

Belton Youth Baseball Association – Volunteer Application

A copy of valid government-issue photo identification must be attached and will be used to verify the information below. (Include maiden name if female)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Birth City & State: _____

Driver License #: _____

Have you ever been convicted of a crime? (circle) Yes No

If yes, list date _____ **State** _____

Felony (degree) _____

Misdemeanor (class) _____

List previous Volunteer Activity with BYBA if any:

BYBA volunteer interest [check area(s) of interest]:

☐ Board Member ☐ Head Coach ☐ Assistant Coach ☐ Umpire

☐ Concession Stand ☐ Scorekeeper ☐ Field Maintenance

☐ Other: _____

Which age division: (check all that apply) *Coaches please fill out page 2

☐ Pre-T (4-Under) ☐ 6U (T-Ball 5-6) ☐ 8U (Coach Pitch 7-8)

☐ 10U (Sr. Midget 9-10) ☐ 12U (Freshman 11-12)

☐ 14U (Sophomore (Age 13-14)

Team: (if known already) _____

As a condition of volunteering, I give permission to the Belton Youth Baseball Association (BYBA) to conduct a criminal background check on me, which will include a review of sex offender registries. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information in my background. I hereby release and agree to hold harmless from liability BYBA, its board members and volunteers, or any other person or organization that may provide such information.

Any appeal process to BYBA will be submitted to the league president. The name of the applicant will not be divulged during the appeals process to eliminate bias towards the applicant and maintain applicant confidentiality. Only the BYBA President and the designated board member assigned to conduct the background check will have access to background check results.

I also understand that regardless of previous appointments, BYBA is not obligated to appoint me to a volunteer or paid position. If approved, I understand that I am subject to suspension or removal by BYBA for violation of league policies or principles.

BYBA does not discriminate against any person on the basis of race, creed, color, national origin, marital status, sexual orientation, or disability.

Thank you for your interest in serving and protecting the children of the BYBA!!

Applicant Name (please print): _____

Applicant Signature: _____

Date: _____

Please Note: You will only be contacted if we have further questions regarding your background check information. If you are approved we will not have any reason to contact you.

BYBA Use only:

Background check completed By: _____

Date: _____

List criminal convictions, (if any) date, location and other Information:

Application is: ☐ Approved ☐ Not Approved

Belton Youth Baseball Association – Coaching Agreement

Coaching Agreement

The Belton Youth Baseball Association (BYBA) provides baseball opportunities for children ranging in age from 4-14. Every coach, assistant coach, board member, and parent must adhere to all outlined TTAB and BYBA rules. The “Head Coach” will serve as the primary contact and be responsible for the conduct of his/her players, parents and coaches while participating or watching league games and practices.

*Please initial each paragraph

1. ____ All players, coaches, and parents must adhere to the high standards of good sportsmanship and fair play. The head coach will be responsible for ensuring that all players, coaches, and spectators are conducting themselves according to BYBA standing rule IV, O as well as other TTAB rules. The BYBA board will not hesitate to suspend or ban an individual for improper behavior. **No coaching changes are authorized after Jan 6, 2017-Spring**
2. ____ The Head Coach or designated Assistant Coach must be present at the designated time/place for the **Player Draft-Spring, Coaches Meeting-Fall**. If a coach is not present at the designated time/place, that team will be moved to the last spot in the draft order, or in fall, the team could be removed from the schedule. Questions regarding play day, draft, and/or hat picks must be brought to the attention of league officials prior to the start of the draft.
3. ____ Each team will be responsible for providing 2 games balls for each game during the Fall Season. All team uniforms must be matching pants, jerseys, and hats. Pants may be gray, white, or black (**solid colors only**). All player equipment must be provided by the team.
4. ____ The Head Coach will be responsible for ensuring that players, parents, and spectators clean up after themselves. Following each game, the coaches will ensure that the stands and dugouts are clean and all trash is picked up. If these areas are not cleaned up, the team will receive one warning. If it occurs again, the team will forfeit the next scheduled game (at the sole discretion of the league President).
5. ____ **-Spring Season Only-** The Head Coach will be responsible for providing a minimum of 3 volunteers to work in the concession stand on their team’s scheduled date/time. These volunteers can be parents, coaches, or friends but must be 16 or older to participate. Schedules will be given to the Head Coach and will consist of no more than 2 scheduled slots. If the team fails to provide these volunteers, that team will forfeit the next scheduled game (at the sole discretion of the league President). A team can buy out of this requirement by making a team donation of \$200 before the first game of the season. This requirement will be waived if the team secures an Elite Sponsorship.

6. ____ **-Spring Season Only-** The Head Coach is responsible for securing the team sponsor and turning in money to BYBA prior to Play Day, according to level of sponsorship received. If team receives a sponsorship that includes a banner, the coaches will be responsible for putting the banner up before each game and taking it down afterward. If a team secures a **Super** or **Elite** sponsorship the coach will receive a stipend of \$50-Super or \$100-Elite to use toward equipment or other team needs. The Head Coach will be responsible for making sure the sponsor receives their plaque and team picture before the end of the season.

7. ____ **-Spring Season Only-** The Head Coach must submit a BYBA Protect Player Consent Form before Play Day for each player, including the coaches son. This form must be completed even if the player was a protected player during the previous season. This consent form is located on page 3.

By signing this document you are agree to comply with topics discussed in this agreement, any BYBA bylaw or standing rules, and all TTAB rules, regulations and guidelines as written in the current published rulebook. Furthermore, you acknowledge that the BYBA Board of Directors and/or President may take action against individuals or teams that violate these rules. Types of actions could include ejection, suspension, a ban from BYBA for a period of time, and even a ban from BYBA for life.

Thank you for all you do in support of Belton Youth Baseball.

X Eric J. Johnson

Eric J. Johnson
President, BYBA

X

Print Coach's Name

X

Head Coach's Signature

X

Team Name

Belton Youth Baseball Association – Protected Player Consent Form

BYBA Protected Player Consent Form

**This form must be turned in to BYBA by the Coach's Meeting on Feb 21*



I (Parent/Guardian) _____

of (Child/Player) _____, hereby give

permission for my child/player to be a protected player on

Coach _____ team, in the _____ age division.

By signing this, I understand that my child/player will hold the designation of protected, and will remain protected to this team (not coach) for the remainder of his/her term in this age group. If, for any reason, the team is disbanded, the child/player will still hold the protected status, unless approved by the TTA State Board of Directors to remove the designation.

(Parent/Guardian) signature: _____ Date: _____

I (Parent/Guardian) _____

of (Child/Player) _____, hereby give

permission for my child/player to be a protected player on

Coach _____ team, in the _____ age division.

By signing this, I understand that my child/player will hold the designation of protected, and will remain protected to this team (not coach) for the remainder of his/her term in this age group. If, for any reason, the team is disbanded, the child/player will still hold the protected status, unless approved by the TTA State Board of Directors to remove the designation.

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(Parent/Guardian) signature: _____ Date: _____

**Per TTA Rulebook 2016/2017 Official Regulations paragraph E (2)*

No team will be allowed to protect more than a maximum of 3 players. Players are protected as long as they remain on a roster in that age division unless the player returns to the draft. Then the player will lose their protected status. Returning players, that were not protected, are not considered protected players. Protected players must be named each year on a team's official Team Roster.

X

Head Coach's Signature

X

Print Coach's Name

X

Team Name

X

Age Division