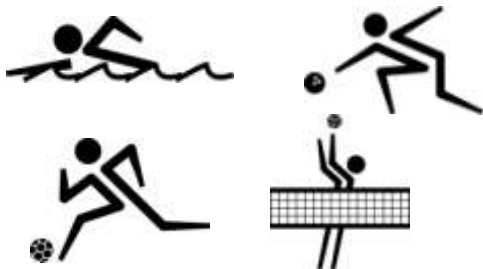


I N S P I R E
G R E A T N E S S.



FALL 2009 REGIONAL REGISTRATION PACKET

Registration Forms



2009 FALL Regional Registration Coversheet

Please use a separate coversheet & entry form for each team

Medical forms & Unified Partner forms – **DEADLINE – Oct 9 @ 5pm (NO FAXES)**

STEP ONE *Mark the Regional competition your team/athletes will attend*

AQUATICS

- 11/01/09 – Gresham – Mt Hood Community College - **DEADLINE Oct 14 @ 5pm**
Baker, Clackamas, Clatsop, Columbia, Grant, Hermiston, High Desert, Hood River, Milton-Freewater, Morrow, Multnomah, Polk, Tillamook, Union, Willowa, Wasco/Sherman, Washington, Yamhill
- 11/08/09 – Corvallis – Osborn Aquatic Center – 1940 NW Highland Dr.– **DEADLINE Oct 21 @ 5pm**
Benton, Cottage Grove, Crook, Curry, Douglas, Eug/Spfld, Harney, Jackson, Jefferson, Josephine, Klamath, Lincoln, Linn, Marion, South Coast

BOWLING

- 11/08/09 – Albany – Lakeshore Lanes – 5432 Pacific Blvd - **DEADLINE Oct 21 @ 5pm**
Benton, Cottage Grove, Lincoln, Linn, Polk
- 11/14/09 – Beaverton – Sunset Lanes – 12770 SW Walker Rd.– **DEADLINE Oct 28 @ 5pm**
Clatsop, Columbia, Tillamook, Washington, Yamhill
- 11/14/09 – Hermiston – Desert Lanes – 1545 North 1st (Hwy 395) – **DEADLINE Oct 28 @ 5pm**
Baker, Grant, Hermiston, Milton-Freewater, Pendleton, Union
- 11/14/09 – Medford – Lava Lanes – 2980 Crater Lake Hwy. – **DEADLINE Oct 28 @ 5pm**
Coos, Curry, Douglas, Jackson, Josephine, Klamath, South Coast
- 11/15/09 – Bend – Sun Mountain Sports & Fun Ctr. – 300 NE Bend River Mall Dr. – **DEADLINE Oct 28 @ 5pm**
Eug/Spfld, High Desert, Jefferson
- 11/15/09 – Portland – AMF 20th Century Lanes – 3550 SE 92nd Ave – **DEADLINE Oct 28 @ 5pm**
Clackamas, Hood River, Marion, Multnomah, Wasco/Sherman

SOCCER

- 11/08/09 – Corvallis – Crescent Valley High School -4444 NW Highland Dr – **DEADLINE Oct 21 @ 5pm**

VOLLEYBALL

- 11/08/09 – Corvallis – Crescent Valley High School -4444 NW Highland Dr – **DEADLINE Oct 21 @ 5pm**

STEP TWO

Meals will be assigned to this delegation based on the 4:1 ratio (4 athletes to each coach). If you need more, please contact your LPC – who will then contact the Field Director.

STEP THREE

List the complete contact information for the team – *please don't forget your city & zip code!*

Local Program _____

Head Coach _____

Head Coach Address-City-Zip _____

Head Coach Day or Cell Phone _____ (please indicate which)

Head Coach E-Mail _____

2nd Email Contact _____ 3rd Email _____

Head Coach Fax _____

List All Assistant Coaches AND 1:1 chaperones (indicate on roster which athletes require 1:1):

STEP FOUR

Return complete registration (coversheet, entry, TEQ) by the deadline listed above to...

DONNA K. AYRES

5901 SW Macadam Ave. #100 Portland OR 97239

dayres@soor.org

FAX – 503.248.0603

PHONE – 503.248.0600 x 30



Special Olympics Oregon Volleyball Team Evaluation Questionnaire

Delegation /Team Name: _____ Head Coach: _____

All questions pertain to your STARTING six players – There should be NO answer greater than 6!

SERVING

How many players:

- Must use a modified service line to get the ball over the net? _____
- How many can get the ball over the net 50% of the time from the modified service line? _____
- Can serve over the net from the baseline 50% of the time? _____
 - Can serve over hand? _____
 - Can serve to a designated spot on the court 2 out of 3 times? _____

RECEIVING

How many players:

- Can receive a serve and keep the ball in play 50% of the time? _____
- Can return a serve with a single hit 50% of the time? _____
- Will move to hit a ball close to them (within a step)? _____
- Cover their responsible area (within 3 to 5 steps)? _____
- Will move to defense teammates' area (outside of own area)? _____
- Will move anywhere on the court to try and save a bad hit from a teammate? _____

VOLLEYING AND PLAYING

As a whole, my team usually hits the ball back with: *Single Hit* *Multiple hits* (circle one)

As a whole, my team follows VB rules with:
No prompts *Occasional Prompts* *Many Prompts* *Constant Prompts* (circle one)

How many players:

- Can block at the net? _____
- Can pass to others on the team? _____
- Can set (for spiking) to others on the team? _____
- Can spike (floor or jump)? _____
 - Are aware of the game? (EX. the net, out of bounds, rotating, anticipates next hit) _____

DOMINANCE

Do you have dominant player(s) that can have a major impact on the success of your team in a game? _____

Player Name _____ Player Name _____
Player Name _____ Player Name _____

SUBS

- How many subs do you have? _____
- Does it make a significant difference in your team if you substitute 1 or 2 subs at the same time? _____
- If yes, explain _____

OVERALL

Has the majority of this group of athletes played as a volleyball team before? _____ If so, team name: _____
Is this team ___lower ___higher or _____the same, as it has been in the past?

On a scale of 1-10... 1 being a level just above individual skills & 10 being the highest level team
Please rank the ability level of your team. _____ - **USE THIS # AS THE LEVEL ON YOUR ENTRY FORM**

This TEQ will be utilized for helping the GOC to determine divisions for the Regional Volleyball competition.



Special Olympics Oregon Soccer Team Evaluation Questionnaire

Delegation/Team Name: _____
Head Coach: _____

All questions pertain to your STARTING five players – There should be NO answer greater than 5!

OFFENSE

How many players: _____
Can dribble the ball up the field with token defensive pressure (not attempting to steal the ball)? _____
Can dribble the ball up the field with aggressive defensive pressure (attempting to steal the ball)? _____
Can dribble the ball well enough to create a scoring opportunity with defensive pressure? _____
Can pass the ball to an open teammate 50% of the time? _____
Can shoot the ball on goal with enough power to go past the keeper from 15 yards away 50% of the time? _____

DEFENSE

How many players: _____
Can clear the ball (kick it) over 20 yards up the field? _____
Will aggressively go after a loose ball on the field? _____

GOALKEEPING

Keeper can block shots coming directly at him/her 0% 25% 50% 75% 90% of the time? (circle highest)
Keeper can catch a shot coming directly at him/her 0% 25% 50% 75% 90% of the time? (circle highest)
Keeper can move to prevent shots on goal 0% 25% 50% 75% 90% of the time? (circle highest)

DOMINANCE

How many dominant players (players who understand the game, anticipate where the ball will go, moves aggressively for the ball and can dominate with their scoring) do you have in your STARTING 5? _____
Player Name _____ Player Name _____
Player Name _____ Player Name _____

SUBS

How many subs do you have? _____
Does it make a significant difference in your team if you substitute 1 or 2 subs at the same time? _____
If yes, please explain _____

OVERALL

Is this the same team which played in last year's Regional or State competitions? _____
Is this team ___lower___higher or ___the same? (Check one and explain) _____

On a scale of 1-10...1 being a level just above individual skills & 10 being the highest level team
Please rank the ability level of your team. _____ - **USE THIS # AS THE LEVEL ON YOUR ENTRY FORM**

This TEQ will be utilized for helping the GOC to determine divisions for the Regional Soccer competition.

