

2025

Area Basketball

State Basketball



BASKETBALL TOURNAMENTS

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

Northeast Area Basketball Tournament

Date: February 14, 2025

Location: Hamlin High School, Hayti

Time: 8:30 am

Registration Deadline: January 29, 2025

Send registration to State Office

Black Hills Area Basketball Tournament

Date: February 22, 2025

Location: Central High School, Rapid City

Time: 9:00 am

Registration Deadline: January 29, 2025

Send registration to Black Hills Area Director Cathy Grubb

Southeast Area Basketball Tournament

Date: March 1, 2025

Location: Harrisburg High School

Time: 9:00 am

Registration Deadline: January 29, 2025

Send registration to State Office

State Basketball Tournament

Date: March 29 & 30, 2025

Location: Various Gyms, Mitchell

Registration Deadline: January 29, 2025

STATE BASKETBALL TOURNAMENT

March 29 & 30, 2025
Mitchell

EVENTS OFFERED:

- Team Basketball
- Unified Team Basketball
- Individual Basketball Skills Contest
- Team Basketball Skills Contest
- Cheerleading Competition
- 3x3 Half - Court Basketball Traditional (3 athletes vs. 3 athletes)
- 3x3 Half - Court Basketball Unified (2 athletes/1 unified partner vs. 2 athletes/ 1 unified partner)

PARTICIPATION REQUIREMENT:

- 1) Complete required training hours
- 2) Participate in Area Basketball Tournament

TEAM ELIGIBILITY:

Any South Dakota school/agency that can field a team of 5-15 (**15 maximum**) Special Olympics athletes is eligible to participate in the State Basketball Tournament. There is no limit on the number of teams a school/agency may enter in the tournament. If you cannot field a team due to insufficient numbers, you can combine with another school/agency, subject to approval from the State Office. ***Participation in your Area Tournament is required.***

DETERMINATION OF DIVISIONS:

- A team's division is determined by the oldest person on that team. Age Divisions: Senior: 22 years & older / Schoolers: 16 – 21 years / Junior: 8 – 15 years
- Male, Female or Coed will compete together.

MEALS:

The following meals will be provided to all registered Athletes, Coaches and Chaperones: Saturday lunch and dinner and Sunday lunch.

AWARDS:

Individual medals will be awarded to the first three places in each division. Teams placing below 3rd will receive ribbons.

CORRESPONDENCE:

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

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. From these nominees, one player from each division will be chosen to receive the Spirit & Sportsmanship Award. These players will be presented a T-shirt during team awards.

BASKETBALL & BASKETBALL SKILLS COMPETITION:

See “Special Olympics South Dakota Basketball Handbook”

Version: January 1, 2025

CHEERLEADING COMPETITION:

See “Special Olympics South Dakota Cheerleading Handbook”

Version: January 1, 2025

**SPECIAL OLYMPICS SOUTH DAKOTA
2025 STATE BASKETBALL TOURNAMENT
SCHEDULE OF EVENTS *Tentative*
Mitchell**

Saturday, March 29

7:30 am – 8:15 am	Delegation Registration	Corn Palace
10:00 am – 12:00 pm	Cheerleading Skills Clinic	DWU
10:00 am – 4:00 pm	Tournament Games	Various Locations
10:00 am	Basketball Skills Contest	LB Williams
10:00 am – 4:00 pm	Souvenirs Available	DWU
11:30 am – 1:00 pm	Lunch Provided*	
5:00 pm – 7:00 pm	Dinner Shift #1 5:00p / Shift #2 5:30p / Shift #3 6:00p	TBD
5:00 pm – 6:00 pm	Athlete Leadership Council Meeting	TBD
6:00 pm – 9:00 pm	Dance	TBD

Sunday, March 30

8:00 am	Tournament Games Continue	Various Locations
8:00 am – 2:00 pm	Souvenirs Available	DWU
11:30 am – 1:00 pm	Lunch Provided*	

Awards will be distributed following the completion of each division at your competition site.

*Meals will be provided for registered athletes, coaches and chaperones only

REGISTRATION INSTRUCTIONS

STATE & AREA BASKETBALL TOURNAMENT

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

1. **State & Area Basketball Form 1: Delegation Summary Form**
2. **State & Area Basketball Form 2: Basketball Team Registration and Roster**
3. **State & Area Basketball Form 3: Cheerleading Registration and Roster**
4. **State & Area Basketball Form 4: Individual Basketball Skills Contest Reg**
All requested information is required for athletes participating in the skills contest.
6. **Form L: Volunteer Roster**
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.
7. **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 up-to-date at the State Office. Forms can be found at www.sosd.org under the "Competition" Tab

Athlete Registration Form

This is a 4 page, one-time form and must be completed by every athlete (or the athlete's legal guardian) who is competing in Special Olympics South Dakota. A copy should be: 1. Kept on-file by the delegation 2. Submitted to the State Office.

Form C: Community Reinvestment Act (CRA)

This information is optional, but greatly appreciated.

Athlete Registration Renewal Form

This form must be completed annually on or before the date on each athlete's **Athlete Registration Form**.

Class A Volunteer & Unified Partner Registration

To be completed on-line through a link provided by the delegation's HOD or designate.

Note: This form must be completed by all new Volunteers and Unified Partners in advance of their initial event so the background check can be completed and cleared. Thereafter, it must be re-submitted every 3 years.

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

See individual forms for mailing instructions

2025 STATE & AREA BASKETBALL 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
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Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____

Cell Phone During Tournaments: _____

AREA		
# of Trad Teams: _____	# of Trad Athletes: _____	
# of Unified Teams: _____	# of Trad Athletes: _____	# of Unified Partners: _____
# of Trad 3x3 Teams: _____	# of Trad Athletes: _____	
# of Unified 3x3 Teams: _____	# of Trad Athletes: _____	# of Unified Partners: _____
# of Trad Cheer Teams: _____	# of Trad Athletes: _____	
# of Unified Cheer Teams: _____	# of Trad Athletes: _____	# of Unified Partners: _____
	# of Skills Athletes: _____	
	Total # of Trad Athletes: _____	Total # of Unified Partners: _____
Total # of Trad Athletes & Unified Partners: _____		
Total # of Coaches/Chaperones: _____		
DELEGATION TOTAL: _____		

STATE		
# of Trad Teams: _____	# of Trad Athletes: _____	
# of Unified Teams: _____	# of Trad Athletes: _____	# of Unified Partners: _____
# of Trad 3x3 Teams: _____	# of Trad Athletes: _____	
# of Unified 3x3 Teams: _____	# of Trad Athletes: _____	# of Unified Partners: _____
# of Trad Cheer Teams: _____	# of Trad Athletes: _____	
# of Unified Cheer Teams: _____	# of Trad Athletes: _____	# of Unified Partners: _____
	# of Skills Athletes: _____	
	Total # of Trad Athletes: _____	Total # of Unified Partners: _____
Total # of Trad Athletes & Unified Partners: _____		
Total # of Coaches/Chaperones: _____		
DELEGATION TOTAL: _____		
Total # in delegation eating lunch Saturday: _____		
Total # in delegation eating at banquet Saturday: _____		
Total # in delegation eating lunch Sunday: _____		

2025 STATE & AREA BASKETBALL TEAM REGISTRATION & ROSTER (ONE PER BASKETBALL 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: _____

Team: Traditional Unified 3x3 Traditional 3x3 Unified

Age Division: Junior (8-15) Schooler (16-21) Senior (22+) Division is based on the oldest person on the team

Competitive Level: Lowest Division Middle Division Highest Division

It is imperative you spell names correctly and whenever known, use the athlete's legal name.

If at all possible, please type. If not, write legibly.

ATHLETE NAME:

UNIFORM #'S

M/F:

AGE:

Unified Teams - Please place an asterisk (*) by the Non Special Olympics Athletes names (Partners).

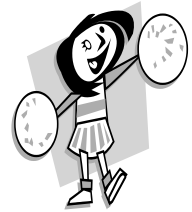
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

Level 1 Certified Assistant Coach: _____ 2. _____

Level 2 Certified Head Coach*: _____

*If coaching unified sports, you must have your **Coaching Unified Sports** certification

2025 STATE & AREA CHEERLEADER COMPETITION REGISTRATION (ONE PER SQUAD)



- Attending Area Only Area Tournament Attending: NE SE BH
 Attending Area & State
 Traditional Squad Unified Squad
 Beginner - Competition shall consist of each squad of cheerleaders performing three cheers in a time limit of 1 minute and 30 seconds.
 Intermediate – Competition shall consist of each squad of cheerleaders performing a music routine as well as three cheers in a time limit of 2 minutes.

Name of Delegation: _____

Head of Delegation: _____

	<u>ATHLETE NAME:</u>	<u>M/F:</u>	<u>UP*:</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

*Put an X in the box if a Unified Partner

Level 1 Certified Assistant Coach: _____ 2. _____

Level 2 Certified Head Coach*: _____

*If coaching unified sports, you must have your **Coaching Unified Sports** certification

2025 STATE & AREA INDIVIDUAL BASKETBALL SKILLS & TEAM SKILLS CONTEST

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

Name of Delegation: _____

Head of Delegation: _____

ATHLETE NAME:	TEAM X TEAM	M/F	AGE	TARGET PASS	TEN METER DRIBBLE	SPOT SHOT	TOTAL
1. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
2. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
3. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
4. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
5. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
6. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
7. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
8. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
9. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
10. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
11. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
12. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
13. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
14. _____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

Check if competing in Team Skills (This requires a minimum of 5 athletes)

Level 1 Certified Assistant Coach: _____ 2. _____

Level 2 Certified Head Coach*: _____

*If coaching unified sports, you must have your **Coaching Unified Sports** certification

Volunteer Roster

School/Agency: _____ Event: State Basketball Tournament

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 over seeing 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

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

HOD (Level 2 certified)				Area		State		Chaperone (Include Minors)				Area		State	
1.								1.							
Head Coach (Level 2 certified)				Area		State		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.							
Coach (Level 1 certified)				Area		State		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 Basketball

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 5 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