



SHARPSBURG YOUTH BASEBALL COACH'S INFORMATION FORM

TEAM NAME: _____ AGE GROUP _____

NAME: _____ REGISTRATION DATE _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

GENDER MALE FEMALE DATE OF BIRTH (Optional) _____

PRIMARY PHONE _____ SECONDARY PHONE _____

PRIMARY EMAIL _____ SECONDARY EMAIL _____

CIRCLE ONE

Position applying for? **(CIRCLE ONE)** MANAGER ASSISTANT COACH

Are you a returning Manager/Coach? Yes NO YES NO

Have you ever been refused participation in any other youth programs? Yes No

if yes, describe in full: _____

AS A CONDITION OF VOLUNTEERING, I give permission for SHARPSBURG YOUTH BASEBALL to conduct a background check on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon receiving a successful background check. I also understand that, regardless of previous appointments, Sharpsburg Youth Baseball is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension or removal by SYB Board for violation of SYB policies or principles.

Signature _____ Date _____

NOTE: SYB will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.