

Instructions For Completing Entry Form - 2009

Name and Address

In order to receive the Coaches' Handbook and any other pre-event information, your **full mailing address** printed legibly on the entry form is needed. If the coach/chaperone has a different mailing address than the athlete, please provide the full address of the coach/chaperone so that information may be mailed to both the athlete and the coach/chaperone.

Checks and Circles

Just a reminder: **circle athlete's T-shirt size**. Each athlete will receive a free souvenir T-shirt at event registration. Please **check** one of the boxes listed under "**Title of Coach**" to indicate who is responsible for coaching the student during the event.

Event Selection

Please read carefully the age categories and the instructions for the number of events in any one category that an athlete may enter. This will minimize on-site registration problems and ensure the integrity of competitive heats.

Categories of Vision Classifications

In order to place students in appropriate competition groups, there will be 4 vision classifications for athletes. Athletes will be heated according to entries received; therefore, **you must check** one of the following vision classifications when filling out the Athlete Entry Form. These classifications reflect those used nationally in sport events for athletes with visual impairments.

1. **B1**- Totally Blind
2. **B2**- In best eye with best correction...
 - Acuity of 20/600 through LP (Light Perception) **or**
 - A visual field loss of less than 5 degrees.
3. **B3**- In best eye with best correction...
 - Acuity of 20/200 through 20/599 **or**
 - A visual field loss of less than 20 degrees and more than 5 degrees.
4. **B4**- In best eye with best correction...
 - Acuity of 20/199 or better **or**
 - Field loss of greater than 20 degrees

Goalball (NOTE: Advanced players tournament moved to March 6, 2010)

If you have an athlete, age 12 or older, who wants to play in the **beginners goalball tournament**, you must check the box in front of Goalball Tournament and then complete the **Team Goalball entry form**. This tournament will be for players who have no or some knowledge of the game of goalball or for players whose skill level is in the 1-2 range of the scale (see Team Goalball entry form). This event requires physical stamina for throwing and stopping a heavy goalball during 30 minutes of play per game. If inexperienced athletes are interested in playing in the tournament, they may sign up for the event and then contact Christy Householter at (972) 348-1634 or christy.householter@region10.org for additional information and/or instructions before the event. Goalball rules may be found at: <http://www.ibsa.es/eng/deportes/goalball/reglamento.htm>

To Accurately Process Your Application it is **ESSENTIAL** that it be Completed in it's **Entirety**

For more information: Christy Householter 972-348-1634 or Randy Foederer 972-348-1570



ELEVENTH ANNUAL SPORTS EXTRAVAGANZA FOR
BLIND AND VISUALLY IMPAIRED
October 23-24, 2009
ATHLETE ENTRY FORM (Please print)

Athlete's Name Primary Phone # Anticipated Guests

Parent's Name

Mailing Address City State Zip Code

School District Education Service Center
serving your district

Gender _____ Birthdate ___ / ___ / ___ Age _____ Grade _____

Coach/Chaperone Name (if different from parent). Please fill out this information
if you would like to receive a copy of the Event Handbook.

VI Teacher O&M Specialist Other

Mailing Address State Zip Code

Primary Phone Email Address

Athlete T-shirt Size (Please circle one)	
<u>Y = Youth</u>	<u>A = Adult</u>
Y-XS(2-4)	A-S(32-34)
Y-S(6-8)	A-M(36-38)
Y-M(10-12)	A-L(40-42)
Y-L(14-16)	A-XL(44-46)
	A-XXL(48-50)

Please sign your athlete up in only one (1) of the four categories listed on this page. If your athlete is eligible for more than one (1) category, please call Christy Householter to discuss their events.

Athlete's Name _____

**Category 1
Ages 0-5**

- Low Organized Games
- 25 meter dash for 4 & 5 year olds

**Category 2
Ages 6-22**

Physically and/or Severely Mentally Challenged

May check any or all:

Wheelchair Obstacle Events

- Manual
- Motorized

Walking Event

- 25 Meter Walk

Field Events

- Tennis Ball Throw
- Tee Ball Strike

DEADLINE FOR APPLICATION:

October 9, 2009

Fax to: 972-348-1677 or 972-761-9665

Or mail to:

Region 10 Education Service Center

Attention: Christy Householter

400 E. Spring Valley

Richardson, TX 75081-5101

***Categories of Vision Classifications for the next two age groups* 6-11 & 12-22**

In order to place students in appropriate competition groups, **you must check** one of the following vision classifications.

B1- Totally Blind

B2- In best eye with best correction...

- Acuity of 20/600 through LP (Light Perception) **or**
- A visual field loss of less than 5 degrees.

B3- In best eye with best correction

- Acuity of 20/200 through 20/599 **or**
- A visual field loss of less than 20 degrees and more than 5 degrees.

B4- In best eye with best correction...

- Acuity of 20/199 or better **or**
- Field loss of greater than 20 degrees

**Category 3
Ages 6-11**

Vision Classification

Check 1: B1 B2 B3 B4

TRACK – May enter 1 or 2 of the following three track events:

- 50 Meter Dash
- 100 Meter Dash

FIELD – May enter 1 or both of the following two field events:

- Standing Long Jump
- Softball Throw

OTHER EVENTS – May enter 1 or both of the following two events:

- Goalball Events
- Beep Baseball Events

**Category 4
Ages 12-22**

Vision Classification:

Check 1: B1 B2 B3 B4

TRACK –

May enter 1 from the following two track events:

- 50 Meter Dash
- 100 Meter Dash

May enter 1 from the following two track groups:

- 200 Meter Run
- 400 Meter Run

FIELD –

May enter 1 from the following two field events:

- Standing Long Jump
- Running Long Jump

May enter 1 or both from the following two field events:

- Discus
- Shot Put

OTHER EVENTS – (Optional)

- Goalball Tournament (**See next page**)

Demonstration events for ages 6-22 will be open throughout the day. There will be NO registration for these events. Athletes are encouraged to participate in the demonstration events when they have free time and are not competing in other events.

Athlete's Name _____

Beginners Team Goalball- Ages 12 – 22

(NOTE: Advanced players tournament moved to March 6, 2010 and registration will be at a later date)

If you have a complete team, please fill out Section A. If you are an individual athlete and would like to be assigned to a team, please go to Section B. Teams will be male or female, not co-ed. **NEW THIS YEAR: The October 24, 2009 tournament is for beginner players only. Any player with skill level of 3 or 4 will not be eligible to play in the Beginner's Tournament, but instead will play in the Advanced Goalball Tournament on March 6, 2010.**

SECTION A – Team Team Name: _____ Coach: _____

LEVEL OF PLAY – Please rate each athlete from **1 – 4** in each these skill areas, with **1 = little to no skill level, 2 = beginning/basic skill level, 3 = average/good skill level, 4 = experience/excellent skill level**. Players competing in Beginners Tournament should have skill level in the 1 & 2 range. Teams and individual players will be placed in divisions based on this rating scale.

<u>Player Name</u>	Skill- Knowledge of rules & strategies.	Skill- Strength of offensive play (throwing speed, passing ability)	Skill- Strength of defensive play (auditory locate ball, stop ball with body)
1.			
2.			
3.			
Alt. 1			
Alt. 2			

SECTION B - Individual Player

If you are not currently a member of a goalball team, but would like to be assigned to one, please place a check in the box.

Then, use the Player 1 box above to fill in the required information.

**ELEVENTH ANNUAL SPORTS EXTRAVAGANZA FOR
BLIND AND VISUALLY IMPAIRED
Student Release Form (2009)**

Participation: I fully understand that participation in the Sports Extravaganza for Blind and Visually Impaired involves physical activity that may pose risks for my child, the athlete. Although I fully understand these risks, I desire that my child participate in each of the events designated on the Athlete Entry Form.

Volunteers: I understand that I or my designee (i.e. school personnel, family member) need to supervise my children at all times as this event is open to the public and there are various agency and community volunteers assisting with this event.

Disclaimer: Therefore, on behalf of the athlete and myself, I acknowledge that the athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release Region 10 Education Service Center, Irving ISD, and Lions Clubs International District 2-X1 & 2-E2 from any claim for damage or suit by reason of any injury, illness, or damage whatsoever to person or property of myself or the athlete.

Hospitalization: If I am not personally present at this event so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measure and arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the athlete.

Media: In permitting the athlete to participate, I am specifically granting permission for the use of the name, voice or words, and any image created digitally or traditionally in television, radio, films, newspaper, printed materials or websites in any form of the athlete and any attending family members and/or family guests. This includes 35 mm photos, videos, digital photos or any other form of image reproduction. Photos will be used in an educationally professional manner and may appear in print, on the Region 10 ESC website, or as design elements in public displays and presentations.

Release of information: I hereby authorize the release of personally identifiable information from my child's educational records to The Division of Blind Services.

NAME OF ATHLETE _____

Check One: _____ Parent _____ Guardian _____ Athlete (18 or older)

Parent/Guardian/Athlete Signature: _____

Print Name of Above: _____

Date: _____

Please provide name of Athlete's Medical Insurance Company and Policy # _____

Sports Extravaganza 2009

I-635 (LBJ)

Highway 114

Hwy. 183 / W. Airport Freeway

I-35 E
North

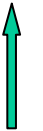
Texas
Stadium



Dallas

Loop 12

N



Hwy. 161

Hard Rock Rd.

3

Esters Rd.

1

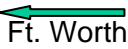
Nimitz High School
100 W. Oakdale Irving, TX 75060

2

Bowie Middle School
600 E. Sixth St. Irving, TX 75060

3

Country Inn and Suites DFW South
2000 Hard Rock Road, Irving, TX 75061
972-399-9874



Ft. Worth

6

I-20

I-30

Oakdale Rd.

1

Spur 408

N. Britain Rd.

Grauwlyer Rd.

W. Pioneer Dr.

E. Pioneer Dr.

W. Irving Blvd

N. O'Connor

N. Britain Rd.

E. Irving Blvd.

Nursery Rd.

6th St.

Lucille St.

2

Chamberlain St.

Shady Grove Rd.

Senter Rd.