



# 2017 High School Showdown



**TOURNAMENT DATES: July 7<sup>th</sup> – 9<sup>th</sup>, 2017**

Entry Fees: 18U \$600 -- Due at the time of registration.

**Deadline: Friday, June 23<sup>rd</sup>**

5 game format. Games will begin the morning of Friday, July 7.

All teams must be prepared to play Friday morning.

Games will be played at Clowson Field (368 S. Nelson Rd., Columbus, Ohio 43205)  
Home of the Capital University Crusaders Baseball Team

**FOR REGISTRATION & TOURNAMENT INFORMATION: [WWW.CRPDSPORTS.ORG](http://WWW.CRPDSPORTS.ORG)**

**Strike-Out Hunger 2017: B.A.T.S. and CRPD Baseball Give Back**

\$25 from each registration will be donated to the Mid-Ohio Food Bank of Central and Eastern Ohio



For Hotel Accommodations and Information: [TeamInn](http://TeamInn) or call (440) 539-4738 or (330) 465-8576

During your stay: [www.experiencecolumbus.com/play-here.cfm](http://www.experiencecolumbus.com/play-here.cfm)



**2017 HIGH SCHOOL SHOWDOWN TOURNAMENT**  
**Clowson Field – 368 S. Nelson Rd., Columbus, Ohio 43205**  
 Home of the Capital University Crusaders Baseball Team



This tournament is hosted by Columbus Recreation and Parks & B.A.T.S.; and benefiting the Mid-Ohio Food Bank.  
[www.crpdsports.org](http://www.crpdsports.org) – 614-645-3366

DATES: July 7<sup>th</sup>-9<sup>th</sup>, 2017  
 SANCTIONING BODY: Open  
 CLASS: Open

AGE DIVISION: 18U  
 GAME FORMAT: 5 games  
 TOURNAMENT TYPE: Qualifier

MAX # OF TEAMS: 6  
 REGISTRATION DEADLINE: Friday, June 23<sup>rd</sup>  
 ENTRY FEE: 18U / \$600

Mail Entry Form and Fee to:

**MAKE CHECKS PAYABLE TO: BATS**

**Columbus Recreation and Parks**  
**Attn: Baseball Sports Office**  
**1111 E. Broad Street Suite 103**  
**Columbus, Ohio 43205-1365**

**ALL TEAMS MUST PROVIDE PROOF OF TEAM INSURANCE, AND A SECONDARY FORM NAMING "CITY OF COLUMBUS, 1111 E. BROAD ST., COLUMBUS, OH 43205" AS AN ADDITIONALLY INSURED PARTY (TWO SEPARATE FORMS). INSURANCE CAN BE ANY CARRIER, AND MUST BE SUBMITTED AT THE TIME OF REGISTRATION. TEAMS MUST HAVE A ROSTER SUBMITTED BEFORE THEIR FIRST GAME.**

Will you be staying in Hotels? Yes \_\_\_ No \_\_\_. If yes, please follow this link to our Hotel Partner -- [TeamInn](#)

Team Name:			
Age Division: <b>18U</b>			
Manager's Name:		Manager's Email:	
Address:		Phone Numbers Cell:	Other:
City	State	Zip	
		Work:	Fax:
Secondary Contact:		Secondary Contact Email Address:	
Secondary Email Address:		Secondary Phone Numbers: Day:	Other:

As the Manager/Coach of the above listed team, I have carefully read and considered the information included with this application and completed and submitted my online roster. I agree to follow all rules, and I understand that I will be held accountable for this team. I also understand that the validity of this roster and application, and the validity of the players listed, are my responsibility as Manager/Coach.

Manager Signature	Date:
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**APPLICATION WILL NOT BE CONSIDERED WITHOUT MANAGER SIGNATURE, FULL PAYMENT, SIGNED "COACHES CODE OF ETHICS" AND TEAM INSURANCE FORM. PLEASE SUBMIT TEAM ROSTER TO CRPD SPORTS OFFICE BY THE TOURNAMENT REGISTRATION DEADLINE.**

## COACHES' CODE OF ETHICS

The following Code of Ethics has been developed in compliance with standards as set forth by the Columbus Recreation and Parks Department and the National Youth Sports Coaches Association (NYSCA).

Our coaches are the “face” of the program to our parents, umpires, our schools and our community at large. Thus, each coach is expected to maintain a high level of integrity and professionalism both on and off the field. A coach’s primary responsibility is to develop good citizens and baseball players, and to instill a passion for the game in our players. Thus, our coach’s performance is not measured by wins and losses, rather in what he/she teaches the players in terms of technique, sportsmanship and fair play.

- I will place the emotional and physical well-being of my players ahead of personal desire to win.
- I will treat each player as an individual; remember the large range of emotional and physical development for these age groups.
- I will be responsible in my demands on the player’s time, energy and enthusiasm. I will remember that they have other interests. I will always remember that my players are children, not professional athletes.
- I will always exhibit proper and ethical behavior while interacting with players, coaches, umpires, leagues, officials and parents at all games. I understand that the use of foul or abusive language is strictly prohibited.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will treat each player, opposing coach, umpire, tournament official, and parent with respect and dignity.
- I will remember that I am a youth sports coach and that the game is for children and not adults.

With my signature below, I acknowledge that I have read, understand, and accept the terms of this code, and will do my best to fulfill the terms of this document. I understand that not upholding the terms of this code and agreement can result in removal from my coaching position.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## 2017 HIGH SCHOOL SHOWDOWN TOURNAMENT

Team Checklist – No application will be accepted without the following:

1. Complete registration form with all available points of contact
2. Full tournament payment
3. Signed Coaches’ Code of Ethics form
4. Valid team insurance form; only team certificate holder is required (should a team enter multiple tournaments during the season, only 1 form is necessary).
5. Valid secondary insurance form naming “City of Columbus, 1111 E. Broad St., Columbus, OH 43205” as additional insured.