

2026 STATE & AREA BASKETBALL TOURNAMENT DELEGATION SUMMARY FORM

Check the Area Tournament in which you will be participating

<input type="checkbox"/> Southeast Area <p style="text-align: center;">Return all forms to: Forms@SOSD.org</p>	<input type="checkbox"/> Northeast Area <p style="text-align: center;">Return all forms to: Forms@SOSD.org</p>	<input type="checkbox"/> Black Hills Area <p style="text-align: center;">Return all forms to Area Director: Carrie Gerdeman CGerdeman@SOSD.org</p>
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Name of Delegation: _____

Head of Delegation: _____

E-Mail: _____

Cell Phone: _____

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: _____		

Delegations will be charged for meals if an excessive number are requested but not eaten

Volunteer Roster

FORM L
Revised 12/2025

School/Agency: _____ Event: Basketball

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 S OSD. **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 S OSD 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)				Chaperone (Include Minors)			
Area	State	Area	State	DO NOT List Unified Partners		Area	State
1.				1.			
Head Coach (Level 2 certified)				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)				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.							

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: 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.
Powerlifting	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