

# **2018 OUTDOOR SPORTS SEASON OVERVIEW – SOFTBALL & TEE BALL**

## **BALL**

### **EVENT DESCRIPTIONS**

#### **OFFICIAL EVENTS OFFERED:**

##### **SOFTBALL**

*Event Code      Event Description*

- |           |                           |
|-----------|---------------------------|
| A. SBTEAM | Team Softball Competition |
| B. SBTEEB | Tee Ball Competition      |

#### **ELIGIBILITY FOR TEAM SOFTBALL & TEE BALL SEASON PARTICIPATION**

1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2018** and remains valid through **the date of the Regional/District tournament you are attending.**
2. To be eligible to advance to the Outdoor Sports Tournament, an athlete's Application for Participation must remain valid through **August 4, 2018.**
3. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition.
4. All Agencies must submit an Intent to Play form for team events to their Regional office by **May 1, 2018.**
5. Teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, district competition and State competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.
6. Teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: A limited number of second and third place teams may advance to fill any spaces in the tournament field.

**PLEASE READ FORMS CAREFULLY**

# **Regional/District/Sectional Games Registration Checklist**

Please take the time to go through this checklist when filling out your registrations. This will help prevent mistakes and help process your registration faster.

*This checklist is meant to be a useful tool to help you with games registrations and may not be an all-encompassing list. Please make sure to review rules and policies for each sport and game.*

## **Contact Information:**

- Enter contact information for person who will be receiving all email and mailings regarding tournament information
- Name and phone number for main contact at tournament
  - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

## **Athlete Rosters:**

- Fill out rosters for the sport you will be competing in.
- Confirm
  - All athlete names entered and all events they will be participating entered
  - All times/scores/distances are correctly entered
  - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
  - Scores for qualifying games entered for team sports.
    - If played more than the minimum number of games, please list all games played. This will help provide information when divisioning.
  - Team names and Relay names are correct
- Medicals
  - Confirm all athlete medicals are current for the Games.
  - Any questions regarding medical status of athletes, please contact your Regional Athletic Director or our Athlete Records Manager.
- Special Needs Forms
  - Submit Special Needs Forms for any athlete needing this (ex: non-verbal, behavior issues, etc). *Special Needs Forms must be submitted separate for each level of competition.*

## **Coach/Chaperone Roster:**

- CONFIRM:
  - All coaches are current class A Volunteers and have completed the General Coach's Orientation
  - All chaperones are current class A Volunteers
- If questions regarding class A or coach certification status, please contact your Regional Athletic Director or Volunteer Records Manager.

## **Athlete to Chaperone Ratio:**

- Confirm that you are following the 3:1-4:1 ratio for your registration packet
  - If dividing between two registration plans, this ratio must be followed for each packet
- Special Needs forms for athletes requesting 1:1 chaperones filled out and sent in with registration packet.
- If requesting 1:1 Chaperones for any of your athletes, take those athletes and chaperones out of your numbers and confirm your ratio still fits for the remaining athletes and coaches/chaperones.

## **Uniforms:**

- Verify that all athletes have legal uniforms
  - Refer to the individual sport rules and the Uniform Requirements located in the appendices of the Competition Guide



# 2018 DISTRICT TEAM SOFTBALL

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

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

Total Agency number of coaches and chaperones that will be attending this district tournament: \_\_\_\_\_

**Reminder:** athlete to coach/chaperone ratio is minimum of 4:1

Will you be taking qualifying team(s) to the State tournament?  Yes  No

## LIST ALL SOFTBALL GAMES PLAYED THIS SEASON

(A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				

## 2018 DISTRICT TEAM SOFTBALL REGISTRATION ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_\_ H: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell phone contact number while at the Tournament: (\_\_\_\_) \_\_\_\_\_

**RETURN THIS FORM TO YOUR HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

I have verified that all chaperones attending the tournament are approved

SOWI Class A certified volunteers  (check .

**Team Name:** |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

New Team  Existing Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

\*\*Registration information for this district event will be sent to the person listed as head coach.

**By submitting this form I verify that the athletes on this roster competed in at least two of the documented  
qualifying games  (check .**

(OVER)

# 2018 DISTRICT TEAM SOFTBALL

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

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

Total Agency number of coaches and chaperones that will be attending this district tournament: \_\_\_\_\_

**Reminder:** athlete to coach/chaperone ratio is minimum of 4:1

Will you be taking qualifying team(s) to the State tournament?  Yes  No

## LIST ALL SOFTBALL GAMES PLAYED THIS SEASON

(A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				

# 2018 TEAM TEE BALL \* REGISTRATION ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_ W: ( \_\_\_\_\_ ) H: ( \_\_\_\_\_ )

Address: \_\_\_\_\_  
(City) (State) (Zip)

Fax: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_

**Cell phone contact number while at the Tournament:** ( \_\_\_\_\_ )

**RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

I have verified that all chaperones attending the tournament are  
approved SOWI Class A certified volunteers  (check .

**Team Name:** | |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

Each team must have a unique name up to **15 characters long**. This name must be used at all competitions.

New Team       Existing Team

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

\*Beginning in 2014, tee ball is only offered at the District level, in conjunction with the Region 8 District Tournament.

\*\*Registration information for this district event will be sent to the person listed as head coach.

**By submitting this form I verify that the athletes on this roster competed in at least two of the documented  
qualifying games  (check .**  
**(OVER)**

# 2018 DISTRICT TEAM TEE BALL

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

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

Total Agency number of coaches and chaperones that will be attending this district tournament: \_\_\_\_\_

**Reminder:** athlete to coach/chaperone ratio is minimum of 4:1

## LIST ALL TEE BALL GAMES YOU HAVE PLAYED THIS SEASON

A minimum of **TWO GAMES** must be documented **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				