

TO: All Ohio Special Olympics Local Organizations
FROM: Special Olympics Ohio
DATE: July 12, 2017
RE: 2017 State Softball Tournament

Special Olympics Ohio will hold the 2017 State Softball Tournament in Oregon at the Oregon City Parks on September 16th. *This year, we will again have playoffs at the Sectional level similar to the State Basketball tournament. Teams that register will be assigned to one of four traditional team ability divisions or one of two unified divisions as appropriate. This year, you will need to submit two Coaches Report and Rating Sheets Forms from head to head games with other Special Olympics teams to your Area Directors by Wednesday, August 8th. This year, you are being asked to submit a list of the names of assistant coaches along with your head coach name. All head coaches and assistant coaches must have approved Class "A" volunteer applications on file with the State Office and taken the on line Protective Behaviors course. If you have new coaches and assistants that do not have approved Class "A" applications or done the on line protective behaviors course, please submit them along with your state team roster.

Special Olympics athletes/partners can compete on one team only. This year, there will be a participation fee of \$100.00 per team. The entry deadline for registering a team is Wednesday, August 2, 2017. Teams that register by this date will be divisioned by the divisioning committee consisting of Area and Section Directors on Wednesday, August 9th. You will be notified as to your specific Sectional playoff schedule by your Sectional Director as soon after the August 9th date as possible. Tentative Sectional Playoff dates are as follow:

North – August 19 (Willig Park, Canton) West – August 25-26 Marathon Fields (Findlay)
South – TBD (Vandalia Area) East – August 19 (Hilliard Recreation & Parks)

All local organizations with team(s) will be **required** to send a copy of the current Application for Participation and Guardian Release Forms for each of their athletes along with their team entry forms. This includes partner forms for all partners.

All teams that register will receive additional information about the September 16th tournament at their Sectional qualifier with brackets, final schedule, specific directions, etc.

This year, we will also offer the Softball Individual Skills contest for athletes who have qualified at Area and/or Sectional Individual skills qualifying events. The *registration date* for Individual Skills contestants is Wednesday, August 30, 2017. The entry fee for individual skills contestants is \$10.00 per athlete.

If you wish to register your organization's softball team(s) or any athletes for Softball Individuals Skills via GMS, contact Marty Allen at the state office for the exchange file.



TENTATIVE SCHEDULE

Saturday, September 16, 2017

8:45 a.m. - 9:00 a.m. **Opening Ceremonies** – City of Oregon, Coontz Rec Complex

9:00 a.m. - 11:00 a.m. **Semifinal Games** – City of Oregon, Coontz Rec Complex

Individual Skills Contest – City of Oregon, Coontz Rec Complex

11:00 a.m. - 2:00 p.m. Lunch (provided)*

11:00 p.m. - 5:00 p.m. Continuation of Games – City of Oregon, Coontz Rec Complex

You must plan your lunch around your assigned game time. Saturday's lunch will be provided.

Teams must be present and ready to start play at their scheduled game time or the team will forfeit that game.

PRE-REGISTRATION

All organizations with teams must send in copies of their Application for Participation and Guardian Release Forms with their entries. Remember these forms must be properly prepared and be signed. The only forms that will be accepted are the one page, three year Application for Participation and Guardian Release Form. Each partner entered on a unified team will need to submit the “Special Olympics Partner Release Form”. All coaches and partners must have a current Level “A” volunteer form on file with the state office. If they do not, it must accompany the entry forms. Additionally, all coaches must have completed the Concussion Awareness Training mandated by Ohio Law.

REGISTRATION & FEES

You must have all team entry materials into the state office **no later than noon on Wednesday, August 2, 2017.** Please fill out the appropriate “Traditional Team Registration Form” or “Unified Team Registration Form”. This year we will not require softball team assessment test scores. Each traditional and unified team will need to provide at least two Coaches Reports and Rating Sheet Forms from head to head games with another Special Olympics team to their Area Directors by Wednesday, August 8th. This will help ability grouping. Also, Special Olympics athletes may be on a “Traditional Team” roster or a “Unified Team” roster but not both. **Remember, there is a State Event participation fee of \$100.00 per team.**

The entry deadline for athletes entered in the individual skills contest is Wednesday, August 30, 2017. The entry fee for the Individual Skills contest is \$10.00 per athlete.

LODGING

The information for the hotels and motels will be included in your sectional qualifier information packet. You will be responsible for all arrangements and payments.

MEALS

There will be one meal provided; lunch on Saturday.



TEAM RULES AND EQUIPMENT

1. In accordance with the Ohio Special Olympics Code of Conduct published in the Local Coordinators Handbook, coaches are reminded that they are responsible for the conduct of their players, coaches, themselves, and their parents/spectators. Inappropriate behavior by any one of these groups will not be tolerated.
2. Organizations may send more than one team. However, players may appear on only one roster.
3. According to the Official Special Olympics Sports Rules (revised March 2014), we will be following ASA Rules with this equipment and rule modifications listed in section B of the SOI Official Sports Rules. You should look over these rules and be familiar with them. There are several which include but are not limited to:
 - A. The catcher must wear a face mask, **helmet**, and chest protector.
 - B. All batters and base runners must wear a tight fitting batter's helmet. We plan to have helmets available at each game, but encourage teams to purchase their own and use them in local games. For this year, chinstraps on batter's helmets are optional.
 - C. A 30.5 cm. (12 inch) red stitched restricted flight softball must be used. Yellow restricted flight balls may also be used.
 - D. A regulation game shall consist of seven innings. The game will be considered complete if after 4 full innings of play one team leads the other by 20 runs after 3 innings, 15 runs after 4 innings or 10 runs after 5 innings. The game shall last no longer than 1 1/2 hours. Forfeit time for any game is the time the game is scheduled to start.
4. Unified Team Rules - Unified team competition will be conducted utilizing the rules as stated above as well as the following:
 - A. An overall roster shall contain proportionate numbers of athletes with developmental disabilities (Special Olympics athletes) and teammates without developmental disabilities (partners).
 - B. A unified softball team consists of 5 Special Olympics athletes and 5 partners. Teams using the extra hitter (EH) must have an athlete EH and a partner EH. If due to injuries and/or disqualification the playing roster falls below 10, the team can continue within the FIS Softball Rules. However, a team can only have a maximum of 5 athletes and/or 5 partners in the lineup. Failure to adhere to required team composition during competition results in a forfeit. Ohio will not require the alternate batter rule or the position requirements listed in the SOI Summer Sports Rules.
 - C. If the extra hitter (EH) is used, two extra hitters, one athlete and one partner, shall be added to the lineup.
 - D. Coaches shall take appropriate measures to **prevent** any player from dominating the game.
 - E. Umpires shall warn any athlete whose play is deemed dangerous. Subsequent dangerous play by that athlete shall result in disqualification from the game. This is to ensure that a player does not create a health and safety risk for other players.
 - F. The coach may not be on the team roster. The non-playing coach must sign and submit the lineup. The coach must be on the bench or in the coaching box during the game. The coach is the only team representative that can address the umpire or scorer.
5. The season records and Area tournament results and past performance will be used to help place teams in competitive divisions. All coaches are responsible for knowing ASA and SOI slow pitch team rules.

OTHER EQUIPMENT

1. It might be a good idea to bring blankets or chairs to sit on. Bleachers and seating is limited.
2. We encourage you to bring water containers. However, we will have water available at each field for each team bench.



3. Only bats marked by the manufacturer as “Official Softball” may be used.
4. Please bring ice packs if available.

AWARDS

Awards will be appropriate individual chapter medals and ribbons for all players. A team trophy will be given for first place, and plaques will be given for all other teams in each division.

DIRECTIONS

Maps to the Oregon City Park fields will be included in your Sectional qualifying team packet or sent directly to skills organizations after the August 30th skills entry deadline.

COACHES

Please be familiar with ASA and Special Olympics softball rules. Also, be sure you have listed all of your coaches on the Team Roster and have submitted appropriate Class “A” Volunteer applications for them if these forms are not already on file at the State Office. We are looking forward to a fun and exciting Tournament. Hope to see all of you there. All teams will be responsible for reporting to their assigned field and have their team ready to play by the scheduled game time.

2017 STATE SOFTBALL TOURNAMENT TRADITIONAL TEAM REGISTRATION FORM

County/Organization _____ Team Name _____

Local Coordinator _____ Address _____

City _____ State _____ Zip _____

Coach Name _____ Coaches Cell phone # _____

Ass't Coach Names*

	PLAYER'S NAME	Sex M or F	Medical Expiration Date	# of years Playing	Position
1			/ /		
2			/ /		
3			/ /		
4			/ /		
5			/ /		
6			/ /		
7			/ /		
8			/ /		
9			/ /		
10			/ /		
11			/ /		
12			/ /		
13			/ /		
14			/ /		
15			/ /		
16			/ /		
17			/ /		
18			/ /		

Total number of athletes, coaches, and chaperones (for lunch count) _____

- A. Please list all Ass't Coach Names. These names will be checked against your list of approved Class A Volunteers on file with the State. Please submit new Class A Volunteer Applications for new Coaches.
- B. Only the athletes listed on the roster will be allowed to play in the tournament.
- C. You must submit two(2) Coaches Report and Rating Sheet Forms from head to head games with other Special Olympics Teams to your Area Director by August 3rd.
- D. Please return with \$100.00 Team Registration Fee by August 2, 2017 to:

Ohio Special Olympics
3303 Winchester Pike
Columbus, Ohio 43232

2017 STATE SOFTBALL TOURNAMENT UNIFIED TEAM REGISTRATION FORM

County/Organization _____ Team Name _____

Local Coordinator _____ Address _____

City _____ State _____ Zip _____

Coach Name _____ Coaches Cell Phone # _____

Ass't Coach Names*

	Special Olympics Player's Names	Sex M or F	Medical Expiration Date	# of years Playing	Position
1			/ /		
2			/ /		
3			/ /		
4			/ /		
5			/ /		
6			/ /		
7			/ /		
8			/ /		
	Partner's Names				
9			/ /		
10			/ /		
11			/ /		
12			/ /		
13			/ /		
14			/ /		
15			/ /		
16			/ /		

Total number of athletes, coaches, and chaperones (for lunch count) _____

- A. Please list all Ass't Coach Names. These names will be checked against your list of approved Class A Volunteers on file with the State. Please submit new Class A Volunteer Applications for new Coaches & Partners that do not already have Forms on file at the State
- B. Only the S.O. Athletes and Partners listed on the roster will be allowed to play in the tournament.
- C. You must submit two(2) Coaches Report and Rating Sheet Forms from head to head games with other Special Olympics Teams to your Area Director by August 3rd.
- D. Please return with \$100.00 Team Registration Fee by August 2, 2017 to:

Ohio Special Olympics
3303 Winchester Pike
Columbus, Ohio 43232

2017 State Softball Tournament Individual Skills Roster

County _____

Organization _____

Coaches Name _____

Work Phone _____

Ass't Coach Names

Athlete Names

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____

Total number of Athletes ____ x \$10.00 = ____ Amount owed.

Total number of athletes & coaches for lunch count ____.

Please submit this form along with your Individual Skills entry forms.

Area or Sectional Qualifying Individual Skills Event attended & Date

2017 STATE SOFTBALL TOURNAMENT INDIVIDUAL SKILLS ENTRY FORM

Directions: The attached Softball Skills Test taken from the "Official Special Olympics Sports Rules, March , 2014 Revised Edition must be completed for each athlete competing in the Individual Skills Contest. Please complete all information on this entry form and return it with \$10.00 per Skills Athlete to the State Office by Wednesday, August 30, 2017.

County _____ Organization _____

Athlete's Birthday: Month _____ Day _____ Year _____

Athlete's Name _____ Sex _____

SKILLS TEST SCORES

BASE RACE	THROWING	FIELDING	HITTING	TOTAL

Please return by August 30, 2017 to:

Ohio Special Olympics
3303 Winchester Pike
Columbus, Ohio 43232

Coaches Report and Rating Sheet

Directions: Each Softball Team that registers for the State Softball Tournament will need to submit two "Coaches Report Forms" from two separate head to head games against other Special Olympics Softball Teams to their Area Director by August 8, 2017. These Coaches Reports will be used by the Area Directors to provide accurate information and recommendations to the State Softball Tournament Divisioning Committee. Please take a minute after your game and fill out this report. Then send the completed report to your Area Director. **Remember, you must submit two Coaches Reports from two separate head to head games to be eligible for divisioning into the State Softball Tournament!**

Your Team: _____ Opponent: _____

Location of Game: _____

Date of Game: _____

Final Score Your Team: _____ Opponent: _____

Last year's category of your team (Circle one): School Age Men's Women's Circle one Traditional Unified

Last year's Division of your team: _____ Division recommendation for your team in 2016: _____

Division recommendation for your opponent in 2016: _____

Rate Opposing Team's ability:

	<u>Low</u>	<u>Average</u>	<u>Good</u>	<u>Excellent</u>
Team Effort	1	2	3	4
Team Speed	1	2	3	4
Sportsmanship	1	2	3	4
Offense	1	2	3	4
Defense	1	2	3	4
Knowledge of Game	1	2	3	4

Does the team have depth (a bench) for subbing? Yes No

Additional Comments about the game: _____

Submitted by: _____ Date: _____

County/Organization: _____