

# 2021 Unified Fall Sports Festival Softball Registration

**DUE: August 14th**

Local Program: \_\_\_\_\_

Local Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_

\*Please count only those participants and personnel for **Softball**.

## Participant Counts

Fee for this event is \$30.00	Meal Count
Athlete	
Partner	

## Personnel Counts

	Meal Count
Local Coordinator	
Coach	
Assistant Coach	
Chaperone	
Hometown Escort	

Forms are sent to the Special Olympics Connecticut Office

Special Olympics Connecticut  
2666 State Street, Suite 1  
Hamden, CT 06517  
203.230.1201  
203.230.1202  
[susanm@soct.org](mailto:susanm@soct.org)

#### Divisioning:

1. Teams will be divisioned according to:
  - a. Scores compiled from each athlete's score on the Softball Skills Assessment Tests (SATs) of **Hitting and Base Running; Throwing, Fielding and Batting**. These Tests are for player/team competition events for assessment only and are not for medals and ribbons.
  - b. A classification round of games
2. Coaches must submit a Softball Skills Assessment Test Score for each player on their roster prior to the competition
3. The "team score" shall be determined by adding the top 12 players' scores and then dividing that total by 12.  
the top 12 players are considered the top 6 athletes and the top 6 partners.
4. Teams are initially grouped in divisions according to their SAT team score. A Classification round of games shall then be conducted as a means of finalizing the divisioning process.
5. In the classification round, teams will play one or more games with each game lasting no longer than 30 minutes. Each team will be required to play all 12 players whose scores were used to determine the "team score".  
Both teams will be the field and to bat.

#### Roster sizes

##### Unified Sports Softball

- 1 Roster Requirements: Minimum of 14 players: 7 Athletes, 7 Partners; maximum of 18 players, which includes 2 alternates.
- 2 Unified Team configuration recommended to be equal or one more athlete.
- 3 Unified Team configuration recommended to be no than a 2 person differential between the number of athletes and partners.
- 4 Teams are strongly encouraged to have 2 subs for both athletes and partners going into competition.
- 5 Going into competition, a team may come with the minimum number of players provided they have at least 5 athletes and partners.

##### Traditional Softball

- 1 Roster requirements: Minimum of 12 players; maximum of 18 players, which includes 2 alternates.
- 2 Teams are strongly encouraged to have 2 subs for athletes going into competition.
- 3 Going into competition, a team may come with the minimum number of players provided they have at least 10.

**Age Groups**     **Juniors (8-16)**  
                         **Seniors (13-21)**  
                         **Masters (18+)**

Please direct all questions regarding Softball and Softball Registration to:

Derrick Ford

[derrickf@soct.org](mailto:derrickf@soct.org)

Phone: 203-230-1201 EXT 272

Cell: 203-494-4620



;  
[derrickf@socf.org](mailto:derrickf@socf.org)













### **Instructions for Registering Personnel**

All of the personnel listed below are to have their Class A certifications current before being registered for any SOCT event.

Programs may not register more Head Coaches, Assistant Coaches, Chaperones, and Hometown Escorts than the number of registered athletes.

**Local Coordinators:** Each Delegation (Local Program) is allotted space for two Local Coordinators (LC).

Please list the LC responsible for overseeing the event Checklist page. Registration fees do not apply to the two Local Coordinators

**Head Coach:** Please list the Head Coach for each sport with their current contact information on each roster page.

\*See below for registration fee information.

**Assistant Coach:** Please list Assistant Coaches with their current contact information on the personnel page.

\*See below for registration fee information.

**Chaperone:** Please list Chaperones with their current contact information on the personnel page.

\*See below for registration fee information.

**Hometown Escorts:** Please list Hometown Escorts on the Personnel Page. Hometown Escorts are individuals that delegations recruit to meet the team during the day.

\*See below for registration fee information.

Registration fees:

No registration fees will be charged for Personnel provided the Athlete to Personnel Ratio is adhered to. The ratio is as follows:

1:1 Athletes who use a wheelchair or athletes who are legally blind.

3:1 All other athletes.

Special circumstances (such as behavioral issues, medical, etc.), may require that you bring additional personnel for adequate supervision. These requests must be in writing and must be included with your registration packet. The LC will be notified if the request is granted.

***Please note on the personnel page those who are group home staff and which day/days they will be in attendance.***

All others over the 3:1 ratio will be charged \$175 that covers meal expenses.



Special Olympics Connecticut

Roster Appeal / Scratch Form

**Roster changes and participant scratches will be accepted up until TWO WEEKS prior to the day of the event. Please refer to the Dates To Remember sheet for the exact deadline. Participants added to your delegation MUST have all necessary paperwork on file at the State Office.**

Delegation: \_\_\_\_\_

Please remove (**scratch**) from this delegation

Name

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

Please add this to delegation

Name

Event

Team name *if applicable*

- |         |       |       |
|---------|-------|-------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |
| 4 _____ | _____ | _____ |
| 5 _____ | _____ | _____ |

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Special Olympics Connecticut

Explanation of Absence from Qualifier form

Absence forms will be only accepted for the following reasons:

- 1. Illness with a doctor's note.
- 2. Religious reasons.

This form must be received in the SOCT State Headquarters within 3 days after the event.

Delegation \_\_\_\_\_

Participant Name \_\_\_\_\_

Qualifier missed \_\_\_\_\_

Date \_\_\_\_\_

Coach Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Qualifiers include:

Unified and Traditional Cycling

Spring Time Trials

Unified and Traditional Softball

Unified Basketball

NO C

QUALIFIER THIS YEAR!!!

<b>Scoring:</b>	<b>1=Never</b>	<b>2= Rarely</b>	<b>3=Sometimes</b>	<b>4=Frequently</b>	<b>5=Always</b>
-----------------	----------------	------------------	--------------------	---------------------	-----------------

6. The Skill Assessment Test shall consist of the following

**a. Hitting and Base Running**

Score

- Enters batter's box \_\_\_\_\_
- Assumes proper batting stance \_\_\_\_\_
- Tracks pitches to bat \_\_\_\_\_
- Makes good pitch selections to swing \_\_\_\_\_
- Know pitch count and situations \_\_\_\_\_
- Has good bat control \_\_\_\_\_
- Can hit the ball with power \_\_\_\_\_
- Can place the hit to all fields \_\_\_\_\_
- Drops or carries the bat after the ball is hit \_\_\_\_\_
- \*\* Can run with speed \_\_\_\_\_
- Avoids fielders while running \_\_\_\_\_
- Rounds a base without breaking stride \_\_\_\_\_
- Slides into a base when needed \_\_\_\_\_
- Reacts to coach's signs, signals or directions \_\_\_\_\_
- Looks for the ball and decides to stop or continue \_\_\_\_\_
- Tags up on caught fly balls \_\_\_\_\_

**b. Fielding, Throwing, and Catching**

- Cleanly fields a grounded ball hit directly at them \_\_\_\_\_
- Moves laterally to a grounded ball and fields it cleanly \_\_\_\_\_
- Catches a fly ball hit to them \_\_\_\_\_
- Catches a fly ball on the run \_\_\_\_\_
- Can leap to catch a fly or thrown ball \_\_\_\_\_
- Can drive to field a hit or thrown ball \_\_\_\_\_
- Can position them self at a base to catc a thrown ball \_\_\_\_\_
- Can properly grip a ball \_\_\_\_\_
- Can throw a ball with velocity \_\_\_\_\_
- Knows where to throw the ball without coaching \_\_\_\_\_
- Has a quick release \_\_\_\_\_

\*\* To determine base speed a timer should be used and charted. Fast, slow and average times shoud be based upon the base distance and field conditions. Softer sand infields will be considerably slower than artificial surfaces or cement. Objectivity is important as fast in younger skills athletes is NOT fast by adult athletic standards!

<b>Scoring:</b>	<b>1=Never</b>	<b>2= Rarely</b>	<b>3=Sometimes</b>	<b>4=Frequently</b>	<b>5=Always</b>
-----------------	----------------	------------------	--------------------	---------------------	-----------------

Continued

**c. Pitching**

Score

- Remains in contact with the pitching rubber \_\_\_\_\_
- Pauses on the pitcher's plate prior to the pitch \_\_\_\_\_
- Can maintain a legal arc (6-12') \_\_\_\_\_
- Pitches with accuracy \_\_\_\_\_
- Knows the count and makes appropriate pitch selection \_\_\_\_\_
- Finishes the pitch in fielding-ready position \_\_\_\_\_
- Makes sure team is ready prior to each pitch \_\_\_\_\_
- Is a team leader \_\_\_\_\_

**d. Coaching (Overall Team Grades for all Coaches)**

- Have good control of team \_\_\_\_\_
- Communicate well with athletes and partners \_\_\_\_\_
- Have knowledge of rules \_\_\_\_\_
- Have a positive attitude \_\_\_\_\_
- Are prepared (line-up cards, equipment, etc...) \_\_\_\_\_
- Can direct runner from coach's box \_\_\_\_\_



## EXEMPTION REQUEST

A complete team roster is required

This request must accompany your roster and is due by the registration due date

Athlete/Partner Name:

Date of Birth:

Age as determined by the date of competition

Sport:

Coach Name:

Team Name:

Local Program:

AGE GROUP FOR WHICH EXEMPTION IS REQUESTED (please check one)

**Traditional and Unified Teams may request no more than 2 exception for an athlete or partner to play up or down one age group.**

- Junior 8-16yrs
- Senior 13yrs-21yrs
- Masters 18+yrs

Please explain the details and rationale for your request:

I confirm that the Athlete/Partner meets the criteria necessary to play up or down to the age group requested above:

- \* Athlete/Partner's skill, strength, speed, size and social maturity are comparable to the requested age group
- \* There is no risk to the health and safety of any athlete/partner on that team
- \* An athlete/partner may only play up or down one age group
- \* There will be no more than two combined age groups on a team

Coach Signature

Local Coordinator Signature

If Athlete/Partner is under 18

Parent/Guardian Signature

This document must be sent with your team roster and registration to:

Special Olympics CT  
2666 State St., Suite 1  
Hamden, CT 06517

[susanm@soct.org](mailto:susanm@soct.org)