

# CAA Youth Baseball League

## Coaches/Assistant Coaches Contract & Disclosure Statement

THIS APPLICATION IS CONFIDENTIAL AND FOR CAA USE ONLY

_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Initial	Date of Birth	Female	Male	Email Address
_____			_____			
Home Phone (Area Code & Number)			Work Telephone (Area Code & Number)			

### Please Answer All Questions Below

1. List your experience working with youth in sports. (Name of Organizations, your position, dates.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List your coaching experiences with youth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "YES" answer to one of the following questions will not necessarily disqualify an applicant. Additional information may be requested. Please explain all "yes" answers.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 3. Have you ever been convicted of a crime? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you use Illegal drugs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does a report accusing you of child abuse appear on the Child Abuse Index maintained by the State of Delaware? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

I understand that: (1) It is the intent of CAA and its official organizations to deny certification to any person who has been convicted of a crime of violence or of a crime against a person; (2) I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge, I understand that any misrepresentation or omission may be cause for dismissal. (3) I hereby release and agree to hold harmless from liability CAA and their official organizations, officers, employees and volunteers thereof, and any person or organization that provides information.

**(I have read, understand and agree to abide by the CAA rules and the contract / code of conduct).**

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