



## Summer Sports Competition Entry Information Softball

<b>Head coach name</b>					
<b>Daytime or cell phone</b>	<input type="checkbox"/> Daytime	<input type="checkbox"/> Cell phone			
<b>E-mail address(es)</b>					
<b>Type of team (check one)</b>	<input type="checkbox"/> ISC	<input type="checkbox"/> Tee-Ball	<input type="checkbox"/> Coach-Pitch	<input type="checkbox"/> Traditional	<input type="checkbox"/> Unified
<b>Team name</b>					
<b>Are all athletes/partners on the roster 21 years of age or younger?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

### Assistant Coach/Chaperone Roster

Please be sure to include enough assistant coaches and/or chaperones to meet the requirement of 1 coach/chaperone for every 4 athletes. Please indicate anyone serving as a 1:1 chaperone by putting an "x" in the "1:1 chaperone" column and include the name of the athlete that the volunteer is a 1:1 chaperone for.

Name	1:1 chaperone

### Competition Entry Reminders

- Please review the 2015 Special Olympics Oregon Softball Rules and Guidelines for the complete list of rules and guidelines for the 2015 softball season.
- Please be sure that each athlete/unified partner listed on the roster has a current medical form or unified partner form on file that is valid through the end of the season.
- Please indicate if an individual is a unified partner by putting an "x" in the "UP" column.
- Please include all special notes about an athlete (i.e., blind, deaf, etc) in the "Notes" column.
- Please indicate any athlete that needs 1:1 supervision by putting an "x" in the "1:1" column with the name of the volunteer who is serving as the athlete's 1:1 chaperone.
- Complete one Team Evaluation Questionnaire (TEQ) for each separate team, which is to be used for team divisioning.



## Softball Team Evaluation Questionnaire

<b>Head coach name</b>	
<b>Team name</b>	

**NOTE:** All questions pertain to your starting 10 players.

PITCHING				
On average, your starting pitcher walks how many batters per inning?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3+
What is the furthest distance from which your pitcher can pitch?	<input type="checkbox"/> 40 feet	<input type="checkbox"/> 45 feet	<input type="checkbox"/> 50 feet	

DEFENSE					
What percentage of the time is your pitcher able to successfully field balls hit back toward the pitching area and make the play to first base?	<input type="checkbox"/> 0%	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
What percentage of the time can your first baseman consistently catch balls thrown within arm's reach?	<input type="checkbox"/> 0%	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
Which infielders will field a ground ball and throw to the appropriate base 50% of the time? (Check all that apply.)	<input type="checkbox"/> First baseman	<input type="checkbox"/> Second baseman	<input type="checkbox"/> Third baseman	<input type="checkbox"/> Shortstop	
Which outfielders will catch a fly ball hit within three steps of them either direction? (Check all that apply.)	<input type="checkbox"/> Left fielder	<input type="checkbox"/> Left center fielder	<input type="checkbox"/> Right center fielder	<input type="checkbox"/> Right fielder	

HITTING	
How many hitters can make contact with the ball 50% of the time?	
How many hitters can hit the ball with enough force to get the ball out of the infield 50% of the time?	
How many hitters can hit the ball with enough force to get the ball past the outfielders 50% of the time?	
How many hitters can hit the ball in any direction they would like 50% of the time?	

TEAM PLAY	
How many players understand and demonstrate the strategy of the game (which base to throw to, running bases aggressively, knowledge of the strike zone, etc)?	

DOMINANCE	
How many dominant player(s) do you have on your team that can have a major impact on your team's success in a game? (List their names with their jersey numbers below.)	
<b>Name(s) of Dominant Player(s)</b>	

GENERAL INFORMATION	
How many subs do you have?	
Does it make a significant difference in your team if you put in 1 or 2 subs at the same time? If yes, please explain.	
Is this the same team that played last year?	
If yes, is this team higher, lower, or the same as last year?	
What was this team's name last year?	
Please rank team's overall skill level from 1-10 (1 just above Tee-Ball, and 10 as the highest level of traditional teams).	