CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

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

Name of School	Telephone ()		
AddressName of Coach/Advisor		_Zip Code		
Name of Coach/Advisor Coach Cell Phone ()		()		
	ED SPORTSTM VOLLEYBALL EN	TRY FORM		
	LS – Monday, May 4, 2009 – Sheeh		ol, Wallingford	
G HIGH SCHO	OOLS – Wednesday, May 6, 2009 –	Branford High	h School	
ENTRY FORMS WI	ILL BE EXCHANGED PRIOR TO	O TOURNAM	IENT PLAY	
Please list below all participating studen Partner. Please list uniform number for a				
Squad Name	Skill Level (1, 2, 3,	4, 5)		
Name	DOB	M/F	Uniform Number	
	202	111/1		SA/SP
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

12 players is MAXIMUM roster size – One coach REQUIRED per squad. Schools who <u>change entries</u> 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 speical athletes are eligible for participation in Unified Sports ^{TI} have satisfied any one fo the following requirements as having intellectual disabilities: 1) The been identified by an agency or professional as having intellectual disabilities as determined localities; or 2) The person has a cognitive delay, as determined by standardized measures s intelligent quotient or "IQ" testing or other measures which are generally accepted within the community in the Accredited Program's nation as being a reliable measurement of the existe cognitive delay; or 3) The person has a closely related development disability. A "closely r developmental disability" means having functional limitations in both general learning (such adaptive skills (such as recreation, work, independent living, self-direction, or self care). Ho whose functional limitations are based solely on a physical, behavioral, or emotional disability specific learning or sensory disability, are not eligible to participate as Special Olympics ath be eligible for Unified Sports TM	by their such as e professional ence of a related as IQ) and in owever, persons ity, or a
The special partners may not have participated in that same varsity or junior varsity sport at their matriculation in middle school or high school	any time since
I certify that all information is correct and all athletes and partners are currently registered we necessary SOCT forms.	vith the
Name of SchoolTown	

Signature of Coach_____

Date_____

Date_____