

Spray Lakes Unified Sports Festival Registration Form

**When**: November 7, 2018

**Where**: Spray Lakes Family Sport Facility

**Time**: 9:30-2:30\*

**Deadline to Register**: Wednesday, October 24th

\*Opening ceremonies will start at 9:30 and the event will be completed by 2:30. If you are unable to make it for the entire day, please indicate this below.

Registration forms must be sent to **shanna@asaa.ca**

# Event

All teams will compete in both Unified Bean Bag Toss and Unified Bocce.

Lunch will only be included for students and coaches who are registered on this form. Requests will be made to the caterer for special meals to accommodate people with allergies, however, if the allergy is severe please have the student or coach bring their own lunch.

In order to keep the matches on schedule, please make sure your students know how to play both bocce and bean bag toss before the event. If you are not able to practice bocce outside, you can substitute bean bags for bocce balls and play in the school gymnasium, in the hallway, etc. If you do not have bean bag toss sets, you can use baskets and balls, etc. to practice with similar rules and strategy.

[Unified Bocce](http://www.asaa.ca/sport-info/unified-sports/unified-bocce) and [Unified Bean Bag Toss](http://www.asaa.ca/sport-info/unified-sports/unified-bean-bag-toss) rules can be found on the Unified Sports section of [www.asaa.ca](http://www.asaa.ca).

# Team Composition

Please try to create teams of four, consisting of two athletes and two partners.

**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. This 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 videos as stock images for future use, and photos and videos collected and published by the media to cover the event. **Check the “Photo/Video Consent” box beside the participant’s name to indicate consent has been obtained by the school.**

Shanna will provide red wrist bands to for students without photo/video consent to wear for the event, however, please be aware of when group pictures are being taken for ASAA and SOA use and ask students without photo/video consent to step out of those pictures as wristbands are not always visible in group shots.

## Attendance

Are your teams able to attend for the full duration of the event (9:20-2:30)?

\_\_ Yes

\_\_ No

If no, what time are you able to attend? \_\_\_\_\_

## 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 options. Note that e-mail updates will only be sent to coaches with their e-mail addresses included on this form.

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

Food allergies:

## Participants:

Please fill out the tables below with your teams. Copy and paste the tables if you are sending more than six teams and require more space.

If you do not provide team names, teams will be numbered in the order that they are registered.

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

Food allergies:

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

Food allergies:

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

Food allergies:

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

Food allergies:

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

Food allergies:

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

Food allergies: