



Kensington Valley Baseball and Softball Association 2017 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, or mishaps 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 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.

Manager / Coach Signature

Date

Print Name