

Kensington Valley Baseball and Softball Association 2020 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 ar indemnify the KVBSA and its representatives for any accident from participating in KVBSA programs.	
I, as a manager or coach in the KVBSA, confirm that all playe roster requirements for the age group identified above. Also, I the KVBSA.	
I, as a manager or coach in the Kensington Valley Baseball ar USSSA requirements to coach and the USSSA mandate that have a criminal background check. I hereby verify that I have check that searches both the National Criminal Database and Federal SafeSport Act (Senate Bill 534). I represent that as th anyone else in a supervisory or management role to verify the The SafeSport Act.	all participating adults that have contact with minor athletes been subjected to or will be undergoing the background the National Sex Offender Registry as required by the e manager or coach I will require all assistant coaches and
I further agree that I (a) will comply with the requirements of M all coaches and volunteers involved with my team to take the require all parents or guardians of children who participate in a Concussion Awareness Sheet (which I will retain as set forth i player is suspected to have sustained a concussion.	required online concussion awareness training; (c) will any KVBSA event to read and sign a Parent & Athlete
Note: Concussion training must have occurred on or after Sep	otember 1, 2017.
REGISTERING Manager / Coach Signature	DATE:
Electronic signatures are only acceptable if verified by an	1
e-sign service such as Adobe or DocuSign	
REGISTERING Manager/Coach Print Name	