



## Kensington Valley Baseball and Softball Association 2022 Coach/Manager Registration Form

Name: _____	Date: _____
Street Address: _____	Team: _____
City / Zip: _____	Age Group:
Email: _____	8U 9U 10U 11U 12U 13U 14U 15U 16U 18U

I, as a manager or coach in the Kensington Valley Baseball and Softball Association (KVBSA), hold harmless, and indemnify the KVBSA and its representatives for any accidents, illnesses, mishaps or claims whatsoever which may occur from participating in KVBSA programs.

I, as a manager or coach in the KVBSA, confirm that all players participating on my team meet the age eligibility and roster requirements for the age group identified above. Also, I agree to abide by all the rules and conditions set forth by the KVBSA.

I, as a manager or coach in the Kensington Valley Baseball and Softball Association (KVBSA) am in compliance with all USSSA requirements to coach and the USSSA mandate that all participating adults that have contact with minor athletes have a criminal background check. I hereby verify that within the last 12 months that I have undergone or have been subjected to the background check that searches both the National Criminal Database and the National Sex Offender Registry as required by the Federal SafeSport Act (Senate Bill 534). I represent that as the manager or coach I will require all assistant coaches and anyone else in a supervisory or management role to verify they have had a background check as required by USSSA and The SafeSport Act.

I, as a manager or coach in the Kensington Valley Baseball and Softball Association (KVBSA) do hereby agree and acknowledge that all coaches, players, parents & fans are informed and compliant to the federal, state, local and municipality mandates regarding the Covid-19 requirements and preventive measures

I further agree that I (a) will comply with the requirements of Michigan's Concussion Awareness legislation; (b) will require all coaches and volunteers involved with my team to take the required online concussion awareness training; (c) will require all parents or guardians of children who participate in any KVBSA event to read and sign a Parent & Athlete Concussion Awareness Sheet (which I will retain as set forth in the legislation); and (d) will take appropriate action when a player is suspected to have sustained a concussion.

Note: Concussion training must have occurred on or after **September 1, 2019**.

\_\_\_\_\_  
**REGISTERING Manager / Coach Signature**

\_\_\_\_\_  
**DATE:**

*Electronic signatures are only acceptable if verified by an e-sign service such as Adobe or DocuSign*

\_\_\_\_\_  
**REGISTERING Manager/Coach Print Name**