

**NEVADA ASA – JO Division**

**Sally Commerford – JO Commissioner**

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**STAFF APPLICATION**  Manager  Coach  Asst. Coach  Chaperone  Scorekeeper  Other Staff Member

<b>NAME</b>	<b>Registration No.</b>		<b>Registration Date</b>	
<b>ADDRESS</b>	<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
<b>Birthdate</b>	<b>Social Security Number</b>	<b>Driver’s License #</b>	<b>State</b>	<b>Male/Female</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Fax</b>	<b>Email</b>

**Medical Insurance**  YES  NO CARRIER

**2008 STAFF AGREEMENT**

I understand that this agreement is valid for the current calendar year. I pledge to work towards the common objectives of the ASA Junior Olympic Program in developing the interest, skills and desire of our softball players while emphasizing fun and providing a positive, supportive environment for them. I understand that as a Mgr. or Coach I am responsible for the actions and financial obligations of my team. I agree to abide by the ASA Official Guide and Rule Book and the adopted rules, regulations and guidelines of Region 14 and Nevada ASA - JO Division including but not limited to the following:

1. I shall not be guilty of un-sportsmanlike conduct or acts contrary to the ASA.
2. I shall carry accident/liability insurance for the protection of my players and team and shall carry the cards at all times.
3. I shall not compete with or against a disqualified team, player or coach after being notified of the disqualification.
4. I/My team personnel will not recruit player(s) who have signed a championship roster with another ASA team until after August 15th or until after the player's team is no longer eligible for Championship Play.
5. I/My team personnel will adhere to the Nevada ASA rules and policies regarding players for Non-Championship Seasons and understand that at no time may any form of recruiting happen at the place of a team activity such as practices, games, and tournaments in or out of State.
6. I am aware of the birth date deadlines for eligibility and accept full responsibility for the accuracy of my Non-Championship and Official Championship Roster. I will carry proof of registration, insurance, birth and Authorization To Treat Form for each player at all times.
7. I will treat all players, coaches, parents, umpires, administrators and opponents with respect and dignity. I will teach my players to do the same, and will lead by example, providing a positive role model. I will never physically or verbally abuse a player regardless of the situation.
8. I will ensure that all my players use proper equipment and that they play and practice in a safe environment.
9. I will strive for improvement by positive reinforcement, not negative comments or actions.
10. I will never vehemently argue with or verbally abuse an umpire in front of my players, regardless of the situation.
11. I will obtain all required documentation, as required by ASA, prior to allowing a player from another team to participate on my team in any exhibition games, invitational tournament games, practices or to attend a try-out.
12. I will ensure no player, parent, coach or manager may recruit a "B" or "C" player during the Recreational League's Season (Spring-Feb.1 - May 23, All Stars- May 1 - Aug 15 & Fall Aug 1 - Nov. 22) \*Dates are approximate–League’s Draft date is start & final game is end.
13. I understand that if infractions of this agreement or the Code of Ethics occur, and if after review, the Committee finds that an infraction did occur, I will be subject to Committee’s decision up to and including suspension from the ASA program.
14. Most importantly, I will always ensure that all my players maintain their right to have softball be fun.

I understand that as a manager/coach of young athletes, my responsibilities are of great importance and my actions have the potential to influence the young athletes I manage/coach. I want ASA to function with the highest possible standards for all our participants; therefore, I promise to conduct myself in accordance with the above Coach/Manager’s Agreement.

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK – AUTHORIZATION, WAIVER, IDEMNITY**

I hereby give my permission for the ASA to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and that there is a procedure available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby release and forever discharge and agree to indemnify the ASA and its affiliates and each of their officers, directors, employees, and agents harmless from any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys’ fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or staff member.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_