

Special Olympics Hawaii Basketball Individual Skills Registration

DELEGATION NAME: _____ DELEGATION CONTACT NAME: _____

DAY PHONE: _____ E-MAIL ADDRESS: _____

Head Coach's Name: _____ Head Coach's e-mail: _____

ISAT: Basketball Skills Assessment Test

	Name	Wheel Chair	Veg	Ind. Skills ISAT Score
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Athletes that are competing in Individual Skills will be entered on this form. Skills ISAT score is for your Individual Skills players. You will find how to do this assessment in the Basketball Rules and Guidelines.

Place an X in the box if the answer is Yes for that individual.

Place a V in the Veg column if the athlete is a Vegan vegetarian.