

# O.A.S.A. High and Inside

The Official Newsletter of the Ontario Amateur Softball Association

Volume 4 Issue 1

February 2013

## Minor Committee

### **OASA Residency Rule**

At the OASA AGM in November one of the main rules on the agenda for discussion and voting was related to the Residency Rule.

At the end of the day the vote resulted in the rule for 2013 being that only one release will be required for a player to be able to move to another centre. A player will only need to get a release from his home centre, or the nearest centre to his residence, in order to play for any other centre in the province.

If you have any questions regarding residency or releases please contact Mary Myers, OASA Registrar ([mjnm@sympatico.ca](mailto:mjnm@sympatico.ca)) or myself.

**Dave Northern**  
**Residency Committee Chair**  
**[dave.northern@sympatico.ca](mailto:dave.northern@sympatico.ca)**

## **OASA Minor Committee**

Each year the Minor Committee looks for volunteers to oversee the activities for all divisions from Junior Mite through to Midget as well as assist in other special events or clinics that the OASA hosts.

Division Convenors are the primary contact point between the OASA and the teams in each division to ensure that they are aware of dates for Qualifiers or Eliminations and Provincial, Eastern Canadian or Canadian Championships.

Other activities that the Minor Committee representatives participate in are Springboard Clinics, Convening at tournaments and potentially representing the OASA at local association events.

There are typically only one or two face to face meetings (Feb/Mar and May/June) usually held in Toronto and the rest of the communications are conducted via conference calls or email.

If you are interested in volunteering to be a part of the 2013 OASA Minor Committee please contact me to express your interest.

**Dave Northern**  
**OASA Minor Committee Chair**  
**dave.northern@sympatico.ca**

# Masters

## **2013 OASA Masters “A” & “B” Tournament**

The Ontario Amateur Softball Association is pleased to announce that the 2013 Masters “A” & “B” Tournament will take place in Cambridge Ontario at the Cambridge Sports Park. This tournament will crown the Ontario Champions in each division. This tournament has a rich history and will once again be known as the “Jack Cook Classic.” All proceeds from this tournament are turned over to the OASA Scholarship Fund.

**Tournament Dates: Friday July 12th – Sunday July 14th 2013**

**OASA Tournament Director: Mike Goodridge [goodridgesoftball@gmail.com](mailto:goodridgesoftball@gmail.com) 289-389-9158**

Please contact Tournament Director Mike Goodridge if you have any questions or to express your intent to enter. Last year there were 6 teams in Bracebridge and the OASA is hoping that a move back to Southern Ontario will attract more teams to the tournament. The Toronto Gators will be back in 2013 to defend their OASA Masters “A” title they won last year in Bracebridge.

More information will be released in the coming weeks including hotel info, affiliation dates and fees, eligibility rules etc. Please forward this information to anyone who may be interested in the tournament.

**Mike Goodridge (Hamilton Ontario)**

**OASA Masters Tournament Director**

**[goodridgesoftball@gmail.com](mailto:goodridgesoftball@gmail.com)**

**289-389-9158**

**OASA Website: <http://www.oasa.ca/>**

# Springboard

## O.A.S.A. Fastball Springboard Clinics For Players and Coaches

- Come out and learn how to improve your fastball skills
- Master Pitching Instructor & Team
- Coaches will teach you how to pitch, catch, hit and field!
- For Male and Female Athletes Aged 8 – 12 & 13 – 18
- Minor team coaches will learn about skills, drills, practice organization & strategy

**Saturday March 23, 2013  
Bracebridge Public School,  
90 McMurray St.,  
Bracebridge, ON**

**Saturday April 13, 2013  
Huron Park Secondary School  
900 Cromwell St.,  
Woodstock, ON**

**Saturday April 27, 2013  
West Carleton Secondary School,  
3088 Dunrobbin Rd.,  
Dunrobbin, ON**

**Players please bring your own bats, helmets & gloves**

**Cost: \$10.00 (fee includes T-Shirt)**

Visit [www.oasa.ca](http://www.oasa.ca) for registration information

## Insurance

### ONTARIO AMATEUR SOFTBALL ASSOCIATION

#### 2013 LIABILITY INSURANCE PROGRAM

##### SPECIAL ENDORSEMENT FOR LIQUOR LIABILITY

YOU MUST HAVE REGULAR LIABILITY INSURANCE IN ORDER TO RECEIVE THE SPECIAL ENDORSEMENT FOR LIQUOR LIABILITY.

##### TOURNAMENT OR BANQUET/DANCE WITH BEER/LIQUOR

<u>No. of people</u>	<u>1 day</u>	<u>2 days</u>	<u>3 days</u>	<u>4days</u>	<u>5 days</u>	<u>6 days</u>	<u>7days</u>	<u>8 days</u>	<u>9days</u>	<u>10 days</u>
under 100	\$170	\$290	\$410	\$530	\$650	\$770	\$890	\$1,010	\$1,130	\$1,250
101-250	\$230	\$374	\$518	\$662	\$806	\$950	\$1,094	\$1,238	\$1,382	\$1,526
251-500	\$320	\$561	\$802	\$1,043	\$1,284	\$1,525	\$1,766	\$2,007	\$2,248	\$2,489
over 500	RATES ON REQUEST									

THE NUMBER OF PEOPLE IS TO BE BASED ON THE TOTAL POSSIBLE ATTENDANCE AT THE BEER TENT (OR BALL PARK IF TOTAL PARK IS LICENSED) AT ANY ONE TIME.

A SEPARATE LIQUOR LIABILITY INSURANCE POLICY IS REQUIRED FOR EACH LIQUOR LICENSE.

**NOTE: ALL TEAMS PARTICIPATING IN THE TOURNAMENT MUST HAVE LIABILITY INSURANCE.**

**OTHER FUND RAISING EVENTS**

**Clinics, Demonstrations, etc.                      \$1.60 per participant**

**Affiliated/Associate Teams/ Associations:**

**A Special Events Application form MUST be filled out with an attached cheque made payable to the Ontario Amateur Softball Association (O.A.S.A.) and received seven (7) days prior to the event. This form can be found on our website at [www.oasa.ca](http://www.oasa.ca)**

**NOTE: Activities outside normal softball, e.g. (Winter Tournaments with beer/liquor WILL NOT be covered).**

**ALL REQUESTS MUST BE DIRECTED TO:**

**Sharon Taylor**

**Ron Taylor**

**Insurance Coordinators**

**RR #2, S 1, CA23**

**17, FR #44 (Round Lake)**

**Havelock, ON**

**K0L 1Z0**

**Telephone No. (705) 778-2637**

Fax No. (705) 778-2713

E-mail: rstaylor@xplornet.ca

OASA Web-site: www.oasa.ca



PLEASE MAKE CHEQUES PAYABLE TO:  
THE ONTARIO AMATEUR SOFTBALL ASSOCIATION (O.A.S.A.)

## 2013 O.A.S.A. INSURANCE APPLICATION FORM

Association Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

City: \_\_\_\_\_ Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_ Fax Number: \_\_\_\_\_

<b>Liability Insurance</b>		<b>Accident Insurance*</b>	
Number of Non-affiliated Teams (House League)	<u>          \$24.00/team          </u>	Number of Adult Teams	<u>          \$32.50/team          </u>
Number of Affiliated Teams	<u>          \$22.00/team          </u>	Number of Minor Teams**	<u>          \$27.00/team          </u>
<b>Total Liability Insurance:</b>	<b>\$</b> <u>                                  </u>	<b>Total Accident Insurance:</b>	<b>\$</b> <u>                                  </u>
	<b>Total Due:</b>		<b>\$</b> <u>                                  </u>

**PLEASE LIST THE NAMES OF ALL TEAMS YOU ARE INSURING ON THE BACK OF THIS FORM**

*\* Accident Insurance is NOT available unless Liability Insurance has been purchased.*

*\*\* Minor Teams must have only players under 19 years of age*

**NOTE: UMPIRES SHOULD OBTAIN THEIR INSURANCE FROM SOFTBALL ONTARIO**

Please include the information below regarding **Non-affiliated (House League) Teams only**. Do not count players or teams involved in your Representative Program in the fields below. To ensure players are properly recorded, please count each player only once. For example, a player who plays both House League and Select counts as only one (1) player.

<b>Player Information</b>				<b>Program Information</b>		
Please indicate the number of Male and Female players registered in each age group (Player age as of January 1, 2013)				Please check (☑) all programs your Association offers, and indicate the number of players in each program.		
Male		Female		Programs	Offered (☑)	Number of Players
Under 8	_____	Under 8	_____	Learn to Play	_____	_____
Under 10	_____	Under 10	_____	Blast Ball	_____	_____
Under 12	_____	Under 12	_____	T-Ball	_____	_____
Under 14	_____	Under 14	_____	Coach Pitch	_____	_____
Under 16	_____	Under 16	_____	Select	_____	_____
Under 19	_____	Under 19	_____	Other *	_____	_____
Adult	_____	Adult	_____	*Please Specify: _____		

**Team Information**

Please indicate the total number of teams registered in your Association, as well as the average number of Players per team.

# of Male Teams: \_\_\_\_\_  
# of Female Teams: \_\_\_\_\_  
# of Co-Ed Teams: \_\_\_\_\_  
Average # of Players / Team: \_\_\_\_\_

**Coaching Information**

Please indicate the total number of male and female coaches, as well as the total number of volunteers in your Association.

# of Male \_\_\_\_\_  
# of Female \_\_\_\_\_  
Average # of Coaches / \_\_\_\_\_  
# of Volunteers: \_\_\_\_\_

*NOTE: Competitive Teams may be required to submit further information to become affiliated with the OASA.*

**Make Cheques payable to the Ontario Amateur Softball Association or O.A.S.A.**

Send to:

Ron / Sharon Taylor

O.A.S.A. Insurance Coordinators

R.R. #2, S1, CA23  
17, F.R. #44, (Round Lake)

Telephone: (705) 778-2637  
Fax: (705) 778-2713

Havelock, ON

E-Mail: rstaylor@xplornet.ca

KOL 1Z0

OASA Web Site: www.oasa.ca



*Please note that your insurance coverage and membership with the Ontario Amateur Softball Association expires on January 1 following the year in which your fees are paid. POLICE RECORDS CHECK POLICY: It is the policy of the OASA that a current (3 years) Police Record Check is required for any individual who is in a position of trust or authority while working with youth (under the age of 19). It is the responsibility of each team, league or association to ensure that Police Record Checks have been completed.*

*PRIVACY ACT: By providing the Ontario Amateur Softball Association (OASA) with your Association's information on this registration form, you are giving consent to the OASA to collect and use your Association's information for the following purposes: of receiving communications from the OASA and Softball Ontario, the publication of your Association's contact information on the OASA's and Softball Ontario's web site to assist in promoting registration, and the reporting of registration information to Softball Ontario. Association contact information and program offerings will also be released to potential participants to assist in placing them in a local association.*

*I understand that I may withdraw consent to the collection, use or disclosure of my Association's information at any time by contacting the OASA.*



Signature \_\_\_\_\_

Date \_\_\_\_\_



ONTARIO AMATEUR SOFTBALL ASSOCIATION

2013 LIABILITY INSURANCE PROGRAM

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SPECIAL EVENTS LIABILITY INSURANCE APPLICATION  
FOR LIQUOR LIABILITY COVERAGE

1. Name of Applicant / Name of Insured:

\_\_\_\_\_  
\_\_\_\_\_

2. Street Address:

\_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
\_\_\_\_\_

3. Contact Name:

\_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_ E-mail address: \_\_\_\_\_  
\_\_\_\_\_

4. Describe Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Location of Event:

\_\_\_\_\_

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6. Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_

7. Please provide the following information about the daily activities and estimated attendance:

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1				
Day 2				
Day 3				
Day 4				

\*Attach separate sheet for events beyond four days or to provide more detail

8. Are you serving or providing alcoholic drinks at any time?  
\_\_\_\_\_

When?  
\_\_\_\_\_

9. Name & Address of Liquor Permit Holder:  
\_\_\_\_\_  
\_\_\_\_\_

10. Type of Function: \_\_\_\_\_

11. Previous Experience producing this type of event:  
\_\_\_\_\_  
\_\_\_\_\_

12. Will grandstands or bleachers be used? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe construction:

Capacity: \_\_\_\_\_ Condition \_\_\_\_\_

13. Describe safety measures and risk management plans in force, i.e. parking, traffic, security, supervision, first aid, emergency evacuation procedures, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Has any company previously declined or cancelled any insurance coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

15. Previous Insurer:

Name & Policy  
Number:

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16. Previous Premium:

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17. Limits Requested:

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18. Previous Loss History in the past five years:

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**Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.**

Authorized Signature:

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Please Print Name:

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Position or Title:

Date:

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# OASA Affiliation



## APPLICATION FOR O.A.S.A. TEAM AFFILIATION

Please complete a separate application form for each team

Affiliate Member — Please see Series Cost below and fill out sections 1 & 2 & 3 where applicable

Associate Member — \$25.00 - please fill out sections 1 & 2

### **POLICE RECORD CHECKS (FOR ALL PERSON INVOLVED WITH YOUTH) AND ANTI HARRASSMENT**

### **POLICIES MUST BE FOLLOWED. TEAM INSURANCE IS MANDATORY**

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SERIES	AFFILIATION	TOURNAMENT FEE	SOFTBALL CANADA FEE	TOTAL	AFFILIATION DUE DATE
Sr. Men	\$100.00	\$115.00	* \$500.00	<b>\$715.00</b>	<b>June 10<sup>th</sup></b>
Great Lakes			<b>See Great Lakes Tournament Application</b>		
Int. Men B/C	\$100.00	\$250.00		<b>\$350.00</b>	<b>June 10<sup>th</sup></b>
Masters	\$100.00	\$250.00		<b>\$350.00</b>	<b>June 10<sup>th</sup></b>
Orthodox	\$100.00	\$250.00		<b>\$350.00</b>	<b>June 10<sup>th</sup></b>
Jr. Men A	\$100.00	\$265.00	* \$500.00	<b>\$865.00</b>	<b>May 25<sup>th</sup></b>

Jr. Men B/C                      \$100.00                                      \$250.00    **\$350.00**                                      **May 25<sup>th</sup>**

\*Senior Men – If team does not qualify for the Canadians the \$500.00 Softball Canada fee is returned.

\*Junior Men – If team does not qualify for the Canadians the \$500.00 Softball Canada fee is returned.

If the team from Provincial “A” wishes to play in the “B/C” the \$250.00 will be deducted from the Softball Canada fee and the remainder returned.

<b>SERIES</b>	<b>AFFILIATION</b>	<b>TOURNAMENT FEE</b>	<b>ELIMINATION OR QUALIFIER FEE</b>	<b>TOTAL</b>	<b>AFFILIATION DUE DATE</b>
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Midget	\$100.00	\$250.00	\$300.00	<b>\$650.00</b>	<b>May 25<sup>th</sup></b>
Bantam	\$100.00	\$250.00	\$300.00	<b>\$650.00</b>	<b>May 25<sup>th</sup></b>
Pee Wee	\$100.00	\$250.00	\$300.00	<b>\$650.00</b>	<b>May 25<sup>th</sup></b>
Squirt	\$100.00	\$250.00	* \$200.00	<b>\$550.00</b>	<b>June 15<sup>th</sup></b>
Mite/Jr. Mite	\$100.00	\$250.00	* \$200.00	<b>\$550.00</b>	<b>June 15<sup>th</sup></b>

\* Squirt, Mite & Jr. Mite will be refunded the qualifier fee if no qualifier tournament for their division.

**Minor                      Minor Elim. &**

**Please Check: Sr. Men** \_\_\_\_\_ **Int. Men B/C** \_\_\_\_\_ **Masters** \_\_\_\_\_ **Orthodox** \_\_\_\_\_ **Prov. Only** \_\_\_\_\_ **Prov.** \_\_\_\_\_

**Section #1 – The Contact name below is empowered to make all decisions and arrangements for the TEAM to participate in tournament championship.**

**Team Name** \_\_\_\_\_ **Centre** \_\_\_\_\_ **Series** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Home Phone#** \_\_\_\_\_ **Business Phone #** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Email** \_\_\_\_\_

**Section #2 – Association Information**

Assoc. Name \_\_\_\_\_ Centre \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Business Phone# \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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**Section #3 – League Information**

League Name \_\_\_\_\_ President \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

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PLEASE MAIL THIS FORM WITH CHEQUE (PAYABLE TO THE O.A.S.A) TO THE REGISTRAR

Mary Myers Phone – 905-727-5139

44 Hilltop Blvd. Fax – 905-727-5139

R. R. #1 e-mail – [mjnm@sympatico.ca](mailto:mjnm@sympatico.ca)

Gormley, Ont. O.A.S.A. web site – [www.oasa.ca](http://www.oasa.ca)

LOH 1G0

Name on Cheque

**OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_ Affiliation \_\_\_\_\_

Receipt # \_\_\_\_\_ Prov. \_\_\_\_\_

Cheque # \_\_\_\_\_ Elim. \_\_\_\_\_

Qual. \_\_\_\_\_ Total \_\_\_\_\_

# OASA TOURNAMENTS

## OASA TOURNAMENTS 2013

DIVISION	DATE	HOST	CONVENOR
Peewee Elim	July 5 – 7	Cobourg	Mary Myers
Bantam Elim	July 5 – 7	New Dundee	Garry Waugh
Midget Elim	June 28 – 30	Napanee	Dave Northern
Jr. A	June 28 – 30	Owen Sound	Brad Thomson
Great Lakes/ SR	July 26 – 28	New Dundee	George Ryder
Masters A & B	July 12 – 14	Cambridge	Mike Goodridge
Mite Qualifier	July 27 – 28		
Squirt Qualifier	July 19-20	Cobourg	
Junior B	July 26-28	New Dundee	
Junior Mite	August 10-11		
Mite	August 16 – 17	Palmerston	
Squirt	August 10 – 11	Napanee	
Peewee	August 16 – 17	Ponsonby	
Bantam	August 3 - 4	Cobourg	
Midget	July 26-27		
Intermediate B/C	August 17 – 18	Frankford	



Editor: Tammy Ford  
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