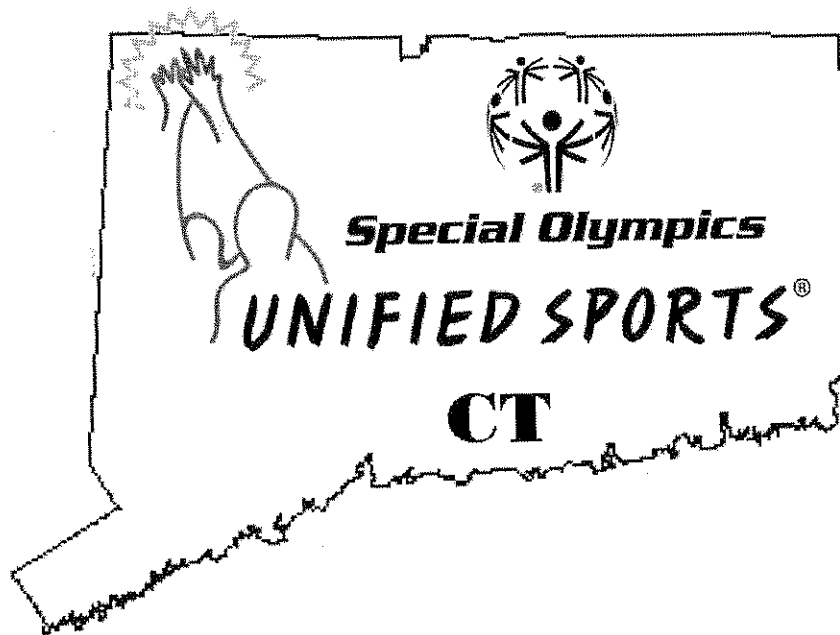


UNIFIED SPORTS®
Basketball, Volleyball, Track & Field
COACHES HANDBOOK
2010 -2011



CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE
SPECIAL OLYMPICS CONNECTICUT

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30 Realty Drive, Cheshire, Connecticut 06410
Telephone - (203) 250-1111
Fax - (203) 250-1345
www.casciac.org

ACKNOWLEDGMENTS

This publication was initially 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.

CONTACT INFORMATION

Connecticut Interscholastic Athletic Conference
30 Realty Dr, Cheshire, CT 06410 2666
Telephone (203) 250-1111
Fax (203) 250-1345

Connecticut Special Olympics
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

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
	George Synnott	(203) 250-1111 ext. 3932 rdeasy@casciac.org
	Ken Bragg	(203) 250-1111 ext. 3931 kbragg@casciac.org

What to Do to Get Your Unified Team Up and Running

1. _____ Get Faculty on Board.
 - a. principal _____
 - b. special education department _____
 - c. Athletic Department _____
2. _____ Choose Coach and Assistant Coach or Aid.
3. _____ Determine practice time and place via. Athletic Department.
4. _____ Identify Athletes with Special Education Department.
(Eligibility Criteria, age etc.).
5. _____ Hold Organizational meeting with parents, athletes and coaches.
(Discuss Unified Sports Guidelines.
6. _____ Have the coach, AD, or assistant coach attend a Coaches Training clinic.
7. _____ Get partners on Board. (National Honor Society, Student Counsel, Best Buddies etc.).
8. _____ Order T- Shirts, Uniforms. (Athletes even numbers / Partners odd numbers)
9. _____ Order Banner (Unified Sports with name of school on it).
10. _____ Go on line to www.casciac.org and fill out intent to enter.
11. _____ Secure transportation to tournament (Bus or Parent drivers).
12. _____ Submit roster on line.
13. _____ Have a blast at a tournament!
14. _____ Call us with any questions 1-203-250-1111.

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 3000 students participating during the 2009-2010 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, 2011. 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, 2011

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.

September 2010

Dear Athletic Directors and Coaches,

Welcome back to a new and exciting school year! For those of you who have Unified Sports® teams we look forward to supporting your efforts as you continue to change attitudes and change lives. Through your support and hard work, over 3000 athletes and partners in Connecticut schools have been given the opportunity to make school life a more meaningful experience. Athletes and partners have established life long friendships and lead their school in developing an enjoyable school climate.

For those of you who are interested in joining the Unified Sports family, welcome. We look forward to meeting you and support your efforts throughout the year.

Attached is a copy of our intent to enter form and our roster form. These forms can be found on the CAS website at www.casciac.org and registration is done online. In addition to these support services we will be holding a coaches training on Wednesday, September 16, at 3:30 p.m. at the CAS office, 30 Realty Drive, Cheshire CT. We would love to see all new coaches and athletics directors at this meeting so we can get everyone off to a great start. If you have any questions, please call me at 203-250-1111 or e-mail at lpear@casciac.org.

I want to thank you in advance for your interest and continued support for Unified Sports. This year we expect to increase the number of tournament opportunities as well as expand the youth leadership summit. Our goal is to include all participating middle and high schools in our Michaels Cup Banquet. Have a great year.

Sincerely,
Lou Pear
Director , Unified Sports®
CAS/CIAC

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

January, 2011

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 2009-2010 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, 2011, you will be asked to select another site. Rosters are due no later than February 25, 2011
- * 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 coach's 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®
Assistant Directors, Unified Sports®

WINTER BASKETBALL

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

January, 2011

TO: UNIFIED SPORTS® COACHES

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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, 2010, you will be asked to select another site. Rosters are due no later than March 1, 2010
- * 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.
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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®
Assistant Directors, Unified Sports®

2011 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."

- ☐ Tuesday, March 1 - St. Luke's New Canaan - High School & Middle Schools 3:30- 6:00
- ☐ Monday, March 7 -- Wilcox Tech High School, Meriden -- Middle Schools 3:30-6:00
- ☐ Monday, March 7 -- East Haven High School -- Middle Schools 3:30 -6:00
- ☐ Tuesday, March 8 -- Tolland High School -- High Schools 3:30-6:00
- ☐ Wednesday, March 9 -- Simsbury High School -- High Schools 3:30-6:00
- ☐ Thursday, March 10 -- Bunnell High School, Stratford -- High Schools / **SCC Leagu** 3:00 -- 6:00
- ☐ Friday, March 11 -- Farmington High School -- Middle Schools 3:00 - 6:00 p.m.
- ☐ Monday, March 14-- Norwich Free Academy -- High Schools and **ECC League** 3:00 - 6:00
- ☐ Tuesday, March 15 -- Glastonbury High School -- High Schools 3:00 - 6:00 p.m
- ☐ Wednesday, March 16 -- Berlin High School -- High Schools and CCC League 3:00 -- 6:00
- ☐ Thursday, March 17 -- Bristol Central High School (**LEVEL 5 ONLY**) 3:00 -- 6:00
- ☐ Friday, March 18 -- Manchester High School -- High Schools and **CCC League** 3:00 - 6:00
- ☐ Tuesday, March 22 -- New Haven Field house -- Middle Schools 3:00 -- 6:00

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

Return by:

CIAC, 30 Realty Drive, Cheshire, CT 06410
Fax -- (203) 250-1345
January 24, 2011 Intent-to-Enter
February 25, 2011 Roster

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

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

UNIFIED SPORTS® BASKETBALL ROSTER FORM

Name of School _____ Telephone () _____

Address _____

Name of Coach / Advisor _____ Home Telephone () _____

☐ Tuesday, March 1, 2011 St.Luke's, New Canaan MS/HS

☐ Monday, March 7, 2011 Wilcox Tech. High School MS

☐ Monday, March 7, 2011 East Haven HS HS & MS

☐ Tuesday, March 8, 2011 – Tolland High School -

☐ Wednesday, March 9, 2011 – Simsbury HS – High School

☐ Thursday, March 10, 2011 – Bunnell HS – High School/SCC

☐ Friday, March 11, 2011 – Farmington HS – Middle School

☐ Monday, March 14, 2011 – NFA – High School / ECC

☐ Tuesday, March 15, 2011 – Glastonbury HS – High School

☐ Wednesday, March 16, 2011 – Berlin HS – High School - CCC

☐ Thursday, March 17, 2011 Level 5 - Bristol High School - HS

☐ Friday, March 18, 2011 – Manchester HS – High School

☐ Tuesday, March 22 2011 – New Haven field house – MS

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 24, 2011. Rosters are due February, 25, 2011

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

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 2011 Season

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 official's 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

Thursday, March 31, 2011

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

Please register online or call (203) 250-1111 or e-mail to kbrzozowski@casciac.org

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 4, 2011	Intent-to-Enter Forms Due
Tuesday	April 26, 2011	Roster Forms Due
Monday	May 2, 2011	Middle School Volleyball Sheehan High School, Wallingford 3:00 - 5:30 p.m.
Wednesday	May 4, 2011	High School Volleyball Bacon Academy, Colchester 3:00-5:30 p.m.
Thursday	May 5, 2011	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 18 2011	Intent-to-Enter Forms Due (Plainville, NFA., Fairfield Ludlowe, Southington and Danbury Only)
Monday	May 2, 2011	Roster Forms Due (Plainville, NFA, Fairfield Ludlowe, Southington and Danbury Only)
Wednesday	May 9, 2011	High School Track Southington High School, Southington 3:00 - 6:30 p.m.
Wednesday	May 11, 2011	Middle School Track Plainville High School, Plainville 3:00 - 6:30 p.m.
Thursday	May 12, 2011	Intent-to-Enter Forms Due (West Haven & Fairfield Ludlowe ONLY)
Thursday	May 12, 2011	High School Track - ECC League ONLY Norwich Free Academy, Norwich 3:00 - 6:30 p.m.
Friday	May 13, 2011	Middle and High School Track Danbury High School 3:00 - 6:30 p.m.
Thursday	May 19, 2011	Roster Forms Due (West Haven Only & Fairfield Ludlowe ONLY)
Thursday	May 26, 2011	High School Track (FCIAC League Only) Fairfield Ludlowe
Wednesday	June 1, 2011	High School Track - SCC League ONLY 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®

2011 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:

- ☐ **Monday, May 2, 2011 — Sheehan High School, Wallingford**
3:00 -6:00 p.m.
MIDDLE SCHOOLS
- ☐ **Wednesday, May 4, 2011 —Bacon Academy High School**
3:00 - 6:00 p.m.
- ☐ **Thursday, May 5, 2011 — Branford High School**
3:00 - 6:00 p.m.
HIGH SCHOOLS

Name of
Principal _____

Name of
Coach _____ Home Telephone _____

Coach Cell Phone () _____

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

Return by:

CIAC, 30 Realty Drive
Cheshire, CT 06410
Fax -- (203) 250-1345
April 4, 2011

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 (_____)
Coach Cell Phone (_____) _____

UNIFIED SPORTS® VOLLEYBALL ROSTER FORM

- ☐ **MIDDLE SCHOOLS – Monday, May 2, 2011 – Sheehan High School, Wallingford**
- ☐ **HIGH SCHOOLS – Wednesday, May 4, 2011- Bacon Academy, Colchester**
- ☐ **HIGH SCHOOLS –Thursday, May 5, 2011 – 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 4, 2011. Rosters are due Tuesday, April 26, 2011

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 _____ 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 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™

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' 4"). 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 (7'4"). 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.

2011 UNIFIED SPORTS® TRACK TOURNAMENT
INTENT-TO-ENTER FORM

Name of School _____ Telephone () _____

Address _____

City/Town _____ Zip Code _____

is interested in participating in the Unified Sports Track Tournament on:

☐ **Monday, May 9, 2011- Southington High School – 3:00 - 6:30 p.m. (High Schools ONLY)**

☐ **Wednesday, May 11, 2011 – Plainville High School – 3:00 - 6:30 p.m. (Middle Schools ONLY)**

☐ **Thursday, May 12, 2011 – Norwich Free Academy – 3:00 - 6:30 p.m. (ECC High Schools ONLY)**

☐ **Friday, May 13, 2011 – Danbury High School – 3:00 - 6:30 p.m. (Middle and High Schools)**

☐ **Monday, May 26, 2011– Fairfield Ludlowe High School - 3:00 - 6:30 p.m**

☐ **FCIAC League Only High Schools**

☐ **Wednesday June 1, 2011 – West Haven High School – 3:00 - 6:30 p.m. (High Schools ONLY)**

All entries are based on number of openings – “first come, first served basis.”

**Rosters are due on line by May 2, 2011 for Track in Plainville, Southington, NFA and Danbury
Rosters are due on line by May 19, 2011 for Track in Fairfield Ludlowe and West Haven**

You must enter your names, times, or distances on the CIAC web site by May 2 for Plainville, Norwich, Southington and Danbury and May 19 for the West Haven and Fairfield Ludlowe meet in order for us to “seed” the athletes for the meets – www.casciac.org – click on 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**

Name of

Principal _____

Name of Coach _____ Home Phone _____

Cell _____

Email Address _____

Approximate # of students (athletes & partners):

of Wheelchair Athletes

Signature of Principal

Date _____

Signature of
Coach

Date _____

Please return to: Ken Bragg
CIAC, 30 Realty Drive
Cheshire, Ct 06410
Fax – (203) 250-134

Return by: April 4, 2011

CIAC UNIFIED SPORTS® TOURNAMENT RULES
TRACK AND FIELD

DIVISIONING:

Divisioning will be done by qualifying times and distances.

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 12 for Plainville, NFA, and Danbury and May 12 for West Haven. Form must be done online to enter.

Rosters are due by May 3 for Plainville, NFA, and Danbury, and May 20 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 your 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

***Special
Athlete
Forms***

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

LOCAL PROGRAM:

ATHLETE NAME (FIRST/LAST)

RELEASE TO BE COMPLETED BY PARENT/GUARDIAN OR ADULT ATHLETE ACTING AS OWN GUARDIAN

I, the Parent/Guardian or Adult Athlete submit this Official Special Olympics Release Form for participation in Special Olympics.

Section 1

I represent and warrant that, to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in the application for participation and has certified, based on a medical examination, that there is no medical evidence which would preclude the athlete from participating in Special Olympics.

Section 2

I understand that if the athlete has Down Syndrome, the athlete 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 the athlete and physician have completed the official "Down Addendum Form", available from the Special Olympics State Office. I am aware that the x-ray exam is required before any athlete with Down Syndrome may participate in Special Olympics, especially in the following: equestrian, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing and soccer.

Section 3

Special Olympics has my permission, both during and anytime after, to use the athlete's 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 those purposes and activities.

Section 4

If during the athlete's participation in Special Olympics activities, the athlete should need emergency medical treatment, and I (the parent/guardian or adult athlete) am not able to give consent or make arrangements for that treatment, I authorize Special Olympics to take whatever measures necessary to protect the athlete's health and well-being, including if necessary, hospitalization.

Section 5

I understand by signing below I consent to participate in the Special Olympics Healthy Athletes Program that provides individuals screening assessments of health status and health care needs in the areas of vision; oral health; hearing; physical therapy; and a variety of health promotion areas. I understand there is no obligation for the athlete to participate in the Healthy Athletes Program and that the athlete may decide not to participate. Provisions of these health services are not intended as a substitute for regular care. I also understand that I should seek independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not responsible for the health of the athlete. I understand that I should seek independent medical advice and assistance as I am responsible for the athlete's health. I understand that information gathered as part of the screening process may be used anonymously to assess and communicate overall health and needs of athletes and to develop programs to address those needs.

SIGNATURES

I, the adult athlete 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:

Date: ____/____/____

I, the Parent/Guardian of this athlete, hereby give my permission for this athlete to participate in Special Olympics games, training, recreation programs, physical activity programs and Healthy Athletes program. By signing, I am saying that I agree to the provisions of this release.

Signature:

Date: ____/____/____

THIS FORM MUST BE COMPLETED LEGIBLY, SIGNED AND DATED TO BE CONSIDERED VALID

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS CONNECTICUT

PLEASE CHECK ☐ NEW ☐ RENEWAL

LOCAL PROGRAM:

Name (First - Last):

Date of birth: ____/____/____

Gender ☐ Male ☐ Female

Phone: ()

Street:

City:

State:

ZIP Code:

PARENT OR GUARDIAN INFORMATION

Name

Address (if different than athlete's)

City

State:

ZIP Code:

Phone Home:

Work:

Mobile:

E-Mail

EMERGENCY CONTACT IF DIFFERENT THAN PARENT OR GUARDIAN

Name:

Phone:

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 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 3 YEARS WHETHER OR NOT AN EXAMINATION IS NECESSARY.

1. HEART PROBLEMS <input type="checkbox"/> YES <input type="checkbox"/> NO	9. SURGERY OR ILLNESS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEW	17. EMOTIONAL/BEHAVIOR PROBLEMS <input type="checkbox"/> YES <input type="checkbox"/> NO
2. CHEST PAINS <input type="checkbox"/> YES <input type="checkbox"/> NO	10. HEAT STROKE/COLD ILLNESS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEW	18. BONE OR JOINT DISORDER <input type="checkbox"/> YES <input type="checkbox"/> NO
3. SEIZURES/EPILEPSY <input type="checkbox"/> YES <input type="checkbox"/> NO	11. OTHER PROBLEM (S) THAT WOULD INTERFERE	19. SICKLE CELL/TRAIT DISEASE <input type="checkbox"/> YES <input type="checkbox"/> NO
4. DIABETES <input type="checkbox"/> YES <input type="checkbox"/> NO	WITH SPORTS PARTICIPATION <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
5. DOWN SYNDROME <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST: _____	21. CONTACTS/EYEGASSES <input type="checkbox"/> YES <input type="checkbox"/> NO
NECK X-RAY DONE <input type="checkbox"/> YES <input type="checkbox"/> NO	12. IMPAIRED MOBILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	22. DENTURES/FALSE TEETH <input type="checkbox"/> YES <input type="checkbox"/> NO
INSTABILITY PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO	13. USES A WHEELCHAIR <input type="checkbox"/> YES <input type="checkbox"/> NO	23. DATE OF LAST TETANUS SHOT ____/____/____
6. BLINDNESS/VISION PROBLEM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEW	14. SPECIAL DIET <input type="checkbox"/> YES <input type="checkbox"/> NO	24. LIST ALLERGY TO: INSECT STING <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	15. ASTHMA <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICINE _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
8. HEAD INJURY/CONCUSSION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEW	16. BLEEDING PROBLEMS <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:

EXAMINERS SIGNATURE:

EXAMINERS NAME:

APPLICANT OR PARENT/GUARDIAN SIGNATURE:

DATE: ____/____/____

DATE: ____/____/____

PHONE: ()

DATE: ____/____/____

THIS FORM MUST BE COMPLETED LEGIBLY, SIGNED AND DATED TO BE CONSIDERED VALID.



SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY



Local Program _____

Area _____

CERTIFICATION BY PHYSICIANS

We have examined the athlete named in the application, who has Down syndrome and who has been diagnosed as having Atlanto-axial Instability. We certify, based on our examinations of the athlete and our review of the health information contained in this application, that despite the diagnosis of Atlanto-axial Instability, this athlete is not medically precluded from participation in Special Olympics. We further certify that we have explained to the athlete named in this application, (and to the parent or guardian whose signature appears below, if the athlete is a minor), the medical risks associated with Atlanto-axial Instability and in particular, the risks associated with the athlete's participation in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine. (Signatures of two physicians are required.)

Restrictions (if any): _____

Restrictions (if any): _____

Physician's Name: _____

Physician's Name: _____

Address: _____

Address: _____

Phone: () _____

Phone: () _____

Signature of Physician: _____ Date: _____

Signature of Physician: _____ Date: _____

CERTIFICATION OF ADULT ATHLETE

(Required for adult athletes with diagnosis of Atlanto-axial Instability)

I am the athlete named in this application I certify that:

1. I have been informed by the physicians named above that I have Atlanto-axial Instability.
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences if I participate in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I certify that I am taking these risks knowingly and voluntarily, of my own free will, because of my desire to participate in Special Olympics, including any or all of the sports or events listed above, based on the certifications of the two physicians named above that I am not medically precluded from participating in Special Olympics.

Name: _____

Address: _____

Phone: () _____

Signature of Adult Athlete _____ Date _____

Signature of Adult Friend or Family Member _____ Date _____

CERTIFICATION OF PARENT

(Required for minor athletes with diagnosis of Atlanto-axial Instability)

I am the mother/father of the athlete named in this application. I certify that:

1. I have been informed by the physicians named above that my son / daughter has Atlanto-axial Instability.
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences of my son / daughter participating in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I hereby give my permission for my son / daughter to participate in Special Olympics, including any or all of the sports or events listed above, based on the certifications of the two physicians named above that my son / daughter is not medically precluded from participating in Special Olympics.

Name: _____

Address: _____

Phone: () _____

Signature of Parent / Guardian _____ Date _____

SOLICITUD DE PARTICIPACION EN LAS OLIMPIADAS ESPECIALES

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

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 años 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. Sindrome de Down	____	____		16. Dieta especial _____		
Se hizo hacer radiografia 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/psiquiatricos _____		
debido a enfermedades cardiacas	____	____		20. Serios trastornos osesos 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: _____				Mes Dia Ano		
13. Habilidad motora deteriorada	____	____				
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

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. Relacion con el atleta (familiar, amigo/a, entrenador)

SECTION 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, gymnasia, 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-extension, 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, pentatlón, 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-extension, 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 sé 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, pentatlón, 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 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 _____

***Special
Partner
Forms***

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS CONNECTICUT

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

Unified Sports® Partner

UNIFIED SPORTS® PARTNER INFORMATION

LOCAL PROGRAM:

Name (First - Last):

Date of birth: ____/____/____

Gender ____ Male ____ Female

Phone: ()

Mobile: ()

Street:

City:

State:

ZIP Code:

E-Mail:

PARENT OR GUARDIAN INFORMATION FOR UNIFIED SPORTS® PARTNERS UNDER 18 YEARS OF AGE

Name

Address (if different than above)

City

State:

ZIP Code:

Phone Home:

Work:

Mobile:

E-Mail

EMERGENCY CONTACT (IF DIFFERENT THAN PARENT OR GUARDIAN)

Name:

Phone:

HEALTH ADVISORIES

Please list below any pertinent health information (i.e. allergies, etc.)

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/Guardian of Minor Unified Sports® Partner

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' agreement, 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/Guardian of Minor Unified Sports® Partner:

DATE:

THIS FORM MUST BE COMPLETED LEGIBLY, SIGNED AND DATED TO BE CONSIDERED VALID



SPECIAL OLYMPICS

FIRST REPORT OF ACCIDENT / INCIDENT



U.S. Program/Area: CONNECTICUT Date of Incident: _____

Injured Person/Party Information Date of Birth: ____/____/____ Age: _____

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Gender: ☐ Male ☐ Female Social Security Number: _____ - _____ - _____

Type of Injury/ Accident:

- ☐ Bodily Injury
☐ Property Damage
☐ Automobile
☐ Other: _____

Injured Party:

- ☐ Athlete
☐ Volunteer
☐ Coach
☐ Employee
☐ Spectator
☐ Unified Partner
☐ Property Owner
☐ Other: _____

Description of Accident (If automobile accident occurred, please attach a copy of the police report).

Describe how the accident occurred (Attach a separate sheet if necessary): _____

Site / event where accident occurred: _____

Accident Occurred During:

- ☐ Training/Practice
☐ Competition
☐ Traveling to or from SO event
☐ Other: _____

Type of Injury:

- ☐ Severe cut w/ bleeding
☐ Less serious bruise or cut
☐ Break/fracture
☐ Concussion
☐ Paralysis
☐ Other: _____

Disposition:

- ☐ Released to parent
☐ Refusal of care
☐ Refer to doctor
☐ Refer to hospital or clinic
☐ Medical attention
☐ EMS transport
☐ Patient requested EMS transport
☐ Released to personal vehicle
☐ Police
☐ Ambulance
☐ Report only
☐ Other: _____

Sport

- ☐ Alpine Skiing
☐ Aquatics
☐ Athletics
☐ Badminton
☐ Baseball
☐ Basketball
☐ Bocce
☐ Bowling
☐ Cheerleading
☐ Cross Country Ski
☐ Cycling
☐ Equestrian
☐ Figure Skating
☐ Floor Hockey
☐ Golf
☐ Gymnastics
☐ Kickball
☐ Power Lifting
☐ Relay Game
☐ Roller Skating
☐ Sailing
☐ Snowboarding
☐ Snowshoe
☐ Soccer
☐ Softball
☐ Speed Skating
☐ Swimming
☐ Table Tennis
☐ Team Handball
☐ Tennis
☐ Track & Field
☐ Volleyball
☐ Other: _____

Body Part Injured:

- ☐ Head
☐ Neck
☐ Torso
☐ Back
☐ Hand (L / R)
☐ Finger (L / R)
☐ Elbow (L / R)
☐ Shoulder (L / R)
☐ Leg (L / R)
☐ Knee (L / R)
☐ Thigh (L / R)
☐ Shin (L / R)
☐ Toe (L / R)
☐ Other: _____

Contact / Care Provider Information If an athlete or underage volunteer was injured, please identify the care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: _____

Name: _____

Address: _____

Home Phone: (____) _____ - _____

Employer Name: _____

Employer Address: _____

Work Phone: (____) _____ - _____

Does the injured person have medical insurance? ☐ Yes ☐ No

If yes, insurance is provided by: _____

Please provide name of Company and Policy Number: _____

☐ Injured Person ☐ Care Provider/Responsible Party

Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: _____

Daytime Phone: (____) _____ - _____

Witness #2 Name: _____

Daytime Phone: (____) _____ - _____

Special Olympics Official / Representative (other than claimant)

Name: _____

Daytime Phone: (____) _____ - _____

Signature: _____

Send completed form to:

If injury was serious or a fatality:

Special Olympics Connecticut, Inc. Attn: Mike Mason, 2666 State St, Ste 1, Hamden, CT 06517-2232; Fax: (203) 230-1202

IMMEDIATELY notify Special Olympics Connecticut Senior Management at

Pager: (203) 766-8359 (24 hours a day / 7 days a week)

AMER: 150525 - SpecOlym Inc. Rep. Form 02-03