



Rosemount • Apple Valley • Eagan
AREA TWELVE SPECIAL OLYMPICS



Special Olympics
Minnesota

Let me win, but if I cannot win, let me be brave

2025 BASKETBALL REGISTRATION

Registration Meeting: The registration and information meeting is on Wednesday, February 12, 2025, at 7:30 pm at Valley Middle School, 900 Gardenview Drive, Apple Valley, in the cafeteria.

Practice location and time: All practices take place at Valley Middle School, 900 Gardenview Drive, Apple Valley, 6-7:30 pm.

Practice schedule:

New basketball athletes and half court teams: Practices on March 3, 10, and 17 (**Mondays**)

Full court athletes: First practice on **Monday**, March 17

BREAK: No practice the week of March 23.

Practices resume on **Wednesday**, April 2, and continue on Wednesday evenings for the rest of the season.

Competition: Regional competition will be either April 19 or April 27 (to be determined).

State competition will be June 20-22, 2025, at the University of Minnesota.

Registration: The registration fee is \$35 per athlete. Registration fees can be paid by cash or a check payable to The RAVE. If you cannot attend the registration meeting, please mail the registration form and payment to The RAVE, P.O. Box 122, Rosemount, MN 55068-9906

REGISTRATION FORM

Please return this portion of the form with payment.

Athlete Name: _____ Athlete date of birth: _____

Please complete the next section if the athlete is new or if contact information related to the athlete has changed:

Primary contact phone: _____ Primary contact email _____

Primary address for mailed RAVE correspondence:

Parent/Guardian/Staff/Group Home/Emergency Contact Information:

- I acknowledge that RAVE prefers a responsible person to be present during basketball practice.
- I acknowledge that it is my responsibility to make sure the athlete's state paperwork is current before the first practice.
- I acknowledge that to compete at the state meet in June, the athlete must have competed at the regional meet in April.

Please note any essential information that you would like to share about the athlete – allergies, behavioral issues, health concerns. (This does not replace the SOMN form.)

Head coach: Kristen Haines, RaveBasketball@gmail.com