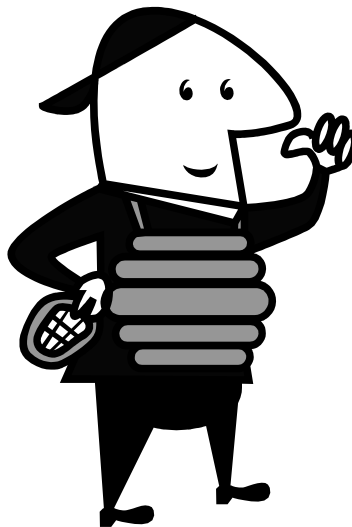


# 2024

## Fall Classic

Area Softball & Area Bocce

State Softball & State Bocce



# BOCCE / SOFTBALL TOURNAMENTS

- All rules will be the same for area and state.
- Area participation is required to be eligible for participation at state.

Area Softball Tournaments	Area Bocce Tournaments
<p><b>Black Hills Area Softball Tournament</b>            Date: August 17, 2024            Location: Star of the West, Rapid City            Time: 9:30 am            Registration Deadline: July 29, 2024  <b>Send registration to Black Hills Area Director Cathy Grubb</b></p>	<p><b>Black Hills Area Bocce Tournament</b>            Date: August 18, 2024            Location: Rapid City Bocce Courts, Rapid City            Time: 8:00 am            Registration Deadline: July 29, 2024  <b>Send registration to Black Hills Area Director Cathy Grubb</b></p>
<p><b>Southeast Area Softball Tournament</b>            Date: August 17, 2024            Location: Sherman Park Softball Complex, Sioux Falls            Time: 9:30 am            Registration Deadline: July 29, 2024  <b>Send registration to State Office</b></p>	<p><b>Southeast Area Bocce Tournament</b>            Date: August 18, 2024            Location: Sherman Park Softball Complex, Sioux Falls            Time: 9:30 am            Registration Deadline: July 29, 2024  <b>Send registration to State Office</b></p>
	<p><b>Northeast Area Bocce Tournament <i>Tentative</i></b>            Date: August 25, 2024            Location: TBD, Lake Norden            Time: 9:30 am            Registration Deadline: July 29, 2024  <b>Send registration to State Office</b></p>
<p><b>Fall Classic</b></p>	
<p><b>Bocce</b>            Date: September 20, 2024            Location: Rapid City Bocce Courts, Rapid City            Registration Deadline: July 29, 2024  <b>NE &amp; SE registration to State Office</b>  <b>BH AREA Registrations to Cathy Grubb</b></p>	<p><b>Softball</b>            Date: September 21 &amp; 22, 2024            Location: Parkview Softball Complex, Rapid City            Registration Deadline: July 29, 2024  <b>NE &amp; SE registration to State Office</b>  <b>BH AREA Registrations to Cathy Grubb</b></p>

# FALL CLASSIC

## STATE SOFTBALL TOURNAMENT

September 21 & 22, 2024

Parkview Softball Complex, Rapid City

### TYPE OF PLAY:

Game schedules will be determined based upon registrations and sent to HOD's prior to the tournament. When possible, a round-robin format will be used.

### RULES:

Amateur Softball Association Rules are employed except when in conflict with Special Olympics rules.

### AWARDS:

Medals will be awarded to each athlete on the top 3 teams in each division, with ribbons awarded to the remainder.

### MAKE-UP OF TEAMS:

Male, Female and Coed will all compete together. Using a tee for batting is allowed for the following formats only: Traditional Tee Ball and Coach Pitch.

### SPIRIT & SPORTSMANSHIP AWARD:

We would like to recognize those players who epitomize sportsmanship. Good sportsmanship is the practice of playing fair, of taking loss or defeat without complaint or victory without gloating, treating opponents with respect, fairness, generosity, and courtesy. "Winning is for a day. Sportsmanship is for a lifetime."

Coaches will be asked to submit one player from each of their team(s) to be on the Spirit & Sportsmanship Team. These team members will receive a certificate in the mail after the tournament. From these nominees, one player from each division will be chosen to receive the Spirit & Sportsmanship Award. These players will be presented a plaque during team awards.

### MEALS:

The following meals will be provided: Saturday lunch and dinner / Sunday lunch. **Details to follow at a later date.** Concessions will be available at the complex both days.

### CORRESPONDENCE:

You will be receiving your registration confirmation and tournament/competition updates via your e-mail. PLEASE CHECK YOUR E-MAIL OFTEN.

## SOFTBALL COMPETITION:

See "Special Olympics South Dakota Softball Handbook Version 1.3 Nov 2022"

# 2024 State Bocce & Softball Tournament

## Schedule of Events *Tentative*

### **FRIDAY, SEPTEMBER 20 – Bocce**

Rapid City Bocce Courts, Rapid City

8:00 am – 8:30 am	Delegation Registration
8:00 am – 8:15 am	Session #1 – Volunteer Check-in & Training
8:15 am – 11:30 am	Session #1 – Tournament Games
11:30 am – 11:45 am	Session #2 – Volunteer Check-in & Training
11:45 am – 3:00 pm	Session #2 – Tournament Games
3:00 pm – 3:15 pm	Session #3 – Volunteer Check-in & Training
3:15 pm – 6:30 pm	Session #3 – Tournament Games

### **SATURDAY, SEPTEMBER 21 – Softball**

Parkview Softball Complex, Rapid City

8:00 am - 8:30 am	Delegation Registration
8:30 am	Line-up for Opening Ceremony
8:45 am	Opening Ceremony
9:15 am	Volunteer Check-in & Training
9:45 am – 4:30 pm	Tournament Games
10:00 am	Individual Softball Skills Contest
11:00 am – 1:00 pm	Lunch
5:00 pm – 7:00 pm	Dinner
5:30 pm – 8:30 pm	Dance

### **SUNDAY, SEPTEMBER 22 – Softball**

Parkview Softball Complex, Rapid City

9:00 am – 4:00 pm	Games Continue
11:00 am – 1:00 pm	Lunch Available

# REGISTRATION INSTRUCTIONS

## STATE & AREA SOFTBALL TOURNAMENT

The following forms must be included for your registration to be complete:

1. **State & Area Softball Registration Form 1: Delegation Summary Form**
2. **State & Area Softball Registration Form 2: Team Registration**
3. **State & Area Softball Registration Form 3: Softball Skills Contest**
4. **Form L: Volunteer Rosters**  
Please list all chaperones, coaches and Unified Partners who will accompany your group. Each person on this list must have the appropriate applications on file with the State Office.
5. **Form M: Certificate of Training / Acknowledgment of Policies**  
A number of minimum training hours have been established for each sport. Please be sure your athletes have met the minimum training requirements.

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***These forms must be included if not already on file at the State Office. Forms can be found at [www.sosd.org](http://www.sosd.org) under the "Competition" Tab***

6. **Form A: Athlete Registration**  
For new athletes and those who have expired forms.
7. **Form B: Athlete Release**  
For new athletes and those who have expired forms.
8. **Form C: Community Reinvestment Act (CRA)**  
For new athletes and those who have expired forms.
9. **FORM N: Communicable Disease waiver**  
For new athletes and those who have expired forms.
10. **FORM Y: Athlete Medical Form**  
For new athletes and those who have expired forms. The completed form to be brought to the athlete's physical exam.
11. **FORM Z: Medical Physical Information**  
For new athletes and those who have expired forms. The Doctor will document the physical exam on this form.

**Form D: Class A Volunteer & Unified Partner Registration**  
One per coach/chaperone must be on file with the State Office.

**YOU WILL RECEIVE REGISTRATION CONFIRMATION AND TOURNAMENT/COMPETITION UPDATES VIA EMAIL. PLEASE CHECK OFTEN.**

**See individual forms for mailing instructions**

## 2024 STATE & AREA SOFTBALL TOURNAMENT DELEGATION SUMMARY FORM

**Check the Area Tournament in which you will be participating**

<input type="checkbox"/> Southeast Area  Send all forms to:  SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Northeast Area  Send all forms to:  SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Black Hills Area  Send all forms to Area Director:  Cathy Grubb 821 Stanley St. Belle Fourche, SD 57717
--	--	--

**Name of Delegation:** \_\_\_\_\_

**Head of Delegation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Cell Phone During Tournaments:** \_\_\_\_\_

AREA	STATE
# of Trad Softball Teams: _____ # of Traditional Softball Players: _____  # of Unified Softball Teams: _____ # of Unified Softball Players: _____  # of Softball Skills Athletes: _____  Total Number of Athletes And Unified Partners: _____	# of Trad Softball Teams: _____ # of Traditional Softball Players: _____  # of Unified Softball Teams: _____ # of Unified Softball Players: _____  # of Softball Skill Athletes: _____  Total Number of Athletes And Unified Partners: _____
Total Number of Coaches/Chaperones: _____  <b>DELEGATION TOTAL:</b> <input style="width: 50px;" type="text"/>	Total Number of Coaches/Chaperones: _____  <b>DELEGATION TOTAL:</b> <input style="width: 50px;" type="text"/>  Total # in delegation eating lunch Saturday: _____ Total # in delegation eating at banquet Saturday: _____  Total # in delegation eating lunch Sunday: _____

## 2024 STATE & AREA SOFTBALL TEAM REGISTRATION & ROSTER (ONE PER TEAM)

- Attending Area Only                      Area Tournament Attending: NE  SE  BH   
 Attending Area & State

Name of Delegation: \_\_\_\_\_

Head of Delegation (Level 2 Certified): \_\_\_\_\_

Team Name or Number: \_\_\_\_\_  
(Limit of 10 characters)

Select one

- Junior Team (15 under)    Senior Team (16 over)

Select one

- Slow Pitch Team Competition (No Tee Ball hitters allowed)  
 Coach Pitch Competition (Tee hitters mark below)  
 Tee Ball Competition  
 Unified Team Competition (Unified partners mark below)

Select one (Only for Unified Teams)

- Player Development Team (Skill level of Athletes & UP is not equal)  
 Competitive Team (Skill level of Athletes and UP is equal)

**ATHLETE NAME:**

		Coach Pitch Tee Hitter	X Unified Partner	M/F:	AGE:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____

Level 2 Certified Head Coach: \_\_\_\_\_

Coaches 1. \_\_\_\_\_ 2. \_\_\_\_\_

# 2024 STATE & AREA SOFTBALL SKILLS CONTEST

- Attending Area Only
- Attending Area & State

Area Tournament Attending: NE  SE  BH

Name of Delegation: \_\_\_\_\_

Head of Delegation (Level 2 Certified): \_\_\_\_\_

	ATHLETE NAME:	M/F:	AGE:	FINAL SCORE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____

Coaches 1. \_\_\_\_\_ 2. \_\_\_\_\_



# Volunteer Roster

**School/Agency:** \_\_\_\_\_ **Event:** State Softball

This form is required for all Local, Area, and State Games. All Special Olympics volunteer applicants (Class A) who have regular, close physical contact with athletes; are in a position of authority or supervision of athletes; are in a position of trust of athletes; and/or handle substantial amounts of cash or other assets of athletes, are subject to mandatory background / motor vehicle checks initiated and paid for by SOSD. **Form E (Class A Volunteer Application) must be on file at the State Office.** Examples of Class A volunteers includes, but are not limited to Coaches, Chaperones, and adult Unified Partners.

**All volunteers appearing on this roster must be at least 16 years of age and cleared by SOSD before attending an event.**

- DO NOT LIST UNIFIED PARTNERS ON THIS FORM
- ONLY LIST EACH PERSON ONCE

**HOD:** This describes a person overseeing an entire delegation and has completed Level 1 and 2 Coaches Training Courses (**One person per delegation**).

**Head Coach:** This describes a person who trains athletes, leads teams, and has completed Level 1 and 2 Coaches Training Courses. (**Unified Head Coaches must complete these plus Coaching Unified Sports**).

**Coach:** This describes a person who trains athletes, leads teams and has completed Level 1 Coaches Training Course. (**Unified Coaches must complete these plus Coaching Unified Sports**).

**Chaperone:** This describes someone who supervises athletes. A Chaperone CANNOT coach athletes.

The maximum Coach/Chaperone: Athlete ratio is 1:1  
The minimum Coach/Chaperone: Athlete ratio is 1:4

**CUSC:** Put an X in the box if Coaching Unified Sports Certified

**Area / State:** Put an X in the box indicating which event(s) each volunteer will be attending

<b>HOD (Level 2 certified)</b>		<b>CUSC</b>	<b>Area</b>	<b>State</b>	<b>Chaperone (Include Minors)</b>		<b>Area</b>	<b>State</b>
1.					1.			
<b>Head Coach (Level 2 certified)</b>		<b>CUSC</b>	<b>Area</b>	<b>State</b>	2.			
1.					3.			
2.					4.			
3.					5.			
4.					6.			
5.					7.			
6.					8.			
7.					9.			
8.					10.			
9.					11.			
10.					12.			
11.					13.			
12.					14.			
<b>Coach (Level 1 certified)</b>		<b>CUSC</b>	<b>Area</b>	<b>State</b>	15.			
1.					16.			
2.					17.			
3.					18.			
4.					19.			
5.					20.			
6.					21.			
7.					22.			
8.					23.			
9.					24.			
10.					25.			
11.					26.			
12.					27.			
13.					28.			

# Certificate of Training / Acknowledgment of Policies

## Certificate of Training

One copy of this form is required for each State Event in which you are registering, i.e. one for Basketball, one for the Fall Classic, one for Summer Games.

Date of Event: \_\_\_\_\_

Sport: State Softball

I confirm that the athletes from: \_\_\_\_\_

- Have fulfilled the minimum hours of training for the above sport
- Began training at least 8 (eight) weeks prior to this competition
- Have met all requirements of Special Olympics South Dakota

### Minimum Training Requirements

Bowling	Bowl a minimum of five (5) 3-game series or a total of 15 games over a minimum of 8 weeks.
Basketball	A minimum of 15 hours over a minimum of 8 weeks.
Summer Games	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 3 sports - 5 hours per sport / 2 sports - 7.5 hours per sport / 1 sport - 15 hours
Equestrian	A minimum of 15 hours over a minimum of 8 weeks.
Fall Classic	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 2 sports - 7.5 hours per sport / 1 sport - 15 hours

## Sports Specific Handbooks

By signing below, I acknowledge I have read and understand the rules of the sport(s) being contested.

## Acknowledgment of Policies

By signing below, I acknowledge I have read, understand, and am abiding by the following policies set forth by Special Olympics South Dakota:

***These policies can be found in Section A of the Competition Guide:***

- 15 Passenger Van Use Policy
- Sub Program Request for Merchandise Procedures
- Volunteer Screening Policy
- Athlete Housing Policy
- Insurance Information
- Social Media Policy
- service Animal Policy
- Concussion Awareness and Safety Recognition Policy
- Coaches Education
- Delegation Financial Accounts & Assets
- Interpreter Policy

\_\_\_\_\_  
Head of Delegation Signature

\_\_\_\_\_  
Date

# FALL CLASSIC

## STATE BOCCE TOURNAMENT

September 20, 2024  
Rapid City Bocce Courts, Rapid City

### TYPE OF PLAY:

Unified Doubles, Traditional Doubles, and MATP Traditional Doubles

### RULES:

Special Olympics sports rules for Bocce.

### AWARDS:

Medals will be awarded to each athlete on the top 3 teams in each division, with ribbons awarded to the remainder.

### MAKE-UP OF TEAMS:

Doubles teams only. There will be male and female divisions. (Co-ed will compete in male divisions).

- Traditional Teams will be made up of two Athletes.
- MATP Traditional Teams will be made-up of two Athletes. One or both athletes will require assistance outside of what is allowed per Bocce rules. For example, an athlete may not be able to pick up a Bocce ball themselves.
- Unified Teams shall consist of one Athlete and one Unified Partner.

### MEALS:

Lunch will be provided to registered athletes, unified partners, coaches, and chaperones.

### CORRESPONDENCE:

You will be receiving your registration confirmation and tournament/competition updates via your e-mail.  
PLEASE CHECK YOUR E-MAIL OFTEN.

## BOCCE COMPETITION:

See “Special Olympics South Dakota Bocce Handbook Version 1.3  
Nov 2022”

# 2024 State Bocce Tournament Schedule of Events *Tentative*

## **FRIDAY, SEPTEMBER 20 – Bocce**

Rapid City Bocce Courts, Rapid City

8:00 am – 8:30 am	Delegation Registration
8:00 am – 8:15 am	Session #1 – Volunteer Check-in & Training
8:15 am – 11:30 am	Session #1 – Tournament Games
11:30 am – 11:45 am	Session #2 – Volunteer Check-in & Training
11:45am – 3:00 pm	Session #2 – Tournament Games
3:00 pm – 3:15 pm	Session #3 – Volunteer Check-in & Training
3:15 pm – 6:30 pm	Session #3 – Tournament Games

# REGISTRATION INSTRUCTIONS

## STATE BOCCE TOURNAMENT

The following forms must be included for your registration to be complete:

1. **State Bocce Form 1: Delegation Summary Form**
  2. **State Bocce Form 2: State Bocce Doubles Registration**
  3. **Form L: Volunteer Rosters**  
Please list all chaperones, coaches, and Unified Partners who will accompany your group. Each person on this list must have the appropriate applications on file with the State Office.
  4. **Form M: Certificate of Training / Acknowledgment of Policies**  
A number of minimum training hours have been established for each sport. Please be sure your athletes have met the minimum training requirements.
- 

*These forms must be included if not already on file at the State Office. Forms can be found at [www.sosd.org](http://www.sosd.org) under the "Competition" Tab*

5. **Form A: Athlete Registration**  
For new athletes and those who have expired forms.
6. **Form B: Athlete Release**  
For new athletes and those who have expired forms.
7. **Form C: Community Reinvestment Act (CRA)**  
For new athletes and those who have expired forms.
8. **FORM N: Communicable Disease waiver**  
For new athletes and those who have expired forms.
9. **FORM Y: Athlete Medical Form**  
For new athletes and those who have expired forms. The completed form to be brought to the athlete's physical exam.
10. **FORM Z: Medical Physical Information**  
For new athletes and those who have expired forms. The Doctor will document the physical exam on this form.

**Form D: Class A Volunteer & Unified Partner Registration**  
One per coach/chaperone must be on file with the State Office.

***YOU WILL BE RECEIVING YOUR REGISTRATION CONFIRMATION AND  
TOURNAMENT/COMPETITION UPDATES VIA YOUR E-MAIL.  
PLEASE CHECK YOUR E-MAIL OFTEN.***

**See individual forms for mailing instructions**

## 2024 STATE & AREA BOCCE TOURNAMENT DELEGATION SUMMARY FORM

**Check the Area Tournament in which you will be participating**

<input type="checkbox"/> Southeast Area  Send all forms to:  SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Northeast Area  Send all forms to:  SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Black Hills Area  Send all forms to Area Director:  Cathy Grubb 821 Stanley St. Belle Fourche, SD 57717
--	--	--

**Name of Delegation:** \_\_\_\_\_

**Head of Delegation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Cell Phone During Tournaments:** \_\_\_\_\_

AREA	STATE
# of Trad Doubles Teams: _____	# of Trad Doubles Teams: _____
# of Traditional Bocce Players: _____	# of Traditional Bocce Players: _____
# of Unified Doubles Teams: _____	# of Unified Doubles Teams: _____
# of SO Athletes on Unified Bocce Teams: _____	# of SO Athletes on Unified Bocce Teams: _____
# of UP on Unified Bocce Teams: _____	# of UP on Unified Bocce Teams: _____
Total Number of Athletes: _____	Total Number of Athletes: _____
Total Number of Coaches/Chaperones: _____	Total Number of Coaches/Chaperones: _____
<b>DELEGATION TOTAL:</b> _____	<b>DELEGATION TOTAL:</b> _____
	Total # in delegation eating lunch: _____

## 2024 STATE BOCCE TOURNAMENT

Name of Delegation: \_\_\_\_\_

Head of Delegation (Level 2 Certified): \_\_\_\_\_

Team ID: Assign a 2-digit number for each Team beginning with 01. A = Athlete UP = Unified Partner

**Bocce Assessment Score (BAS):**

- 1 = Basic Understanding: Throws from a consistent location, throws the ball toward Pallina with no regard for strategy
- 2 = Intermediate Understanding: Understands strategy, i.e. blocking etc. but doesn't consistently perform
- 3 = Advanced Understanding: Can consistently place Pallina and balls where desired. Can block opponent's balls and take advantage of an opponent's weakness

<b>TEAM ID:</b> _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	Traditional MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>	
	M/F:	AGE:	BOSAT:	BAS:		
1. A _____	_____	_____	_____	_____	_____	<b>TOTAL:</b>
2. A / UP _____	_____	_____	_____	_____	_____	_____

<b>TEAM ID:</b> _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	Traditional MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>	
	M/F:	AGE:	BOSAT:	BAS:		
1. A _____	_____	_____	_____	_____	_____	<b>TOTAL:</b>
2. A / UP _____	_____	_____	_____	_____	_____	_____

<b>TEAM ID:</b> _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	Traditional MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>	
	M/F:	AGE:	BOSAT:	BAS:		
1. A _____	_____	_____	_____	_____	_____	<b>TOTAL:</b>
2. A / UP _____	_____	_____	_____	_____	_____	_____

<b>TEAM ID:</b> _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	Traditional MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>	
	M/F:	AGE:	BOSAT:	BAS:		
1. A _____	_____	_____	_____	_____	_____	<b>TOTAL:</b>
2. A / UP _____	_____	_____	_____	_____	_____	_____

<b>TEAM ID:</b> _____	Traditional <input type="checkbox"/>	Unified <input type="checkbox"/>	Traditional MATP <input type="checkbox"/>	Area Only <input type="checkbox"/>	Area & State <input type="checkbox"/>	
	M/F:	AGE:	BOSAT:	BAS:		
1. A _____	_____	_____	_____	_____	_____	<b>TOTAL:</b>
2. A / UP _____	_____	_____	_____	_____	_____	_____

# BOCCE SKILLS ASSESSMENT TEST (BOSAT) WORKSHEET

Do not submit this form with your registration. This is an information-gathering tool for you only. This information is required, however, on your State Bocce Registration Form 2.

TEAM MEMBERS		TRIALS									Sum of 9 Throws	Team Total
		1 30 ft.			2 40 ft.			3 50 ft.				
1	A											
	A/U											
2	A											
	A/U											
3	A											
	A/U											
4	A											
	A/U											
5	A											
	A/U											
6	A											
	A/U											
7	A											
	A/U											
8	A											
	A/U											

## RULES

Each athlete should play three modified games, called a set. The athlete should alternate from each end of the court and play the following allotted balls. The athlete should not surpass the foul line when he/she plays the allotted balls:

Place the pallina at the 30 ft. line, and the player should play eight balls. The closest 3 balls will be measured and recorded.

Place the pallina at the 40 ft. line, and the player should play eight balls. The closest 3 balls will be measured and recorded.

Place the pallina at the 50 ft. line, and the player should play eight balls. The closest 3 balls will be measured and recorded.

The sum of the athletes and the unified partners scores shall be their doubles team score.



# Volunteer Roster

**School/Agency:** \_\_\_\_\_ **Event:** State Bocce

This form is required for all Local, Area, and State Games. All Special Olympics volunteer applicants (Class A) who have regular, close physical contact with athletes; are in a position of authority or supervision of athletes; are in a position of trust of athletes; and/or handle substantial amounts of cash or other assets of athletes, are subject to mandatory background/motor vehicle checks initiated and paid for by SOSD. **Form E (Class A Volunteer Application) must be on file at the State Office.** Examples of Class A volunteers includes, but are not limited to Coaches, Chaperones, and adult Unified Partners.

**All volunteers appearing on this roster must be at least 16 years of age and cleared by SOSD before attending an event.**

- **DO NOT LIST UNIFIED PARTNERS ON THIS FORM**
- **ONLY LIST EACH PERSON ONCE**

**HOD:** This describes a person overseeing an entire delegation and has completed Level 1 and 2 Coaches Training Courses (**One person per delegation**).

**Head Coach:** This describes a person who trains athletes, leads teams and has completed Level 1 and 2 Coaches Training Courses. (**Unified Head Coaches must complete these plus Coaching Unified Sports**).

**Coach:** This describes a person who trains athletes, leads teams and has completed Level 1 Coaches Training Course. (**Unified Coaches must complete these plus Coaching Unified Sports**).

**Chaperone:** This describes someone who supervises athletes. A Chaperone CANNOT coach athletes.

The maximum Coach/Chaperone: Athlete ratio is 1:1  
The minimum Coach/Chaperone: Athlete ratio is 1:4

**CUSC:** Put an X in the box if Coaching Unified Sports Certified

**Area / State:** Put an X in the box indicating which event(s) each volunteer will be attending

<b>HOD (Level 2 certified)</b>		<b>CUSC</b>	<b>Area</b>	<b>State</b>	<b>Chaperone (Include Minors)</b>		<b>Area</b>	<b>State</b>
1.					1.			
<b>Head Coach (Level 2 certified)</b>		<b>CUSC</b>	<b>Area</b>	<b>State</b>	2.			
1.					3.			
2.					4.			
3.					5.			
4.					6.			
5.					7.			
6.					8.			
7.					9.			
8.					10.			
9.					11.			
10.					12.			
11.					13.			
12.					14.			
<b>Coach (Level 1 certified)</b>		<b>CUSC</b>	<b>Area</b>	<b>State</b>	15.			
1.					16.			
2.					17.			
3.					18.			
4.					19.			
5.					20.			
6.					21.			
7.					22.			
8.					23.			
9.					24.			
10.					25.			
11.					26.			
12.					27.			
13.					28.			

# Certificate of Training / Acknowledgment of Policies

## Certificate of Training

One copy of this form is required for each State Event in which you are registering, i.e. one for Basketball, one for the Fall Classic, one for Summer Games.

Date of Event: \_\_\_\_\_

Sport: Bocce \_\_\_\_\_

I confirm that the athletes from: \_\_\_\_\_

- Have fulfilled the minimum hours of training for the above sport
- Began training at least 8 (eight) weeks prior to this competition
- Have met all requirements of Special Olympics South Dakota

### Minimum Training Requirements

Bowling	Bowl a minimum of five (5) 3-game series or a total of 15 games over a minimum of 8 weeks.
Basketball	A minimum of 15 hours over a minimum of 8 weeks.
Summer Games	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating, for example: 3 sports - 5 hours per sport / 2 sports - 7.5 hours per sport / 1 sport - 15 hours
Equestrian	A minimum of 15 hours over a minimum of 8 weeks.
Fall Classic	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating, for example: 2 sports - 7.5 hours per sport / 1 sport - 15 hours

## Sports Specific Handbooks

By signing below, I acknowledge I have read and understand the rules of the sport(s) being contested.

## Acknowledgment of Policies

By signing below, I acknowledge I have read, understand, and am abiding by the following policies set forth by Special Olympics South Dakota:

***These policies can be found in Section A of the Competition Guide:***

- 15 Passenger Van Use Policy
- Sub Program Request for Merchandise Procedures
- Volunteer Screening Policy
- Athlete Housing Policy
- Insurance Information
- Social Media Policy
- Service Animal Policy
- Concussion Awareness and Safety Recognition Policy
- Coaches Education
- Delegation Financial Accounts & Assets
- Interpreter Policy

\_\_\_\_\_  
Head of Delegation Signature

\_\_\_\_\_  
Date