



***Event Registration Packet***



# 2010 U.S. Boccia Nationals



## Table of Contents

Competition Venue .....	3
Hotel .....	3
Preferred Airport is Midway .....	3
Transportation.....	4
Classification .....	4
BlazeSports Membership .....	4
Governing Rules.....	4
Competition Structure.....	4
Registration Deadline .....	4
Equipment Check and Storage.....	5
Teams and Pairs .....	5
Registration Fees .....	5
Payment Summary Sheet.....	5
Preliminary Event Schedule (subject to change after registration is received) .....	6
Officials Training Seminar .....	6
Local Organizing Committee .....	6
How to register.....	7
Form #1 Team Roster Form.....	8
Form #2 Team and Pairs Registration Form .....	9
Form #3 Request for Classification Form .....	10
Form #4 Chicago White Sox Game & Awards Banquet .....	11
Form #5 Transportation request .....	12
Form #6 Blaze Sports Membership form & information.....	13
Form # 7 Chicago Park District registration form.....	14
Form # 8 Payment Summary Sheet .....	15



# 2010 U.S. Boccia Nationals



## 1. Competition Venue

The 2010 Boccia National Tournament will be held July 8-11 at Curie Park High School.

Curie Park High School

4949 S. Archer Ave. ([Map it](#))

Chicago, IL 60632

[www.chicagoparkdistrict.com](http://www.chicagoparkdistrict.com)

## 2. Hotel

The 2010 Boccia National Tournament Host Hotels are located in the Midway Hotel Center of Chicago located 3 miles from the competition venue. This **Midway Hotel Center** includes 7 hotels and 3 restaurants all in one location.

### Midway Hotel Center

65<sup>th</sup> & Cicero

Chicago, Illinois 60638

Phone: 1-888-MIDINNS

[www.midwayhotelcenter.com](http://www.midwayhotelcenter.com)

In this complex there are seven hotels, all of which have blocks on all accessible rooms. When booking rooms, please use the group codes so you will be given our discount price of \$109.00 plus tax. The room rate includes breakfast for two people per room at all the hotels and complimentary onsite parking. There are two restaurants in the Midway Center as well; T.G.I. Friday's and Dempsey's Grill. For our coffee drinkers, a Starbucks is also on campus.

<u>HOTEL</u>	<u>CODE</u>	<u>PHONE NUMBER</u>
Courtyard by Marriott Midway:	BNCP	800.356.3286
Fairfield Inn & Suites Midway:	CPDS	800.229.5933
Hampton Inn Midway:	BNC	800.269.4105
Hilton Garden Inn Midway:	BOCCE	866.534.5347
Holiday Inn Express Midway:	BNC	708.458.0202
Marriott Chicago Midway:	BOC	800.956.2606
Sleep Inn Midway:	1966	866.900.2950

You must mention **Chicago Park District** in order to receive the special group rate when reserving your rooms. The reserved block will end on June 17, 2010.

## 3. Preferred Airport is Midway

When booking the hotel, complimentary shuttle is offered to all hotels in the Midway Hotel Center from Midway Airport. When making reservation please inform the hotel of your accessible needs for the shuttle along with flight information that they will require. If the hotel cannot accommodate the size of your group, please indicate that transportation is needed on registration forms. If you fly into O'Hare, we will provide transportation for your team if needed. The Chicago Park District will also be providing transportation between the hotels and the competition venue daily, at no additional cost to the participants. Details on the shuttle schedule will be provided after registration information is received. The competition venue is located 1.9 miles from Midway Airport (MDW). The competition venue is 21.8 miles from O'Hare International Airport (ORD).



## 4. Transportation

FREE shuttle service will be provided from airport/hotel/competition venue by the Chicago Park District, if requested with **Form #5 Transportation Request Form** in the registration packet. No additional requests will be taken on site. The free shuttle will be offered from the Midway Hotel Center. Please request any and all transportation you will need using **Form #5**.

## 5. Classification

Athletes that have not been nationally classified will need to be classified for this event and must indicate this on **Form #3 Request for Classification**. Classification will be scheduled after registration is received, and individuals will be contacted with scheduled dates/times. The athlete may request a preferred time and time slots will be given on a first come, first serve basis. If you fail to appear for your classification appointment, you may not be allowed to compete for official tournament, but will be allowed to compete in Open Recreation one day competition.

## 6. BlazeSports Membership

To be eligible for competition, all athletes, coaches, PCA's and staff that wish to have access to the competition area, coaches meetings and receive credentials, lunch etc. must be members of BlazeSports America. You may purchase a membership for \$25 on-line at [www.blazesport.org](http://www.blazesport.org) or use the **BlazeSports Membership form (Form #6)** that is included as part of this packet.

## 7. Governing Rules

The 10th Edition of the CPISRA Boccia Rules will govern the competition.

## 8. Competition Structure

The competition will utilize the 10<sup>th</sup> Edition of the International Boccia Rules. The rules are available at: [www.usaboccia.com](http://www.usaboccia.com) or on the international Boccia website: [www.cpisra.org](http://www.cpisra.org)

**Individual Divisions of Play: BC1, BC2, BC3, BC4**, (rules for classification explanation)

**Individual play will be offered according to the following:**

National Boccia Competition is offered for players who are at least 8 years of age as of Jan. 1, 2010. Medals will be awarded, and players will be able to earn national ranking points. Open Recreation Division will be offered on one day only for players that do not have a proper classification.

**Team, BC3 Pairs, and BC4 Pairs:** All athletes are expected to play in Teams or Pairs competition. Use **Form #2 Team and Pairs Registration** in the registration packet to declare your Team or Pair or to request to be placed on a Team or Pair if you are an independent athlete.

## 9. Registration Deadline

The Registration **deadline is June 11, 2010**. Roster and full payment for tournament registration, banquet and membership fee **must be received by 5:00 pm, Friday June 11<sup>th</sup>**. All registration forms and registration payment should be sent directly to BlazeSports America. Registration received after June 11 will be charged a \$50 per person late fee. Absolutely no registrations will be accepted after 5:00 pm EST on Wednesday, June 16, 2010.



# 2010 U.S. Boccia Nationals



## 10. Equipment Check and Storage

Equipment will be checked and certified during team registration on July 8 and randomly checked throughout the tournament.

Chairs, ramps and other devices will be tagged. Balls will be weighed and measured but will not be stamped. You will be notified if you have an illegal ball(s) and you will be asked to take them out of play. Random ball checks will be done in the call room.

If a player presents an illegal ball for play, he/she will be given a warning and the ball will be kept with the games staff and the player's name will be posted near the call room. If during the tournament the player again presents an illegal ball for play, he/she will forfeit the match.

A secured storage room is available for athletes to store equipment at the competition venue. While the room will be locked, the L.O.C. will not be held responsible for lost, stolen or damaged equipment.

## 11. Teams and Pairs

All athletes must compete on either a Team or a Pair. Use **Form #2** to declare your team and pairs.

## 12. Registration Fees

**Athlete Registration** .....\$75 per person

**Athlete/Open Recreation Division**.....\$25 per person  
*(Saturday, July 11 only, individual division only)*

**Coach/Staff/PCA Registration**.....\$75 per person

**Sunday Night Awards Social Tickets** .....\$25 per person

- 1) All coaches, ramp assistants and athletes (those who will need access to the field of play) must pay the indicated registration fee of \$75.00. The tournament registration fee includes: Event Credentials, T-Shirt, Hospitality for Coaches/Staff, Awards, and Lunch during competition dates.
- 2) Family members and friends that do not pay the registration fee may purchase Sunday Night Awards Social tickets for \$25. Please include these people in your final count on both **Form #4 Awards Social** and **Form #8 Payment Summary Sheet**.

## 13. Payment Summary Sheet, Form #8

Accepted forms of payment are: Personal Check and Money Order. All payments are to be made to BlazeSports America. Please use **Form #8 Payment Summary Sheet** to list all your payments.

## 14. Medical forms

We are not requiring individual medical forms for each athlete. We strongly recommend that all teams bring with them local program medical forms and/or medical history and medication lists on all athletes. There will be a Paramedic and ambulance onsite at all times.



## 15. Preliminary Event Schedule *(subject to change after registration is received)*

Thursday, July 8		
Event	Time	Location
Team Registration	9am – 5	Curie Park High School
Equipment Check	9am-5pm	Curie Park High School
Officials Training Seminar	TBD	Curie Park High School
Classification	9am-5pm	Curie Park High School
Coaches Meeting	9 pm	Midway Hotel Center
Friday, July 9		
Event	Time	Location
Gym Opens	8:30am	Curie Park High School
Competition	10am-5pm	Curie Park High School
Lunch	11 am – 1pm	Curie Park High School
White Sox Game	6:00pm-10pm	Depart from Midway Hotel Center
Coaches Meeting	10:30 – 11 pm	Midway Hotel Center
Saturday, July 10		
Event	Time	Location
Gym Opens	8:30 am	Curie Park High School
Competition (including Open Rec. Divisions)	9am-5pm	Curie Park High School
Lunch	11 am – 1pm	Curie Park High School
Social Event	TBD	TBD
Sunday, July 11		
Event	Time	Location
Gym Opens	8:30 am	Curie Park High School
Competition	9am – 5pm	Curie Park High School
Lunch	11am –1pm	Curie Park High School
Awards Social	7pm–10pm	South Shore Cultural Center
Monday, July 12		
Event	Time	Location
Departure	Anytime	Midway Hotel Center

### 16. Officials Training Seminar









A Boccia Officials Training Seminar will be held Friday, July 8<sup>th</sup>. This clinic is designed for all officials and volunteer working the 2010 National Championship. As soon as the time has been determined volunteers will be notified,

### 17. Local Organizing Committee

Chicago Park District  
 541 North Fairbanks, 4<sup>th</sup> Floor  
 Chicago, IL 60611  
 Phone: 312-742-4777 Fax: 312-742-5393 Email: [geralyn.henaghan@chicagoparkdistrict.com](mailto:geralyn.henaghan@chicagoparkdistrict.com)

## Ready to Register?

Please review the checklist of items you will need to complete your registration packet;

-  Form #1-Team Roster, including athlete, coach, PCA
  - Required for all teams and independent athletes
-  Form #2-Team & Pair registration
  - All players (except recreational players) must play Teams or Pairs and must declare with this form.
-  Form #3- Classification request
  - Required for all athletes who have not been classified at a national competition
-  Form #4- Awards Social/White Sox Game
  - Let us know how many are going to the Awards Social (\$25 per person) and the FREE White Sox game
-  Form #5- Transportation request
  - If you require ANY transportation during the event, you MUST complete this form
-  Form #6- Blaze Sports Membership Form
  - Required for all athletes, coaches and PCA's not currently a BlazeSports member. All rosters will be cross referenced to current membership list.
-  Form #7- Chicago Park District registration form
  - Required for every athlete, coach and PCA
-  Form #8- Payment Summary Sheet
  - Required for every team or independent athlete

Registration payment: checks made payable to: **BlazeSports America**

Registration packets should be mailed to:  
**BlazeSports America, 280 Interstate Circle North, Suite 450, Atlanta, GA 30339**

**All questions regarding registration should be directed to Jeff Jones, Director of Sports, BlazeSports America at [jjones@blazesports.org](mailto:jjones@blazesports.org) or 770-850-9095.**



# 2010 U.S. Boccia Nationals



## Form #1-Team Roster

Team Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

	<i>Athlete Name</i>	<i>Age</i>	<i>Gender</i>	<i>Class</i>	<i>T-shirt size</i>	<i>BlazeSports Membership #</i>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						

	<i>Coach/PCA Names</i>	<i>T-shirt size</i>	<i>BlazeSports Membership #</i>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			

BlazeSports America, 280 Interstate Circle North, Suite 450, Atlanta, GA 30339





# 2010 U.S. Boccia Nationals Form #2



## Team & Pairs Registration Form

Team Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Participation on a Team **OR** with a Pairs is **REQUIRED**.  
Please choose from the options below to register for a Team or Pairs.

<input type="checkbox"/>	Yes, I will participate on a Team/Pairs but I need to be assigned to a Team/Pair by the LOC. I realize that there is no guaranteed who my partner(s) may be.
<input type="checkbox"/>	Yes, I will participate on Team/Pairs and have teammates. See section below.

**If you need to be assigned to a Team/Pairs, please list your name below.**

**If everyone on your Team or Pairs is from the same team, please list your team affiliation below If not, provide a Team/Pair Name?**

Name of Team  or Pairs

**Athletes must communicate with all parties signing up to participate on a Team or Pairs to confirm individual participation.**

List All Athlete Names On the Team/Pairs	Classification	Team Affiliation
??FORMMTEXT	Click <input type="checkbox"/>	
	Click <input type="checkbox"/>	
	Click <input type="checkbox"/>	

**BlazeSports America, 280 Interstate Circle North, Suite 450, Atlanta, GA 30339**





# 2010 U.S. Boccia Nationals



## Form #3

### Request for Classification

Note: Classification is only required of players who have not already been classified at the National level.

<b>Name:</b>					<b>Birth Date:</b>				
<b>Address:</b>									
<b>City:</b>				<b>State:</b>		<b>Zip:</b>		<b>Country:</b>	
<b>Daytime Phone:</b>			<b>Evening Phone:</b>			<b>Cell Phone:</b>			
<b>Email:</b>									
<b>Why are you requesting to be classified?</b>									
<input type="checkbox"/>	I have never been classified at a national competition.								
<input type="checkbox"/>	Must be re-classified at every major competition because of my disability characteristics (Note: Athletes 17 and under must be reviewed annually)								
<b>If you have been classified at a previous competition:</b>									
What was your classification?				<b>Click</b>					
Name and location of competition									
Year in which you were classified									
<b>Physical disability information:</b>									
Name of disability									
Type of cerebral palsy (athetoid, spastic, ataxic, other)									
Affected limbs (right/left, arm/leg, trunk/ face)									
Level of severity (mild, moderate, severe) Describe									
Mobility limitations associated with disability									

**BlazeSports America, 280 Interstate Circle North, Suite 450, Atlanta, GA 30339**





# 2010 U.S. Boccia Nationals Form #4



## Chicago White Sox & Awards Social Ticket Order Form

Team Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Chicago White Sox Game, Friday, July 9, 2010 (registered athletes, coaches & PCA's only) 7:10pm game vs Kansas City & Fireworks

\_\_\_\_\_ No, our team is not interested

\_\_\_\_\_ Yes our team is interested

If yes, how many people are on your team? \_\_\_\_\_ Number of Wheelchairs \_\_\_\_\_

Do you need transportation from hotel to Game: \_\_\_ yes \_\_\_ no

\*\*Further details to come, the Chicago Park District will be sponsoring this social activity.  
Additional family members can purchase tickets directly on your own.

## Awards Social, Sunday, July 11, 2010

7:00pm-10:30pm, South Shore Cultural Center, 7059 South Shore Drive, Chicago

\_\_\_\_\_ No, our team is not interested

\_\_\_\_\_ Yes our team is interested

How many tickets needed? (include all guests) \_\_\_\_\_ @ \$25.00. Please include this  
number of **Form #8 Payment Summary Sheet**.

Do you need transportation from hotel to Banquet: \_\_\_ yes \_\_\_ no

Number of Wheelchairs \_\_\_\_\_

\*\*Further details to come, including menu, venue directions, shuttle times\*\*

**BlazeSports America, 280 Interstate Circle North, Suite 450, Atlanta, GA 30339**





# 2010 U.S. Boccia Nationals



## Form #5

### Transportation Request Form

Team Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Transportation Request

*(All shuttle times will be determined upon receipt of all requests)*

Our team needs transportation from airport to hotel? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how many passengers? \_\_\_\_\_ Number of Wheelchairs \_\_\_\_\_

If yes, which airport? \_\_\_\_\_ Midway Airport \_\_\_\_\_ O'Hare International

If yes, provide the following information:

Arrival: date, time, airline, flight number, contact person & cell phone #:

\_\_\_\_\_  
\_\_\_\_\_

Departure: date, time, airline, flight number, contact person & cell phone #

\_\_\_\_\_  
\_\_\_\_\_

#### DAILY SHUTTLE

Our team will need transportation daily to/from competition venue & Midway Hotel Center: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the following information:

Number of passengers \_\_\_\_\_ (include everyone)

Number of Wheelchairs \_\_\_\_\_

\*\*shuttle times will be provided after registration deadline\*\*\*

BlazeSports America, 280 Interstate North Circle, Suite 450, Atlanta, GA 30339





# 2010 U.S. Boccia Nationals



## FORM #6



### Membership Application

#### **PART ONE: Member Information** (Please print all information completely.)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile phone \_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ Date of birth (mm/dd/yy) \_\_\_\_\_ Gender \_\_\_\_\_

Guardian's name (if under 18) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Diagnosed Primary Disability \_\_\_\_\_

Ethnicity (optional)  African American  Caucasian  Hispanic/Latino

Asian/Pacific Islander  Other

#### **PART TWO: Type of Membership**

All memberships are for a one year period beginning on the date of receipt of the membership application.

- New Membership - \$25       Membership Renewal - \$25, Membership # \_\_\_\_\_

#### **Payment Information**

- Check enclosed payable to BlazeSports America       Money Order





# chicago park district

## Participant Information

Park Name \_\_\_\_\_

NOTE: This form must be filled out in its entirety without modification or participation will be denied.

### Participant Information

Participant Name(s) \_\_\_\_\_

Street Address, Apt/Unit \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

School (if student) \_\_\_\_\_

\*Not all programs provide T-shirts. Choose from youth sizes 2T-4T, 2-3, 4-5, 6-8, 10-12, 14-16, or adult sizes S, M, L, XL

Registered Receipt Numbers/Activity Codes/Activity Names \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address (optional) of Participant or Parent/Legal Guardian \_\_\_\_\_

Grade (if student) \_\_\_\_\_ Age \_\_\_\_\_ T-shirt size\* \_\_\_\_\_

### Emergency Information

#### Primary contact

Name (Parent/Legal Guardian if Participant is a child) \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Participant's Physician/Hospital Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

#### Secondary Contact

Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

In the event of a medical emergency, I hereby authorize and give my consent to the Chicago Park District and its employees, coaches and/or volunteers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for my or my child's immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

Signature (Parent/Legal Guardian if Participant is a child) \_\_\_\_\_ Date \_\_\_\_\_

Participant Special Needs, such as Allergies/Medications \_\_\_\_\_

### Agreement to Participate

I hereby give permission for my child to participate in park activities, including swimming and field trips. I fully assume all responsibility for injuries she/he or I may receive or articles lost while participating in these activities or while in travel to or from said activities and field trips, and hereby release the Chicago Park District and its employees from liability for any injury I or my child(ren) may sustain.

I hereby grant permission to the Chicago Park District for the use of any and all photos in which I or my child(ren) may appear (wards of the State excluded). The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements. I agree to waive any claim to compensation for use of said photos.

I have received, read and understand the "Program Information Sheets for Parents" (for Summer Camp and PARK Kids only) and agree to abide by the policies stated therein. I understand that this form will be due the first day of class or my child will not be enrolled. I have read and agreed to all the information contained in the above Parental Agreement and have filled out emergency information on my child(ren).

I agree to allow my information to be entered into a database that may be used in aggregate for reporting and analysis on this program.

Signature (Parent/Legal Guardian if Participant is a child) \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Legal Guardian Agreements

The following agreements apply to all Park District programs.

Who is permitted to pick up your child(ren)? Your child(ren) will only be released to listed person(s). Anyone picking up a child must present a picture I.D.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Is anyone prohibited from picking up your child(ren)?  Yes  No

If yes, who?

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

My child(ren) may walk home unescorted at time of dismissal.  Yes  No

I understand my child must be picked up daily by the assigned dismissal time or a \$5.00 per 30 minutes late fee will be assessed. Warning: Repeated late pick-up (more than twice) will result in the expulsion of your child from the program. If your child has not been picked up by 8:00 p.m., the park staff will contact the Police Department.

Signature Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



# 2010 U.S. Boccia Nationals



## Form #8 Payment Summary Sheet

Team Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of athletes: \_\_\_\_\_ @ \$75.00 = \_\_\_\_\_

Number of Coaches: \_\_\_\_\_ @ \$75.00 = \_\_\_\_\_

Number of athlete/staff attending the

Awards Social: \_\_\_\_\_ @ \$25.00 = \_\_\_\_\_

Number of athlete/staff new/renewed BlazeSports

memberships: \_\_\_\_\_ @ \$25.00 = \_\_\_\_\_

\* Late Fee: \_\_\_\_\_ @ \$50.00 = \_\_\_\_\_

Total Submitted: \_\_\_\_\_

\* A late fee of \$50 per athlete, coach and PCA will be charged for any registration received after the June 11<sup>th</sup> deadline. Absolute no registrations will be accepted after 5:00 pm, Wednesday, June 16, 2010.

**BlazeSports America, 280 Interstate Circle North, Suite 450, Atlanta, GA 30339**

