Brunswick Youth Sports Manager and Assistant Coach Application

[www.brunswickyouthsports.org](http://www.brunswickyouthsports.org/)

Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concussion Certificate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select One: Manager Assistant Coach

Did you coach for BYS during the 2022 – 2023 Season? Yes No

Select the league you are looking to coach in this season the team you coach last season: (please select all the apply)

League: 3/4 Tee Ball 5/6 Tee Ball

Team Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys Leagues: 7/8 9/10 11/12 13/14 15/18

Team Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Girls Leagues: 7/8 9/10 11/13 14/18

Team Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Division and Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If accepted, I fully understand that I will conduct myself in a manner that is outlined in the rule book, BYS playing rules and the BYS constitution. I also accept full responsibility for maintaining equipment issued to me. I will collect and return all said equipment to one central location by the date provided by the Equipment Manager and furnish inventory lists to the commissioner. I understand I am liable for any missing equipment.

I voluntarily give BYS the right to make a thorough investigation of past activities and agree to cooperate in such investigation and release from all liability all persons supplying such information. Public law 91-508 requires that we advise you that a routine inquiry characteristics and mode of living. Upon written request additional information as to the nature and score of the report, if will be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living.

Upon written request additional information as to the nature and score of the report, if will be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information as to the nature and score of the report, if one is made, will be provided.

I also agree to the following additional requirements and duties including attending General Body meetings the second Thursday of each month via Zoom, securing an "official" scorekeeper when I am the home team, assisting the field manager, on occasion with field maintenance, supporting all fundraising projects, securing a "team parent" to coordinate any special projects such as our fundraiser or I will be responsible for all such projects, cooperating with families regarding other athletic and school activities, providing a list of coaches to the league commissioner for Board approval, cooperating with the league commissioner in distributing information to the team and attending coaches clinics if scheduled.

**Please register on our website to coach and upload a signed copy of this application and a copy of the completed concussion course certificate. (Click link at the top of the page)**

**The concussion course certification is valid 3 years from the completion date of the course. A valid concussion course certificate is needed if certification was completed within the last 3 years.**

This application and Concussion Certificate can also be mailed to:

Brunswick Youth Sports

P.O. Box 181. Brunswick, OH 44212

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_