

# WBSI REGISTRATION

WARREN BASEBALL SOFTBALL, INC. P.O. Box 4462 Warren New Jersey 07059  
WWW.WARRENBASBALLSOFTBALL.COM

(908) 668-8242

*Please type or print clearly. If additional space is needed, to answer a question, use the back of the application.*

## C O A C H A P P L I C A T I O N

### Coach Information Section

Last Name:		First Name:	
Address:		Town:	
Phone (include area code):		E-mail address:	
Cell or daytime phone (include area code):		*Race:	*Height
*D.O.B. :	*&** SS#	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Position desired: (Coach, Asst. Coach and league/age group)		Maiden name: or any other names you have used ?	
Occupation:		Employer:	
Address:		City & State	
Were you previously a volunteer with WBSI? If so, what year?		Do you have children in a WBSI league?	
Have you attended The Rutgers Safety Course?		If so, what year and with what sport?	
Have you ever been a volunteer with another organization? Please provide details:		Would you be willing to attend, at no charge to you, a 4 hour CPR/AED training class. Yes <input type="checkbox"/> No <input type="checkbox"/>	
How long have you lived at your current address?		Do you have a Warren Twsp. Recreation Dept. Coaches card?	

### REFERENCES (one of which is a township resident)

Name:		Address:	
City:		State:	Phone: (    )
Name:		Address:	
City:		State:	Phone: (    )
Name:		Address:	
City:		State:	Phone: (    )

I understand and agree that I am responsible for all medical care expenses incurred as a result of an injury or illness including, without limitation, physician, hospital, medical treatment, medical transportation, lab, drug and device expenses. The following policies or coverage is/are available to cover the cost of medical care to treat any injury or illness.

**Insurance will not be provided by or through the Warren Baseball Softball, Inc.**

<b>MUST COMPLETE:</b>	Insurance Company:	Policy #
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**COMPLETE ALL SECTIONS OF THIS APPLICATION AND PAGE #2 OR IT WILL NOT BE ACCEPTED!**

\* Requested by New Jersey State Police / State Bureau of Identification \*\*VOLUNTARY: Pursuant to the Privacy Act of 1974 (P.L. 93-579)

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## C O A C H A P P L I C A T I O N

Last Name:

First Name:

I/we assume all risks and hazards incidental to the above activity and for transportation to and from the above activity. I/We do hereby release, absolve, indemnify and hold harmless and faultless the Warren Baseball Softball Inc. (WBSI), its coaches, and its representatives from any claims or suits of any kind whatsoever incident to involvement or participation in these programs. The registration fee is not to be interpreted as an insurance fee. Insurance will be the responsibility of the participant or child's parent(s) for any injury of loss incurred while participating in the WBSI Program. I further grant the WBSI the right to use the player's/participant's name, picture and/or likeness in printed, broadcast and other material concerning the Programs, provided such use is related to the player's/participant's status as a participant in the Programs.

### Volunteer Certification Form

I, \_\_\_\_\_ the undersigned, do hereby certify under penalty of perjury, that I have not been convicted in New Jersey or any other state or jurisdiction, of any crime or disorderly persons offense involving sexual offenses, child molestation, endangering the welfare of children or incompetence.

I, grant permission to the Warren Baseball Softball Inc. to conduct a background investigation to verify that I do not have a criminal record, this may include fingerprinting. I hereby release and agree to hold harmless from liability WBSI, its officers, members, employees and volunteers or any other person or organization that may provide such information. I understand that this information will be kept confidential and that it is required to provide protection and a safe environment for the children.

Applicant Signature: \_\_\_\_\_

### Conditions

I understand and agree that all Coaches, Assistant Coaches and volunteers of Warren Baseball Softball Inc. (WBSI) shall be 18 years of age or older. All Coaches, Assistant Coaches and volunteers of WBSI are expected to adhere to the highest moral principles and to serve their function according to the By-Laws and Constitution of WBSI, and all state and federal laws and statutes. Any Coach, Assistant Coach and/or volunteer violating the By-Laws or Constitution of WBSI, or other operating policies and/or procedures of WBSI shall be subject to suspension or expulsion from involvement in WBSI activities. A convicted felon shall be immediately barred from joining or expelled from WBSI. Participation in WBSI's activities is a privilege not a right. Acceptance shall be issued for one league year as defined in the By-Laws of WBSI. Renewal of acceptance may be offered to only those in good standing. I acknowledge and affirm that all information submitted is accurate, true and correct. I agree to the sole, exclusive and final jurisdiction and authority of The WBSI's Officers and Board of Trustees over any, ruling, dispute, disagreement or matter having impact or effect upon their baseball/softball program, rules, tournaments, administration or games. I voluntarily and of my own free will, elect to participate in the WBSI programs.

The applicant acknowledges that by his/her signature that he/she has read and agrees, if accepted, to comply with all the terms and conditions of volunteering for WBSI.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_