



Ohio Ophthalmological Society
3401 Mill Run Dr., Hilliard, OH. 43026

F 614-527-6763
P 614-527-6799

www.playhardgear.com

2015 Fielder's Mask PARTICIPANT PACKET & APPLICATION

PROGRAM INFORMATION

page 1 of 6

About Sports Eye Safety

Baseball and softball are the number one cause of severe sports-related eye injuries in the United States. Eye injuries are often the result of a high-speed ball, aggressive body contact, or a swinging/moving piece of sports equipment. Young players often lack the reflexes, coordination, strength, or experience to avoid these eye hazards. For example, children often misjudge balls in flight, causing them to take a blow to the face or head.

The result of eye injuries can be devastating. These injuries can cause loss of vision or the complete loss of an eye. Even a minor injury can cause retinal detachment and blindness.

About the Play Hard. Don't Blink. Program

The Ohio Ophthalmological Society's (OOS) **Play Hard. Don't Blink.** sports eye safety program works with organized Ohio youth baseball and softball leagues to prevent eye injuries by donating protective batting helmets and fielder's masks.

The **Play Hard. Don't Blink.** program is funded through the Ohio Department of Health Save Our Sight program. Since the program's beginning in 1999, the OOS has donated more than 65,000 helmets and fielder's masks to over 12,000 teams in Ohio. In the 2015 season, the OOS will be donating thousands more helmets and fielder's masks to youth baseball and softball leagues in Ohio.

We try to serve as many leagues as possible and give careful consideration to each application we receive. Current participating leagues applying for additional equipment to add teams or replace equipment through our program will be served based on helmet availability. It is our hope that leagues that have already benefitted from our program will support sports eye safety efforts by purchasing additional protective equipment through league funds.

How the Play Hard. Don't Blink. Program Works

Please carefully review the program guidelines page of this packet for a complete summary of program guidelines and criteria. Once your league has reviewed and agreed to the program guidelines, please submit your completed application to the OOS at the address provided on the last page of this packet. All applications are reviewed and letters of acceptance or denial are mailed in mid-December.

Unfortunately, due to the large amount of requests we receive for equipment, we are not able to fulfill all requests. **IF YOU DO NOT RECEIVE A LETTER OF ACCEPTANCE OR DENIAL FROM US BY JANUARY 1, 2015, PLEASE CONTACT OUR OFFICE AT (614) 527-6799.**

Important Dates to Remember

December 3, 2014: 2015 applications due to the OOS.

Mid-December 2014: Applications are reviewed and letters of program acceptance or denial are mailed to leagues.

Mid-January 2015: Program materials are sent to the League Administrator at the League Administrator's address provided.

Mid-December 2014 to January 2015: Equipment orders are shipped directly to the shipping address provided.

April 29, 2015: All pre-season information including coaches pre-season evaluation and the coaches roster information must be submitted. Each participating coach must complete one pre-season questionnaire.

June 28, 2015: All post-season questionnaires are due. Each participating coach must complete one post-season questionnaire.



Ohio Ophthalmological Society
3401 Mill Run Dr., Hilliard, OH. 43026

F 614-527-6763
P 614-527-6799

www.playhardgear.com

2015 Fielder's Mask PARTICIPANT PACKET & APPLICATION

PROGRAM GUIDELINES

page 2 of 6

In order to participate in the Play Hard. Don't Blink. program, each participating league MUST:

- Be an amateur girls softball league in the state of Ohio with players between the ages of 5 to 18.
- Mandate the use of the protective equipment.

In order to participate in the Play Hard. Don't Blink. program, each participating league administrator MUST:

- Accept overall responsibility for league adherence to program and use of protective equipment. Should League Administrators change, it is the signing League Administrator's responsibility to notify us of the change and to inform the successor of the responsibility to the program.
- Agree to supporting the **Play Hard. Don't Blink.** program and the importance of sports eye safety for young athletes.
- Provide a complete roster of participating team's coaches including; coaches name/home address/team name/players age ranges/sex of players/number of children on team/and whether for baseball or softball. This is for our informational purposes only, mailing lists will not be shared.
- Complete the administrator's pre-season questionnaire and information in the participant packet.
- League administrators are responsible for dispersing, collecting and returning all of the coaches pre- and post-season evaluations. **Pre-season coaches questionnaires are due NO LATER THAN APRIL 29th, 2015 AND MUST BE RECEIVED FROM EACH PARTICIPATING COACH TO ENSURE DELIVERY OF EQUIPMENT. Post-season questionnaires are due NO LATER THAN JUNE 28th, 2015 and MUST BE RECEIVED FROM EACH PARTICIPATING COACH.**
- Agree to the possibility of having program representatives visit your league during the year.
- Provide space for the protective fielder's mask to be housed until the season begins. This space must be available Monday-Friday during the months of December and January from 9am-5pm with a person available to accept the delivery. Person receiving the order will need to assist in unloading the 5 lb boxes from the delivery truck. We will try to notify you when the delivery is scheduled, however, this is not always possible.

THIS IS A THREE-YEAR COMMITMENT.

Your league is agreeing to completing and returning the pre- and post-season evaluations for the next three years in addition to abiding to the above. At the end of these three years, the equipment becomes property of the participating league. In addition, your organization agrees to provide the educational materials to the parents, players and coaches in your program.

If the participating league fails to submit information as requested, the league will be required to return all equipment at their own expense to the **Play Hard. Don't Blink.** program.



Ohio Ophthalmological Society
3401 Mill Run Dr., Hilliard, OH. 43026

F 614-527-6763
P 614-527-6799

www.playhardgear.com

2015 Fielder's Mask PARTICIPANT PACKET & APPLICATION

PROGRAM INFORMATION

page 3 of 6

All information MUST be completed for your application to be considered.

League Administrator Name and Title:

League Name:

League Administrator Address:

ADDRESS

CITY

ZIP

COUNTY

Phone Number (day):

Phone Number (evening):

Email Address:

Safety Officer Name:

Safety Officer Address:

ADDRESS

CITY

ZIP

COUNTY

Coaches Meeting Date:

Coaches Meeting Location:

Organized Youth League Name:

League Phone Number:

Organized Youth League Address:

ADDRESS

CITY

ZIP

COUNTY

Total Number of Teams in League:

Total Number of Children in League:

Age Ranges:

Playing Season Starts:

Playing Season Ends:

Number of children that will be wearing the protective eyewear:

Number of teams wearing protective eyewear:

Ages of children wearing the protective eyewear:

☐ 5-7

☐ 6-8

☐ 9-11

☐ 12-14

☐ 15-18

Has your league ever applied to the **Play Hard. Don't Blink.** baseball or softball program?

☐ Yes

☐ No

If **yes**, what year? ☐ 2000 ☐ 2001 ☐ 2002 ☐ 2003 ☐ 2004 ☐ 2005 ☐ 2006 ☐ 2007

☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012 ☐ 2013 ☐ 2014

Was your league accepted into the **Play Hard. Don't Blink.** baseball or softball program?

☐ Yes

☐ No

If **yes**, how many teams currently participate in the program?

How did you hear about our program?

☐ Parent

☐ Player

☐ Coach

☐ Television

☐ Newsletter

☐ Brochure

☐ Mailing

☐ Program web site

☐ Ohio Department of Health/Save Our Sight web site

☐ Other (specify)



Ohio Ophthalmological Society
3401 Mill Run Dr., Hilliard, OH. 43026

F 614-527-6763
P 614-527-6799

www.playhardgear.com

2015 Fielder's Mask PARTICIPANT PACKET & APPLICATION

PROGRAM PARTICIPANT QUESTIONNAIRE

page 4 of 6

All information MUST be completed for your application to be considered.

Will you or your youth league be mandating the use of the children's protective eyewear while they are playing?

☐ Yes ☐ No

What was the greatest force in your league's decision to use the protective equipment?

☐ Concern for player's safety
☐ Liability
☐ Parental pressure
☐ Donation of equipment through this program

Did the **Play Hard. Don't Blink.** program make the protective eyewear more accessible for your team/league?

☐ Yes, we couldn't find the equipment anywhere else
☐ Somewhat, we could have ordered elsewhere but this was the easiest way
☐ Not really

What role did the donation of the equipment through the **Play Hard. Don't Blink.** program play in the decision to use protective eyewear?

☐ STRONG- Without the donation our team/league would not have purchased the protective eyewear
☐ It helped somewhat
☐ It was not a factor in our decision

How important do you think this kind of protection is? Please rate importance:

☐ Extremely Important
☐ Somewhat Important
☐ Not Important

Do you feel the protective eyewear will make a difference in protecting your players vision on the field?

☐ Yes ☐ No ☐ Undecided

Please rate how difficult you think it will be to get your league to wear the fielder's masks? Please rate difficulty:

☐ Not difficult at all
☐ Somewhat difficult
☐ Extremely difficult

Do you believe the use of protective eyewear will enhance or inhibit your players performance?

☐ Enhance
☐ Inhibit

Before learning about the **Play Hard. Don't Blink.** program, were you aware of the types of sports protective eyewear that is available?

☐ Yes ☐ No

What were the key variables in your league's decision to use the fielder's masks?

☐ Mandated by league
☐ I want to provide safest equipment available for my team/league
☐ Fielder's Masks free of cost
☐ Parents requested
☐ Children requested

Does your league currently have a written policy regarding protective eyewear?
If you answered **yes**, would you please share with us that policy?

☐ Yes ☐ No

The **Play Hard. Don't Blink.** program is funded through the Ohio Department of Health's (ODH) Save Our Sight fund. In order to monitor our program's effectiveness in serving large and diverse numbers of children throughout Ohio, ODH has asked that applicants provide information about the children who will be benefiting from the use of the equipment. Please complete the following information to the best of your ability:

Percentage of children served:
_____% African American/Black
_____% American Indian/Alaska Native
_____% Asian/Pacific Islander
_____% Hispanic or Latino
_____% White

Comments:

2015 Fielder's Mask PARTICIPANT PACKET & APPLICATION

PROGRAM PARTICIPANT ORDER FORM page 5 of 6

All information MUST be completed for your application to be considered.

All orders must be received by December 3, 2014.
No individual orders are accepted.

The following information from this packet must be submitted with order:

- program participant information
- program participant questionnaire
- program participant order form
- signed program participant agreement form

All pre-season information including the coaches pre-season evaluation and the coaches roster information must be **submitted on or before April 29th 2015** or the equipment order will not be shipped.



RIP-IT Fielder's Mask

Ultra-Light Weight

- More secure and stable (no wobbling/dangling)
- Doesn't slow you down and reduces fatigue

Steel Construction

- Does not impede visibility like plastic masks
- Most durable mask on the market

Blackout Technology

- Overall increased in visibility
- Reduce glare helps you see the field and the ball
- Higher contrast between the defence and the ball for better visibility
- Never lose sight of the ball

Moisture Management Padding

- Absorbs sweat to help keep you dry
- Replaceable and washable
- Comfortable fit

Calculation: Number of softball teams participating
x 4 fielder's masks per team.

Total Softball Fielder's Masks Requested: #

Location for Shipment:

Please provide a location for shipment delivery that will have a person available to receive the order. Once you are accepted into the program and your order is placed we are unfortunately not able to change the shipping address.

Contact Name for Individual Receiving Equipment:

Address (NO P.O. BOXES):

ADDRESS

CITY

ZIP

Phone Number (day):

Phone Number (evening)

Email Address:

Date order is needed:



Ohio Ophthalmological Society
3401 Mill Run Dr., Hilliard, OH. 43026

F 614-527-6763
P 614-527-6799

www.playhardgear.com

2015 Fielder's Mask PARTICIPANT PACKET & APPLICATION

PROGRAM PARTICIPANT AGREEMENT

page 6 of 6

All information MUST be completed for your application to be considered.

By signing below, you and your league agree to be a part of the Ohio Ophthalmological Society's **Play Hard. Don't Blink.** sports eye safety program. In exchange for the protective equipment, you and your league agree to abide by the program participant guidelines outlined in this packet. This requires the league administrator to provide a complete roster of participating team's coaches information, completing the administrator's pre- and post-season questionnaire and information in the participant packet as well as dispersing, collecting and returning all the coaches pre- and post-season evaluations.

THIS IS A THREE-YEAR COMMITMENT.

If the participating league fails to submit information as requested, the league will be required to return all the equipment at their own expense to the **Play Hard. Don't Blink.** program.

Signature:

Date:

Print Name:

Your league will be notified as to the status of your application by mid-December 2014. The letter of acceptance or denial will be sent to the league administrator's address provided. If your league does not receive this mailing, please contact us directly.

Please send your completed application via mail to: Ohio Ophthalmological Society
3401 Mill Run Dr., Hilliard, OH. 43026