



2020 Unified Cup School Bowling Tournament

Middle schools that participate in Special Olympics New Jersey's Unified Champion Schools program are eligible to take part in the Unified Cup School Bowling Tournament. This tournament brings together schools from around New Jersey to offer a state-level competition to club-based Unified Sports programs.

The 2020 Unified Cup School Bowling Tournament is scheduled to be held at Bowlero in North Brunswick on Saturday, March 8, 2020 from 9:00 a.m. – 12:30 p.m.

Middle schools may send up to THREE teams. See *Team Composition* and *Player Eligibility* below to make sure your teams meet all the criteria.

Space is limited and teams will be entered into the tournament on a first-come-first-serve basis, so register as early as possible! The registration deadline is **Monday, February 17, 2020** or until all the spots are full – whichever comes first.

Registration Packet Contents

Please review all of the information provided in this packet carefully. The contents appear in order as follows:

1. Registration instructions and requirements (2 pages)
2. Unified Cup Bowling Rules and Regulations (2 pages)
3. Unified Sports Participation Form (2 pages)

Registration Instructions

1. Go to <https://www.tfaforms.com/4758813> to access the registration form
2. Enter your school name. This will be your team name.
3. Enter your school colors (ex: blue & gold). We use this information to design your uniform shirts
4. Enter all head coach and assistant coach information
 - a. Once teams register, all information will be sent directly to the coaches
5. List each player's first and last name, role on the team (athlete or partner), bowling average and t-shirt size
 - a. If any of your bowlers uses a ramp to bowl, please indicate that information next to his or her name
 - b. Special Olympics New Jersey will provide a uniform shirt for all players as well as a coach shirt for all coaches
6. Enter the TEAM average (add each bowler's individual average, then divide by 5)
7. If you have any bowlers who use a wheelchair, please list that information in the "notes" section

Team Composition

All Unified bowling teams may consist of up to five bowlers: 3 competitors + 2 subs

The three students competing can be comprised of:

1 student with an intellectual disability (athlete) and 2 students without disabilities (partners)

-OR-

2 students with intellectual disabilities and 1 student without. One of these two ratios must be maintained at all times during competition. Teams may be boys, girls or co-ed.

Player Eligibility

- All team members must complete the Unified Sports Participation Form
 - This form is the final two pages of this packet

Coach Eligibility

Any person serving in a coaching role for the Unified Cup must complete the following on or before Monday, March 2nd, 2020:

- Class A Volunteer Form
- [Protective Behaviors online course](#)
- [Concussion Training](#)
 - Must be completed by at least one coach on the team, preferably the head coach
- [NFHS Coaching Unified Sports course](#)
 - Must be completed by at least one coach on the team, preferably the head coach
 - Only needs to be completed once – valid indefinitely

All of the above requirements are free of charge and valid for 3 years from the date of completion, unless otherwise noted.

Scratch Fee

Registering your team for the Unified Cup Championship indicates a commitment to participate in the tournament. Therefore, any team that drops from the tournament after Monday, March 2nd may be subject to a \$100 scratch fee that will be deducted from your Unified Champion School grant funds.

Unified Cup Bowling questions should be directed to Jess Stevenson, Unified Sports Coordinator at Special Olympics New Jersey. Email: jns@sonj.org or phone: 609-896-8000 x286

2020 Unified Bowling Rules and Regulations

1. Competition will follow United States Bowling Congress (USBC) rules unless rules are in conflict with the Official Special Olympics Sports Rules. In such case, the Official Special Olympics Sports Rules shall apply.
2. The Baker Format will be used for this competition – Unified teams will bowl a total of 6 games, with bowlers alternating frames during each game.
3. Games/Winner: The winner of the meet will be decided by total pinfall. This means that the total score from all 6 games for each team is added together and the team with the most pins wins the event.
4. Bumpers ARE NOT used at any level of Special Olympics New Jersey's competitions.
5. Order: The bowling order (bowler 1, bowler 2, bowler 3) for Baker is set each game (1 game = 10 frames). Coaches may change their order from one game to another. However, the athlete must always be bowler 1 and bowl four frames in each game (frames 1, 4, 7, 10).
6. Substitutions: A coach may substitute players at any time (frame) during the game. Once a player has been substituted for, he/she may not re-enter the current game. Substitutions must keep the original team composition in place (Athlete/Athlete, Partner/Partner).
7. Lanes: All team members bowl on the same lane. After three games, teams shall switch lanes with one another for equal competition. In an effort to stay on the same schedule, teams shall not start a new game until their opponent has finished their current game.
8. Bowlers are encouraged to wear casual slacks for males and skirts or slacks for females. Jeans and warm-up suits are permitted but not preferred. Athletes may not wear hats when competing.
9. Each school should have a coach attending each level of competition that their athletes have qualified for. If you have a concern that your coach is unable to attend the bowling competition, then the Tournament Director should be notified.
10. ***Coaches are not permitted on the lanes during competition. Coaching will be permitted in a designated area.***
11. All scoring discrepancies should be reported to the score monitor or the event director.

FOUL LIGHTS:

1. Foul lights will be on at all times.
2. If any part of an athlete's body touches or goes across the foul line, this is considered a foul.
3. If an athlete walks across the foul line and releases the ball, this is considered a foul.
4. If an athlete does not crossover or touch the foul line but releases the ball and his/her arm is over the foul line, this is not declared a foul.

5. When a foul occurs on the first ball of a frame, an “F” should be placed in the box (pins down will not count) and the pins will be re-racked. The number of pins down on the second ball will be scored.
6. When a foul occurs on the second ball of a frame, an “F” should be placed in the box and the pins knocked down will not be scored for that ball. Pins for the first ball will count.
7. If the first delivery of the ball is a foul and the second delivery knocks all the pins down, then a spare will be scored.

ASSISTED RAMP:

1. An athlete who is considered to be an assisted ramp bowler is one who aims a ramp with the assistance of a volunteer.
2. An assistant/volunteer may aim the ramp toward the pins, but must at all times have his/her back to the pins and aim based on direction (either verbal or physical cues) from the athlete.
3. The athlete positions the ball on the ramp with assistance and pushes the ball toward the target.
4. If an athlete cannot push a ball down the ramp independently, then he/she is not ready for Special Olympics bowling competition.

UNASSISTED RAMP:

1. The athlete aims the ramp into position without assistance.
2. The athlete positions the ball on the ramp with assistance and pushes the ball down the ramp toward the target.
3. An assistant must have his/her back to the pins at all times.
4. The only responsibility a volunteer has that is assigned to lanes for unassisted ramp bowlers, is to retrieve an athlete’s ball from the ball return and watch pins drop to ensure the scoring machines are correct. A volunteer may hold the ramp steady.



Unified Participant General Instructions

1. Use a black pen only.
2. Complete all portions of this form. Unified Participants will NOT be allowed to participate in Special Olympics New Jersey events until the form is fully completed.
3. The form is only valid for one competition year.
4. Release & Waiver must be signed - by either the Unified Participant or Parent/Legal Guardian (if under age 18).
5. Send original copy to Special Olympics New Jersey office. You may want to make additional copies prior to sending original.



Unified Sports Participation Form



PLEASE PRINT CLEARLY USING BLACK PEN ONLY. COMPLETE IN ITS ENTIRETY.

UNIFIED PARTICIPATION: ☐ College ☐ High School ☐ Middle School ☐ Other

PARTICIPANT INFORMATION

SCHOOL NAME: _____

NAME: _____

SEX: ☐ M ☐ F AGE: _____

ADDRESS: _____

DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (DAY): _____

EMAIL: _____

PHONE (EVE): _____

IF UNDER AGE 18, PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:

NAME: _____

EMAIL: _____

ADDRESS: _____

PHONE (DAY): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (EVE): _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

PHONE (DAY): _____ PHONE (EVE): _____

HEALTH AND ACCIDENT INSURANCE INFORMATION

COMPANY NAME: _____ PHONE: _____

POLICY #: _____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY:

| | YES | NO | COMMENTS |
|--|--------------------------|--------------------------|----------|
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Heart/Blood Pressure Problems | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Seizures | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Recent Contagious Disease or Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Bleeding Problem | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

SPECIAL OLYMPICS RELEASE & WAIVER OF LIABILITY

PARTICIPATION: In consideration of participating in Special Olympics Unified Sports events, I represent that I understand the nature of the event and that I (and/or my minor child) agree to observe and abide by the rules of Special Olympics New Jersey and that I (or my minor child) am qualified, in good health and in proper physical condition to participate in events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages. I (or my minor child) may incur as a result and will discontinue participation immediately.

CONSENT TO TREATMENT: I authorize such physical or medical staff as Special Olympics may designate to carry out any minor medical or surgical treatment and/or medication necessary, or take the above-named participant to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well-being of such participant. It is understood, however, that if hospitalization or treatment of a serious nature is required, the parent/guardian/emergency contact will be contacted, if possible.

RELEASE OF CLAIM: I (or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics New Jersey, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports participants, sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (or my minor child) may incur as a result of participation in Unified Sports events and further agree that if, despite the "Release and Waiver of Liability" agreement, I or anyone on my behalf makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may result from such action.

PERMISSION TO PUBLISH: I grant Special Olympics permission to use my likeness, voice, and works in television, radio, film, or any other media to promote the activities of Special Olympics.

I have read this "Release & Waiver of Liability", ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature of Unified Sports Participant

Date: _____

Signature of Parent/Guardian (if minor child)

Date: _____