Special Olympics Missouri

2024 SW AREA VOLLEYBALL

DATE: Saturday, May 4th
LOCATION: 417 Athletics- 300 W Hayward Drive, Mt Vernon, MO 65712
Check-In/Warm-up: 9:45AM
Opening Ceremonies: 10:15AM
First Game: 10:30AM

Physicals, Unified Partner Forms, Exception Forms, Class A's & Roster DEADLINE: April 5th
Please scan/email forms to jwilliams@somo.org

PHYSICALS
ALL COACHES MUST ARRIVE AT THE EVENT WITH THEIR ATHLETES' PHYSICALS. IF AN ATHLETE DOES NOT HAVE A PHYSICAL ON SITE, THEY WILL NOT BE ABLE TO PARTICIPATE!

SCORING for Entry Forms:
For information on set up and scoring for the Volleyball Skills Assessment refer to Section 8 at http://media.specialolympics.org/resources/sports-essentials/sport-rules/Sports-Essentials-Volleyball-Indoor-Rules-2018.pdf?_ga=2.127705933.1526695534.1572377570-135561889.1571931120

Lunches Will Be Provided- Coaches Will Be Responsible For Picking Up Team Lunches When Available

Concessions Will Also Be Available, Athletes Can Bring Refillable Water Bottles

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Please direct any questions to:

Jesse Williams, Program Director
E-mail: jwilliams@somo.org Phone: 417.306.9966

Volleyball Rules – complete list of rules available at https://somo.org/compete/

Coaches are responsible for reviewing the rules before the competition.

B. Special Olympics Missouri Rules

The following rules pertain to ALL Volleyball:

1. Special Olympics Missouri will disregard all rules pertaining to the Libero Player in the Official Special Olympics Sports Rules.
2. ALL levels of volleyball will use rally scoring

The following rules pertain to Unified Sports® Volleyball

1. The service order and position of the players on the court shall be at the discretion of the coach
2. There will be no limit to the number of serves made by any participant.

The following rules pertain to Unified-Modified Volleyball

1. The object is to help athletes to learn the game. Coaches should make every effort to play the athletes as much as possible. If it is deemed that a team is using this division to do anything else, the team may forfeit and there may be further sanctions.
2. All games will be played using alternative rules.
    a. The serving order and positions on the court, at service shall be an alteration of athletes and partners.
    b. Each player is allowed 2 attempts to serve the ball. Once they make a good serve, they are only allowed one attempt for each point thereafter during that service. Unified Partners are allowed two attempts as well.
    c. Once a server has served 3 consecutive points, the serving team shall rotate to the next server.
    d. There shall be free substitution in Unified-Modified Volleyball
    e. Unified Partners shall be treated the same as athletes in the Unified-Modified Division of Volleyball
3. Rosters **MAY** consist of equal numbers of athletes and partners, however partners **MAY NEVER** outnumber athletes.
4. Teams **NO NOT** have to be of equal abilities or similar age
5. SOMO shall use Lite-Flite Volleyballs in both the Modified and Unified- Modified Divisions of Volleyball.

C. Competition Uniforms

1. All volleyball teams shall wear the MSHSAA approved uniforms.

2. ALL individual skills competitors shall wear any short that conforms to the Competition Uniforms Rules or sweat pants, a T-shirt, tank-top, or sweatshirt, and any footwear that conform to the Competition Uniform Rules.

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Volleyball Team Entry Form

Team Name:_____

Agency Name: _____ Code:____44._____Area:_____

Mailing Address:_____City: _____ Zip:_____

Head Coach Name: _____ Cell Phone:_____

Assistant Coach Name: _____Cell Phone:_____

Please designate with a check mark (✓)

Event Competing in: CHECK ONE

Regulation Volleyball _____
(Maximum 12 players. Division based on VSAT)

Unified Sports® Volleyball_____
(Maximum 12 players. Division based on VSAT)

Unified-Modified Volleyball_____
(Maximum 12 players. Division based on VSAT)

Team Skills Volleyball_____
(Maximum 8 players. Division based on 6 complete rounds Max 72 points)

Age Group: CHECK ONE

Juniors (8 – 15)_____

Seniors (16 – 21)_____

Masters (22 - 39)_____

Senior-Master (40+)____

Sex: CHECK ONE

Male_____

Female_____

CHECK ONE:

State_____

ROSTER

Player's Name	Birth Date	Sex	Down Syndrome (Y or N)	Serve	Forearm Pass	Spike	Bump set	TOTAL Points
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
All co-ed teams will be placed in the appropriate male division						**TOTAL____Average_____ (Top 8 Players)**		

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Volleyball Individual Skills Entry Form

Agency Name: _____ Agency Code: 44._____Area:____

Mailing Address:_____City: _____Zip:_____

Head Coach Name: _____Cell Phone:_____

Assistant Coach Name: _____Cell Phone:_____

ROSTER							
Player's Name	**Birth Date**	**Sex**	**Down's Syndrome (Y or N)**	**Overhead Pass**	**Serving**	**Passing**	**TOTAL Points**

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Athlete Exception Form

In the event an athlete is unable to comply with the rules as they are written due to a physical disability or an emotional/behavioral issue, the coach may use this form to apply for an exception. Example – an athlete may have a deformity that prevents swimming a proper stroke, if this form is submitted and approved the athlete would not be disqualified for doing an improper stroke; OR if an athlete needs assistance throughout staging, competition, and awards approval of this form would grant the coach or chaperone to stay with the athlete throughout the entire process.

Athlete Name:_____

Age:_____ Event:_____

Agency:_____

Coach:_____

Athlete Disability:_____

Reason for Applying for Exception:_____

_____

_____

For Committee Use ONLY

Committee has approved disapproved

This Application for Exception.

Initials: Date:

NOTE: A certified coach may only fill this form. ONLY one person may accompany an athlete in staging areas, competition areas, and any other restricted areas AND ONLY a certified coach may accompany an athlete.

13-Feb-24

Meal Count Form

Please fill out based on the number of Athletes, Coaches, Unified Partners, and Bus Drivers you will need meals for. This is the number of meal tickets you will be provided. Anyone without a meal ticket will not have a meal provided and will be responsible for their own meal costs. Meals will likely be a sandwich, chips, and a drink. Concessions will be available to purchase additional items if needed.

Please indicate any food allergies or special dietary needs.

ATHLETE MEALS NEEDED:_____

UNIFIED PARTNER MEALS NEEDED:_____

COACH MEALS NEEDED:_____

BUS DRIVER MEALS NEEDED:_____

FOOD ALLERGIES/SPECIAL DIETARY NEEDS:

_____

TOTAL MEALS NEEDED:_____

Team/Agency:_____

Agency Lead/Head Coach:_____

Agency Lead/Head Coach Phone Number:_____