

**Norcross Youth Travel Baseball Manager Application**

Instructions: Complete all sections. If particular sections do not apply to you, list the answer as not applicable. Print legibly or type the response to the question. In order to process this application, it is your responsibility to provide responses that can be read and understood without difficulty. Return the completed application to the Travel Baseball Commissioner in a sealed envelope or via email.

Age Group Requested: \_\_\_\_\_ (9U, 10U, 11U, 12U, 13U, 14U)

Name: \_\_\_\_\_  
(first) (middle initial) (last)

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

**ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Employer Name: \_\_\_\_\_

Supervisor Name & Telephone Number: \_\_\_\_\_

Current Employer Address, City, State, Zip \_\_\_\_\_

\_\_\_\_\_

If Employed less than 5 years at this location, list prior employer name, telephone number, and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been certified in any sports related associations?

If so, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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In the last 5 years as a coach, manager, or parent, have you ever been removed or ejected from a youth sports game or activity by the umpires or officials? or have you been suspended from your youth coaching/managing duties by the local or state governing youth sports organizations or athletic association? \_\_\_\_\_ (yes / no)

If so, provide any and all dates of occurrence. List the details of the event(s), athletic association where the event occurred, and sports activity that you managed, coached, or attended as a parent.

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Please submit three (3) personal references who have personal knowledge of your character. They must have known you for at least two (2) years, must not be related to you by blood or marriage. At least one (1) must be from a coach you have never coached with.

1) \_\_\_\_\_  
Name, Address, Telephone Number

2) \_\_\_\_\_  
Name, Address, Telephone Number

3) \_\_\_\_\_  
Name, Address, Telephone Number

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I submit that the information I have provided is true and accurate. I understand that the information which I have submitted will be evaluated and checked by the NYBSA Travel Baseball Commissioner and/or his/her designee. I agree to allow NYBSA to run a background check on me using information I have provided. In addition, I understand that as part of this evaluation process, I may be personally interviewed by the Travel Baseball Commissioner and/or in conjunction with the travel baseball committee.

By submitting this application, I agree to abide by the by-laws and rules set forth by Norcross Youth Baseball & Softball Association and the Gwinnett County Parks and Recreation Department. Furthermore, I understand that if I am granted a baseball travel team, all my coaches must complete a NYBSA coaching application form and be approved by the Travel Baseball Commissioner.

I understand that my application will be denied if I have submitted false information, and, if I am granted a travel baseball team, I understand that any failure to comply with any of the NYBSA rules and by-laws contained within the Travel Baseball Handbook or in-park baseball rules will result in the immediate withdrawal of my privileges as manager of the NYBSA travel baseball team.

Applicants Name (please print) \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_