



***Special
Olympics***
British Columbia

SPECIAL OLYMPICS BC EVENT PLANNING GUIDE CURLING SUPPLEMENT

Updated May 2012

JOB DESCRIPTIONS – OFFICIALS

The following officials are required to host a quality-curling event. All officials should be aware well in advance of the event, what their job involves the time commitment, (specific times the volunteer is required to be available) who they will be working with, and any supplies they may require.

Primary Officials

Manager of Championship Services

Qualifications

- Experience acting as a Manager of Championship Services at either a Generic or Special Olympic competition.
- It is recommended that the Manager of Championship Services complete the Level One (1) Canadian Curling Association's officials training program.

Responsibilities

- Ultimately responsible for all aspects of the event.
- Work with the Head Official to ensure that the competition is run in accordance with both Special Olympics Canada and Canadian Curling Association Rules and Regulations.
- Assist in the selection of the Administrative Assistant and the Head Official.
- The development of a realistic competition budget.
- Secure the necessary facilities and equipment.
- Work with the Administrative Assistant to put together the competition notice.
- Make the application for sanctioning to Special Olympics BC.
- Work with the Head Official in the development of a competition schedule and draw.

Head Official

Qualifications

- Experience acting as a Head Official or On Ice Official at either a Generic or Special Olympic competition.
- Successfully completed the Canadian Curling Association's Level One (1) officials training program

Responsibilities

- Ultimately responsible for the sport technical component of the competition
- Work with the Manager of Championship Services to ensure that the competition is run in accordance with both Special Olympics Canada and Canadian Curling Association Rules and Regulations.
- Recruit and train required On Ice Officials.
- Work with the Manager of Championship Services in the development of a competition schedule and draw.
- Chair the Appeals committee.
- Ensure the viability of the competition venue.

Administrative Assistant

Qualifications

- Experience at either a Generic or Special Olympic competition.
- Good working knowledge of desktop publishing software, i.e. Word, Excel, etc...

Responsibilities

- Work with the Manager of Championship Services in the development of the competition notice.

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- The distribution of the competition notice to all interested parties.
- Collect and compile all participant registrations.
- The appointment of assistants to assist with competition day duties.
- Ensure that competition results are posted in a timely manner throughout the competition.

Secondary Officials

Head Official – Assistants

On Ice Officials, (The number of on ice officials will be dependent on the number of registered teams and the number of available sheets for the competition. As per Special Olympics Canada rules, there must be one on ice official per sheet of ice.)

Qualifications

- Experience officiating either a Generic or Special Olympic Curling competition.
- Successfully completed the Canadian Curling Association's officials training program.

Responsibilities

- Govern the on ice play of the competition.
- Ensure that the rules and regulations of both Special Olympics Canada and the Canadian Curling Association are adhered to throughout the competition.
- Report any violations of play to the Head Official in accordance with the Canadian Curling Association procedures.
- Work with the teams to ensure a quality competitive environment.

MEDICAL REQUIREMENTS

The following are the minimum requirements for medical coverage at a Curling competition.

- Two (2) First Aid attendants - (standard certification)

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CALCULATION OF POINTS AT A TOURNAMENT

- Points are to be awarded as follows:

- Win 2 points
- Tie 1 point
- Loss 0 points

For example:

<u>Team A</u>		<u>Team B</u>			
2 wins	=	4	2 wins	=	4
1 tie	=	1	2 ties	=	2
2 losses	=	<u>0</u>	1 loss	=	<u>0</u>
		5			6 [Team B wins]

- In the event of a tie in total points following the round robin/preliminary round, then the total number of ends won shall be considered. Each team will be given two-(2) points/end won.

<u>Team A</u> Ends Won	<u>Team B</u> Ends Won	
<u>5 = 10</u>	<u>4 = 8</u>	
<u>6 = 12</u>	<u>3 = 6</u>	
<u>5 = 10</u>	<u>7 = 14</u>	
<u>8 = 16</u>	<u>6 = 12</u>	
<u>3 = 6</u>	<u>2 = 4</u>	
27 ends won	22 ends won	
Points/ends won: 54	44	[Team A wins]

- In the event the two teams remain tied after completing the above procedure the total number of points scored against will be considered.

AWARDS

All competitors are to be awarded participation ribbons with the team obtaining the first second and third place in each division receiving 1st, 2nd and 3rd place awards accordingly.

For Example: Teams finishing first, second and third in the following divisions would receive 1st, 2nd and 3rd place awards accordingly.

Division - A Division - B Division - C Division - D

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EQUIPMENT CHECK LIST

EQUIPMENT	NUMBER REQUIRED	CHECKED
Folding Tables	4	_____
Special Olympics banners	2	_____
Sponsor banners	Dependent on Sponsors	_____
Awards Stand	1	_____
Stopwatches (1 per sheet)	Dependent on # of sheets	_____
Public address system	1	_____
Results board (for unofficial results)	1	_____
Announcement board	1	_____
Hand held walkie-talkies	2	_____
Awards - ribbons or medals	Dependent on Reg.	_____
Waterproof marking pens	2 doz.	_____
Pens/Pencils	2 doz.	_____
Waterproof clipboards	10-12	_____
Small tool kit (pliers, screwdrivers, hammer)	1	_____
Warm Drink Containers for staging area	2	_____
Water jugs and cups (1 per 2 sheets)	Dependent on # of sheets	_____



SPECIAL OLYMPICS BC – CURLING REGISTRATION FORM



REGION: _____ LOCAL: _____

TEAM NAME: _____ (Optional)

Head Coach: _____ (please print) Signature: _____

Overall Ability Level of Team A B C D (please circle)

TEAM ROSTER

Athlete Name	Athlete Ability Level (please indicate by checking the appropriate box)			
	A	B	C	D
1)				
2)				
3)				
4)				
5)				

TEAM NAME: _____ (Optional)

Head Coach: _____ (please print) Signature: _____

Overall Ability Level of Team A B C D (please circle)

TEAM ROSTER

Athlete Name	Athlete Ability Level (please indicate by checking the appropriate box)			
	A	B	C	D
1)				
2)				
3)				
4)				
5)				