury/Concussion | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New | 22. Dentures/False Teeth | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Surgery or Illness | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New | 23. Date of Last Tetanus Shot | ____/____/____ |
| 10. Heat Stroke/Cold Illness | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New | 24. List Allergy to: | |
| 11. Other Problem(s) that would Interfere with Sports Participation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New | Insect Sting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Impaired Mobility | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medicine _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Foods _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Comments: _____

Medications: Please print medication name, amount and number of times per day medication needs to be taken:

SIGNATURES

Examiners Note: If an athlete has Down Syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and football team competition (soccer).

Restrictions: _____ Date: ____/____/____
 Examiner's Signature: _____ Date: ____/____/____
 Examiner's Name: _____ Date: ____/____/____
 Applicant or Parent/Guardian Signature: _____ Date: ____/____/____

This Form Must be Completed Legibly, Signed and Dated to be Considered Valid.

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS
Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

UNIFIED SPORTS™ PARTNER

SECTION A - ATHLETE INFORMATION

AREA / LOCAL PROGRAM: _____

Athlete Social Security Number _____ -- _____ -- _____
 Sex / Gender Date of Birth (month/day/year)

Athlete Name _____
 ____/____/____

Address _____ Home Phone () _____

Parent / Guardian Name _____ Home Phone () _____

Address (if different than athlete) _____ Work Phone () _____

Emergency Contact (if other than parent/guardian) _____ Home Phone () _____

Health / Accident Company _____ Policy # _____

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY

In consideration of participating in Special Olympics Unified Sports™, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Unified Sports™ events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees and other Unified Sports™ participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in Unified Sports™ events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement," I, or anyone on my behalf makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

Signature of Unified Sports™ Partner _____
 Date _____

Signature of Parent or Guardian if Unified Sports™ Partner is a Minor _____
 Date _____

PLEASE READ BEFORE SIGNING -- I understand that:

- the information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer;
- in the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between Special Olympics and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics;
- I grant Special Olympics permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics.

Signature of Unified Sports™ Partner _____
 Date _____

Signature of Parent or Guardian if Unified Sports™ Partner is a Minor _____
 Date _____

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

Area _____ Local Program _____

RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, _____ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Chapter program in my state, or I have had a full radiological examination which establishes the absence of Atlanto-Axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-Axial Instability, I must have the radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper. I am saying that I agree to the provisions of this release.

Signature of Athlete _____ Date _____

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print) _____ Relationship to athlete _____

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Chapter program in my state, or the athlete has had a full radiological examination which establishes the absence of Atlanto-Axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-Axial Instability, the athlete must have the radiological examination before he/she can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete names above.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian _____ Date _____

SOLICITUD DE PARTICIPACION EN LAS OLIMPIADAS ESPECIALES

LA SECCION "A" DEBE SER PRESENTADA CADA TRES (3) ANOS

Atleta Nuevo
SECCION A - INFORMACION MEDICA SOBRE EL ATLETA
 Renovacion

AREA/PROGRAMA LOCAL: _____

Nombre del atleta: _____ Sexo: _____ Fecha de nacimiento: ____/____/____
 Mes dia ano

Domicilio: _____ Telefono particular: () _____

Nombre del padre/madre/tutor: _____ Telefono particular: () _____
 Domicilio (si es diferente del atleta) _____ Telefono comercial: () _____

Contacto de emergencia: _____ Telefono de emergencia () _____
 (si es alguien diferente de los padres o tutor)
 Compania de Seguros/Accidentes _____ Poliza No. _____

Si del 1 al 6 responde SI se requiere un examen fisico cada tres anos realizado por un profesional acreditado. Si del 7 al 12 marca NUEVO se requiere un examen fisico por primera vez.

		SI	NO	Nuevo		SI	NO	
1. Enfermedad/malformacion coronaria/alta presion	___	___	___	___	15. Alergico/a las siguientes (especifique)	___	___	___
2. Dolores en el pecho o mareos/desmayos	___	___	___	___	Medicinas _____	___	___	___
3. Ataques/epilepsia	___	___	___	___	Comidas _____	___	___	___
4. Diabetes	___	___	___	___	Picadura de insectos/mordida _____	___	___	___
5. Síndrome de Down	___	___	___	___	16. Dieta especial _____	___	___	___
Se hizo hacer radiografía de la columna cervical?	___	___	___	___	17. Ejercicios que inducen el jadeo	___	___	___
Inestabilidad atlanto-axial	___	___	___	___	18. Tendencia a sangrar facilmente	___	___	___
6. Padres o hermanos (menores de 40 años) muertos	___	___	___	___	19. Problemas emocionales/psiquitricos	___	___	___
debido a enfermedades cardiacas	___	___	___	___	20. Serios trastornos oseos o de	___	___	___
7. Ausencia de vision/ceguera de un ojo	___	___	___	___	articulaciones	___	___	___
8. Ausencia de rinon o testiculo	___	___	___	___	21. Trepanocitosis/anemia falsiforme	___	___	___
9. Concusion o herida seria en la cabeza	___	___	___	___	22. Audifonos/perdida de audicion	___	___	___
10. Ciurgia mayor o enfermedades serias	___	___	___	___	23. Lentes de contacto/anteojos	___	___	___
11. Insolacion/agotamiento	___	___	___	___	24. Dentaduras/dientes postizos	___	___	___
12. Otros problemas que interferirian con su	___	___	___	___	25. Vacunas al dia	___	___	___
participacion en algunos deportes	___	___	___	___	26. Fecha de la ultima vacuna antitetanica	___	___	___
Lista: _____	___	___	___	___	____/____/____	___	___	___
13. Habilidad motora deteriorada	___	___	___	___	Mes Dia Ano	___	___	___
14. Usa silla de ruedas	___	___	___	___		___	___	___

Comentarios: _____

MEDICAMENTOS - Per favor, escriba el nombre de los medicamentos, cantidad, fecha de prescripcion y dosis diarias que deben ser administradas _____

Nombre de la persona que complete este formulario (padres/tutor o atleta adulto) _____ Firm _____ Mes/Dia/Ano

SI LA HISTORIA MEDICA FUE COMPLETADA POR UN ATLETA ADULTO - Yo, junto al atleta adulto cuya firma aparece mas arriba, he revisado la historia medica _____ Firma _____ Mes/Dia/Ano Relacion con el atleta (familiar, amigo/a, entrenador

IMPORTANTE: Si hubiera algun cambio significativo en la salud del atleta su condicion medica debe ser examinada por un profesional licenciado antes de proseguir con su participacion.

SECCION B - CERTIFICADO MEDICO

NOTA DEL EXAMINADOR: Si el atleta padece el syndrome de Down, la organizacion Olimpiadas Especiales requiere un examen radiologico completo que establezca la ausencia de Inestabilidad Atlanto-Axial antes de que el/ella pueda participar en deportes o eventos que, por la naturaleza de los mismos, pueda causar una hyperextension, flexion extrema o presion directa sobre el cuello o la region cervical de la columna vertebral. Los deportes y eventos para los que se requiere dicho examen radiologico son: deportes ecuestres, gimnasia, buceo, pentalon, natacion estilo mariposa natacion con buceo al comenzar, saltos de altura, esqui alpino, levantamiento de pesas y futbol.

Yo he revisado la informacion medica arriba proporcionada y he examinado al atleta cuyo nombre figura en la solicitud, y certifico que no hay evidencia medica a mi disposicion que impida la participacion del atleta en las Olimpiadas Especiales.

RESTRICCIONES _____

FIRMA DEL EXAMINADOR _____ NOMBRE DEL EXAMINADOR _____ Mes/Dia/Ano

PARA PARTICIPAR POR PRIMERA VEZ SE REQUIERE UN EXAMEN MEDICO REALIZADO POR UN PROFESIONAL LICENCIADO

OLIMPIADAS ESPECIALES FORMULARIO DE AUTORIZACION

Area _____

Program Local _____

AUTORIZACION DEL ATLETA ADULTO

Yo, _____ de por lo menos 18 años de edad, he presentado una solicitud para participar en las Olimpiadas Especiales. Yo me represento y certifico que, según yo sepa y crea, estoy capacitado física y mentalmente para participar en las Olimpiadas Especiales. Yo también declaro que un médico con licencia ha revisado la información médica que acompaña mi solicitud y ha certificado, basado en un examen médico independiente, que no existe evidencia clínica alguna que me impida participar en las Olimpiadas Especiales. Entiendo que si padezco el síndrome de Down, no puedo participar en deportes o eventos que, por su naturaleza, resulte en una hiper-extensión, flexión extrema o presión directa sobre el cuello o la parte superior de la columna vertebral, a menos que yo y otros dos médicos hayamos completado el formulario oficial "Autorización especial para atletas con Inestabilidad Atlanto-Axial" donde queda establecida la ausencia de Inestabilidad Atlanto-Axial. Yo debo pasar un examen radiológico antes de participar en deportes ecuestres, gimnasia, buceo, pentathlon, natación estilo mariposa, natación con buceo al comenzar, saltos de altura, esquí alpino y fútbol.

Autorizo a las Olimpiadas Especiales (durante y después) a usar mi foto, nombre, voz o palabras en televisión, radio, film, periódicos, revistas, otros medios y en cualquier formato, cuyo propósito sea hacer propaganda o comunicar los objetivos y actividades de las Olimpiadas Especiales y/o solicitar fondos para apoyar estos objetivos y actividades.

Si durante mi participación en actividades de las Olimpiadas Especiales yo necesitara tratamiento médico de emergencia y no estoy en condiciones de dar mi consentimiento o realizar mis propios arreglos para el tratamiento requerido por las heridas sufridas, yo autorizo a Olimpiadas Especiales a tomar cualquier medida que sea necesaria para proteger mi salud y bienestar incluyendo, de ser necesario, la hospitalización.

Yo, el atleta cuyo nombre está escrito arriba, he leído este escrito y comprendo perfectamente las disposiciones de la autorización que estoy firmando. Yo entiendo que al firmar este escrito estoy manifestando mi acuerdo con las disposiciones de esta autorización.

Firma del atleta adulto

Fecha

Por este medio certifico haber revisado esta autorización con el atleta cuya firma aparece arriba. Me satisface la revisión realizada con el atleta; el atleta entiende las consecuencias de esta autorización y está de acuerdo con sus términos.

Nombre (impreso): _____

Relación con el atleta: _____
(Por ejemplo: familiar, maestro/a, entrenador, etc.)

A SER COMPLETADO POR EL PADRE, LA MADRE O EL TUTOR DEL ATLETA MENOR DE EDAD

Yo soy el padre/la madre/el tutor de _____, atleta menor de edad, en cuya representación he presentado la solicitud de participación en las Olimpiadas Especiales adjunta a la presente. Por este medio dejo constancia que el atleta tiene mi permiso para participar en las actividades de las Olimpiadas Especiales.

Además establezco y certifico que, de acuerdo con mi mayor saber y parecer, el atleta está capacitado física y mentalmente para participar en las Olimpiadas Especiales. Con mi aprobación, un médico licenciado ha revisado la información médica presentada con la solicitud de participación del atleta y ha certificado, basado en un examen médico independiente, que no existe ninguna evidencia médica que impida la participación del atleta. Yo entiendo que si el/la atleta padece el síndrome de Down no podrá participar en deportes o eventos que, por su naturaleza, resulten en hiper-extensión, flexión extrema o presión directa sobre el cuello o la parte superior de la columna vertebral, a menos que yo y otros dos médicos hayamos completado el formulario oficial "Autorización especial para atletas con Inestabilidad Atlanto-Axial", disponible en la oficina local de las Olimpiadas Especiales, o el atleta haya tenido un examen radiológico completo donde se establece la ausencia de Inestabilidad Atlanto-Axial. Yo se que si decido no completar el formulario "Autorización especial para atletas con Atlanto-Axial, el atleta debe tener un examen radiológico previo para poder participar en deportes ecuestres, gimnasia, buceo, pentathlon, natación estilo mariposa, natación con buceo al comenzar, saltos de altura, esquí alpino y fútbol.

Al mismo tiempo que autorizo la participación del atleta yo estoy otorgando permiso específicamente para que (durante y después) las Olimpiadas Especiales use la foto, nombre, voz y palabras por televisión, radio, film, periódicos, revistas, otros medios y en cualquier formato, cuyo propósito sea hacer propaganda o comunicar los objetivos y actividades de las Olimpiadas Especiales y/o solicitar fondos para apoyar estos objetivos y actividades.

Si durante la participación del atleta en cualquier actividad de las Olimpiadas Especiales surge una emergencia médica y yo no estoy presente para ser consultado/a sobre la atención médica que el atleta debe recibir, Yo, autorizo por este medio a Olimpiadas Especiales a tomar las medidas que sean necesarias y aseguren que el atleta reciba tratamiento médico de urgencia, incluida la hospitalización, y lo que Olimpiadas Especiales considere aconsejable para proteger la salud y el bienestar del atleta.

Yo soy el padre/la madre/tutor del atleta nombrado en esta solicitud. Yo he leído y comprendo en su totalidad todo lo estipulado en la presente autorización y he explicado al atleta su contenido. Mi firma al pie del presente formulario de autorización indica que yo y el atleta estamos de presente formulario de autorización indica que yo y el atleta estamos de acuerdo con las disposiciones arriba mencionadas.

Por este medio doy mi autorización para que el atleta participe en los juegos, los programas de recreación y de actividad física de las Olimpiadas Especiales.

Firma del padre/madre/tutor

Fecha

