



All Star Coach Application

You must fill in all shaded fields

Contact Information:

Name:	<input type="text"/>	Home Phone:	<input type="text"/>
Address:	<input type="text"/>	Cell Phone:	<input type="text"/>
City:	<input type="text"/>	Email:	<input type="text"/>
Zip Code:	<input type="text"/>	Date of Birth:	<input type="text"/>
		Age Group Applying For:	<input type="text"/>

Current Employer's Information:

Name:	<input type="text"/>	Job Title:	<input type="text"/>
Address:	<input type="text"/>	# of Years:	<input type="text"/>
City:	<input type="text"/>	Work Phone:	<input type="text"/>
Zip Code:	<input type="text"/>	Email:	<input type="text"/>

Questions:

- 1) Are you NYSCA certified? If yes, provide certification number and expiration date.
- 2) What is your previous baseball coaching experience? Include any tournament experience you have and the age group you coached.
- 3) What is your previous baseball / softball playing experience?
- 4) Please identify your past FMYSA volunteer activities.
- 5) What method will you use for selecting players during your one-day tryout?
- 6) Are you aware of any grievances against you? Have you been ejected from a game in the last 24 months?

Additional Information:

- 1) No All-Star practices, practice games or tournament games shall conflict with scheduled FMYSA games, or recreational team practices.
- 2) All coaches must adhere to the FMYSA All-Star Coach/Team Selection Process rules, guidelines and procedures. Any deviation, without the express approval of the V.P. of Baseball, is grounds for disqualification.
- 3) Each All Star team takes on its own financial responsibilities, including uniforms, tournament entry fees, travel expenses (if applicable), etc.
- 5) All All-Star players will play no less than 50% of the available innings.
- 6) Uniform sizes must be supplied ASAP for all players and coaches (\$25/player). Please collect this data the day the players are selected.



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Coaches Form Information:

There are a number of forms/documents required by FMYSA prior to your team competing in any tournaments. The following is a summary of those forms/ documents:

All-Star Player Roster Form	Completed by the coach and contains all of the player and coach contact information.
New Player Application Waiver Form	Completed by each player's parent and turned into the coach. Usually completed at the All Star Tryout.
Medical Consent Form	Completed by each player's parent and turned into the coach (usually at Tryouts).
Player Birth Certificate	The parent provides a copy at the time of tryouts.
Copy of FMYSA Insurance	Obtained by the coach from FMYSA and used at each tournament.

Statement of Applicant's Understanding and Agreement:

I understand that the objectives of FMYSA are to nurture the youth of the community, the ideal of good sportsmanship, honesty, loyalty and courage, so that they may be stronger and happier youths who will grow to be good, clean, healthy adults. In addition, FMYSA also strives to provide the best possible baseball education while making the game enjoyable to play. By my participation in FMYSA, I agree with these objectives and will strive at all times to set a positive example to our youth. This will lead to their development as good citizens and athletes.

I have read, understand, and agree to abide by the rules and regulations as set forth by FMYSA and the other rules and regulations of the game of baseball.

I further understand that FMYSA may refuse to allow my participation with or without a reason, with or without interviewing me and regardless of my prior participation in FMYSA.

I further understand that, even if I am allowed to participate this year, FMYSA is not obliged or required to allow my participation next season, or in subsequent years.

I understand that I have applied for a voluntary position without pay, and thus serve at the pleasure of the FMYSA governing board. I am aware that my participation in FMYSA may be terminated pursuant to the FMYSA bylaws, with or without any opportunity for me to present evidence on my behalf. I understand, and agree, that I must confine appeals to the provisions set forth in the FMYSA bylaws.

IN THE EVENT THAT MY PARTICIPATION IN FMYSA IS EVER TERMINATED AFTER IT HAS BEGUN, I HEREBY WAIVE ANY LEGAL CLAIM AGAINST FMYSA ARISING IN ANY MANNER FROM THE FACT OR METHOD OF ANY TERMINATION.

I declare under penalty of perjury that all of the foregoing is true and correct to the best of my knowledge.

Applicant Signature

Date