**Unified Bocce Ball Tournament Registration 2017**

Please indicate which tournament(s) you are registering for

|  |  |
| --- | --- |
|  | Edmonton – Commonwealth Community Recreation Centre, 11000 Stadium Rd NWMonday, October 23, 201710:00 am to 2:00 pm (lunch is included)No cost to enter**Deadline to register: Friday, October 13th** |
|  | Calgary – Calgary Indoor Soccer Centre, 7000-48 Street SETuesday, October 17th, 201710:00 am to 2:00 pm (lunch is included)**Deadline to register: Friday, October 6th**No cost to enter |

**Bocce Teams:**

Please fill in the table below to register your bocce team(s) and coach(es). There is no maximum number of teams that each school can enter; if you are entering more than four teams please use an additional document.

Notes:

* **Each team must have two partners and two athletes.**
	+ Athletes: students with intellectual disabilities
	+ Partners: students without intellectual disabilities
* **Photo/Video Consent:** The school has obtained the written consent of parents and guardians to allow the Alberta Schools’ Athletic Association (ASAA) and Special Olympics Alberta (SOA) to use or publish pictures or videos of the students’ participation in ASAA and SOA activities. The includes, but is not limited to, use for the promotion of Unified Sports, a division of SOA, via photos and videos on social media, collecting photos and video as stock images for future use, and photos and video collected and published by the media to cover the event. Check the “Photo/Video Consent” box beside the student’s name to indicate consent has been obtained by the school.
* **New this year: Please send team pictures to be included in the programs**. Pictures must be sent electronically, such as via e-mail or google drive folder. Pictures may be taken using a cellphone camera. These pictures will be used in the tournament program and posted online, so only include students with media consent.

**Coaches:**

Please fill in the table below**. Mandatory: one head coach, and the contact information for that coach**. You can include any number of assistant coaches; contact information for assistant coaches is optional.

|  |
| --- |
| **School Name:**  |
|  | Name | E-mail | Phone# |
| **Head Coach** |  |  |  |
| **Assistant Coach(es)** |  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Grade** | **Photo/Video Consent** |
| **Team Name:** |
| **Athletes** |  |  |  |
|  |  |  |
| **Partners** |  |  |  |
|  |  |  |

Food Allergies/Dietary concerns:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Grade** | **Photo/Video Consent** |
| **Team Name:** |
| **Athletes** |  |  |  |
|  |  |  |
| **Partners** |  |  |  |
|  |  |  |

Food Allergies/Dietary concerns:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Grade** | **Photo/Video Consent** |
| **Team Name:** |
| **Athletes** |  |  |  |
|  |  |  |
| **Partners** |  |  |  |
|  |  |  |

Food Allergies/Dietary concerns:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Grade** | **Photo/Video Consent** |
| **Team Name:** |
| **Athletes** |  |  |  |
|  |  |  |
| **Partners** |  |  |  |
|  |  |  |

Food Allergies/Dietary concerns: