

Application for the Position of Manager and Assistant Coach

ALL applications MUST be accompanied by a valid Concussion Certificate. It will not be processed without it.

(See Coaches area on website for details)

Please **CIRCLE** the position that you would like to be considered for. *If more than one league please mark all that apply.*

Manager:	Team if returning:	Assistant Coach:	Team if returning:
3/4 T-Ball	_____	3/4 T-Ball	_____
5/6 T-Ball	_____	5/6 T-Ball	_____
7/8 Boys	_____	7/8 Boys	_____
9/10 Boys	_____	9/10 Boys	_____
11/12 Boys	_____	11/12 Boys	_____
13/14 Boys	_____	13/14 Boys	_____
15/18 Boys	_____	15/18 Boys	_____
7/8 Girls	_____	7/8 Girls	_____
9/10 Girls	_____	9/10 Girls	_____
11/12 Girls	_____	11/12 Girls	_____
13/14 Girls	_____	13/14 Girls	_____
15/18 Girls	_____	15/18 Girls	_____
Travel	_____	Travel	_____

If accepted, I fully understand that I will conduct myself in a manner that is outlined in the rule book, BYS playing rules and the BYS constitution. I also accept full responsibility for maintaining equipment issued to me. I will collect and return all said equipment to one central location by the date provided by the Equipment Manager and furnish inventory lists to the commissioner. I understand I am liable for any missing equipment.

I voluntarily give BYS the right to make a thorough investigation of past activities and agree to cooperate in such investigation and release from all liability all persons supplying such information. Public law 91-508 requires that we advise you that a routine inquiry characteristics and mode of living. Upon written request additional information as to the nature and score of the report, if will be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information as to the nature and score of the report, if will be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information as to the nature and score of the report, if one is made, will be provided.

Name: (Print) _____ Drivers License#: _____

Date of Birth: _____ Current Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Cell#: _____

Email Address: _____ Concussion Certificate#: _____

Signature: _____ Date: _____

I also agree to the following additional requirements and duties including attending General Body meetings the second Thursday of each month at City Hall, securing an "official" scorekeeper when I am the home team, assisting the field manager, on occasion with field maintenance, supporting all fundraising projects, securing a "team parent" to coordinate any special projects such as our fundraiser or I will be responsible for all such projects, cooperating with families regarding other athletic and school activities, providing a list of coaches to the league commissioner for Board approval, cooperating with the league commissioner in distributing information to the team and attending coaches clinics if scheduled.

Manager/Assistant Coach applications must be returned to the Board by Feb 16, 2019. Be sure that you have included a valid Concussion Certificate with your application. It will not be processed without it.

Please mail completed applications to: