USA Softball of Nevada – JO Division STAFF APPLICATION & AGREEMENT

Nancy Hill – JO Commissioner

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Robin Levesque–Northern District "A" Commissioner 2388 Darby Rose Lane, Sparks, NV 89346				Andi Jones -Southern District "A" Commissioner				
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STAFF APPLICA	TION	□Manager	□Head Coach	□Asst. Coach	□S	corekeeper		
Name Addr		Addres	S	City	St	Zip	Birthdate	
Home Phone Cell Phone		Work Phone	Email					

Medical Accident Insurance
Yes
No If Yes: Carrier:

I understand that this agreement is valid for as long as I am registered and a member of USA Softball of Nevada and the information on this agreement is current and up to date. I agree to maintain a copy of this agreement on my Registerusasoftball.com profile and should it be removed, I will replace it with a new agreement in a timely manner (within 48 hours). I/My Team realize that USA Softball is their primary sanctioning body and at all times will abide USA Softball's Rules, Guidelines and Standards. I pledge to work towards the common objectives of the USA Softball Junior Olympic Program in developing the interest, skills and desire of our softball players while emphasizing fun and providing a positive, supportive environment for them. I understand that as a Mgr. or Coach I am responsible for the actions and financial obligations of my team and any team I am affiliated. I agree to abide by the USA Softball Official Guide and Rule Book and the adopted rules, regulations and guidelines of Region 10 and USA Softball of Nevada-JO Division including but not limited to the following:

- 1. I shall not be guilty of un-sportsmanlike conduct or acts contrary to USA Softball of Nevada.
- 2. I shall carry accident/liability insurance for the protection of my players and team and shall carry the cards at all times.
- 3. I shall not compete with or against a disqualified team, player or coach after being notified of the disqualification.

4. I shall provide my team members with financial statements as directed by USA Softball of Nevada Guidelines.

- 5. I/My team personnel will not recruit player(s) who have signed a championship roster with another USA Softball team until after August 15th or until after the player's team is no longer eligible for Championship Play.
- 6. I/My team personnel will adhere to the USA Softball of Nevada at the place of a team activity such as practices, games, and tournaments in or out of State.
- 7. I am aware of the birth date deadlines for eligibility and accept full responsibility for the accuracy of my Non-Championship and Official Championship Roster. I will only allow eligible players to participate with my team which include team members, eligible borrowed/pick up players, eligible try-out participants. I will carry proof of registration, insurance, birth and Authorization to Treat Form for each player at all times.
- 8. I will treat all players, coaches, parents, umpires, administrators and opponents with respect and dignity. I will teach my players to do the same and will lead by example, providing a positive role model. I will never physically or verbally abuse a player regardless of the situation.
- 9. I will ensure that all my players use proper equipment and that they play and practice in a safe environment.
- 10. I will strive for improvement by positive reinforcement, not negative comments or actions.
- 11. I will never vehemently argue with or verbally abuse an umpire in front of my players, regardless of the situation.
- 12. I will obtain all required documentation, as required by USA Softball, prior to allowing a player from another team to participate on my team in any exhibition games, invitational tournament games, practices or to attend a try-out.
- I will ensure no player, parent, coach or manager may recruit a "B" or "C" player during the Recreational League's Season (Spring-Feb.1 -May 23, All Stars-May 1 -Aug 15 & Fall Aug 1 -Nov. 30) *Dates are approximate–League's Draft date is start & final game is end. I also understand that these players may not participate with my team during these periods.
- 14. I understand that if infractions of this agreement or the Code of Ethics occur, and if after review, the Committee finds that an infraction did occur, I will be subject to Committee's decision up to and including suspension from the USA Softball program.
- 15. Most importantly, I will always ensure that all my players maintain their right to have softball be fun.

I understand that as a manager/coach of young athletes, my responsibilities are of great importance and my actions have the potential to influence the young athletes I manage/coach. I want USA Softball of Nevada to function with the highest possible standards for all our participants; therefore, I promise to conduct myself in accordance with the above Coach/Manager's Agreement.

(Intials)

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK – AUTHORIZATION, WAIVER. IDEMNITY

I hereby give my permission for the USA Softball to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and that there is a procedure available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby release and forever discharge and agree to indemnify USA Softball and its affiliates and each of their officers, directors, employees, and agents harmless from any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or staff member.

Applicant's Signature: _____

_ Date: _____