Clairemont Girls Fastpitch

www.CGFP.ORG

Manager/Coach/Team Mom
2017 Season Registration Form

As a local softball league associated with The Amateur Softball Association of America ("ASA"), we support ASA's Mission Statement and Principles (as excerpted from the ASA Code).

Mission Statement Develop, direct and promote the sport of softball to ensure maximum participation, optimal performance and educational excellence.

Principles It shall be the responsibility of each member of the ASA to strive to fulfill the goals of the ASA and to promote the sport of softball. At a minimum, each member of the ASA:

A. Shall follow the rules and regulations of the ASA as established by the ASA Code and Playing Rules.
B. Shall support the ASA's programs that promote the sport of softball and educate players, coaches, officials and volunteers and the public about the game.
C. Shall act at all times with the utmost civility and sportsmanlike conduct, promoting wholesome, safe competition.
D. Shall strive to provide programs that encompass fairness to the participants and promote fair play and sportsmanship.
E. Shall take seriously his/her responsibility as a role model and encourage competitiveness in a positive manner.

Coaches in CGFP are bound by strong code of ethics whose basic elements are outlined below.

Coaches' Conduct When a coach accepts the responsibility of coaching a team, he/she acknowledges that this responsibility extends to each player, the team as a whole, the players' parents, the League, and to the sport. Accordingly, he/she:

A. Shall remember that a softball game is just that—a game.
B. Shall always put the well-being and interests of the players above any and all other interests.
C. Shall emphasize good sportsmanship, fair play, and positive values.
D. Shall strive to achieve parity and fairness through the team selection process.
E. Shall always respect the integrity and judgment of the umpires and other officials, shall accept their decisions with grace, and shall demonstrate a friendly and courteous attitude toward them at all times.
F. Shall be respectful and courteous of other coaches and all parents.
G. Shall promote the confidence and self-esteem of all players (whether on his/her team or another), shall recognize their efforts and achievements with praise, positive comments, and encouragement, shall not criticize or belittle a player at any time, and shall never yell in anger at players or anyone on the field.

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2017 Season Registration Form

ASA Softball Southern California

Please fill in the information requested below and sign the form where indicated.

First Name (Legal name on Driver License)	Middle Initial	Last Name	M / F

Address	City	State	Zip Code

E-mail Address*	Driver License Number*	State that issued Driver License*

Home Phone ( )	Work Phone ( )	Cell Phone / Pager ( )	Driver License Expiration Date*	Date of Birth *

(* **Required**)

Position Requested *Manager* _____ *Coach*_____ *Chaperone*_____ *Business Manager* ____

Division *6U* _____ *10U*_____ *14U*_____

*8U*_____ *12U*_____ *Daughter Name* _____

Experience	*Years*	*Division*	*League Name*
Managing	_____	_____	_____
Coaching	_____	_____	_____

Is there a Manager/Coach with whom you would like to share a team? *Yes* *No*

If Yes, his/her name _____

If the Manager daughter is a first round pitcher, the Managers will not be allowed to pick a Head Coach who daughter is also a first round pitcher.

1. Have you ever been convicted of a crime of violence, a crime against a person, a crime against property, or a felony? Yes ☐ No ☐
2. Have you ever been adjudged liable for civil penalties for damage or subject to a court order involving sexual, physical or verbal abuse (including a domestic or protective order)? Yes ☐ No ☐
3. Have you ever had parental rights terminated? Yes ☐ No ☐
4. Other than the above, is there any factor or circumstances that would call into question your being entrusted with the supervision, guidance and care of a minor? Yes ☐ No ☐

(Any affirmative responses to the above questions require a written explanation be attached to this form.)

I understand that as a Manager, Coach, Chaperone or Business Manager, I am responsible for the safety and welfare of the players under my care. I will exercise proper supervision of the players under my care during all team practices, games, or other team events/functions. I further state that I am aware it is my responsibility to ensure all players are returned to their parents, guardians, or other person as authorized by the players' parents before leaving any of the above mentioned functions.

Initial _____

Waiver of Liability and Disclaimer:

To induce Clairemont Girls Fastpitch League (CGFP) to accept registration and permit participation in CGFP, I hereby agree to release, indemnify, and hold harmless CGFP it's officers, volunteers and agents from any claim arising out of injury to myself or other. I also hold harmless CGFP, it's officers, volunteers and agents from any claim arising out of injuries or conditions caused by, or aggravated by, my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

Initial _____

I understand that:

A. It is the intent of Clairemont Girls Fastpitch ("CGFP") to deny certification to any person who has been convicted of a crime of violence, a crime against a person, a crime against property, or a felony, or has been involved in other factors or circumstances that would call into question my being entrusted with the supervision, guidance and care of a minor. If approved, my position is conditional upon CGFP receiving no inappropriate information on my background. Regardless of previous appointments, CGFP is not obligated to appoint me to a volunteer position. I have no right, claim or cause of action of any nature or any relief, including any clam seeking monetary damages from CGFP, its officers, volunteers or agents if my application is denied. If appointed, my appointment is at will and I can be terminated prior to the expiration of my term, and that I am subject to suspension by CGFP for any violation of CGFP policies and principles.

B. In applying for a coaching position in CGFP, the information which I have furnished on the form is subject to verification, which may include a criminal-history check requiring fingerprints.

C. Failure to complete all fields of this form and to sign below shall render the applicant ineligible to participate in CGFP as a coach.

D. As a coach in CGFP, I hereby agree to abide by the ASA Code of Conduct and league playing rules, regulations, policies, and procedures (including the Mission Statement, Principles and Coaches' Conduct on the reverse side). I further agree that I am accountable for knowing, understanding, and following same Code, Playing Rules, regulations, policies and procedures. CGFP has a ZERO TOLERANCE POLICY concerning alcohol/drug use/verbal abuse and violence/fighting. I understand that I can be removed from CGFP permanently if found guilty of violating CGFP Participant Code of Conduct and ASA Code of Conduct. These policies extends to my attendance at all team practices, games, or other team events/functions.

Signature_____ **Date** _____

Please complete all forms and mail to: ***or*** ***E-Mail to:*** ***MichaelHallCGFP@gmail.com***

CGFP
5663 Balboa Ave. #505
San Diego, CA 92111

ASA Background Check Release and Authorization Form for Independent Contractors and Volunteers

Disclosure and Authorization

In connection with my application for employment or to serve as an independent contractor or volunteer with the Amateur Softball Association of America, Inc., its affiliates and/or any of its local associations (collectively "Client'), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment, independent contractor or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., ("Protect Youth Sports"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a contactor or volunteer, whichever is applicable, throughout the course of my employment, service or volunteer service, as permitted by law and unless revoked by me in writing. I understand that if ASA makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Washington State only: Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect Youth Sports directly.	**Residents of Minnesota and Oklahoma only:** Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization. ☐ I wish to receive a copy of any consumer report on me that is requested.
Residents of New York only: Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect Youth Sports directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box. ☐ I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.	**Residents of California and Maine only:** Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization. ☐ I wish to receive a copy of any report on me that is requested.

Print Name: Last Name _____ First Name_____ Middle Name/Initial_____ Phone # _____

Aliases/Other Names Known By (in last ten years)_____ Email Address _____

Social Security Number *SSN may be requested at a later time* Date of Birth ___/___ /_____ Desired Position with ASA _____

Driver's License Number _____State _____ ASA ID Card Member # _____

Current Address_____ City: _____ County_____ State___ZIP_____

Prior Address (if within last 5 years)_____ City: _____ County_____ State___ZIP_____

******Include and Attach a Legible Photocopy of your Driver's License or State Issued ID to this Disclosure and Authorization******

Applicant Signature_____ Today's Date_____ (04-15a Rev)