



# COACHES/MANAGERS REGISTRATION FORM

(All Divisions)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Division: \_\_\_\_\_

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Richard Powell (8U) | <input type="checkbox"/> Joe Cooper (9U)  | <input type="checkbox"/> Willie Mays (10U)  | <input type="checkbox"/> Gil Hodges (11U) |
| <input type="checkbox"/> Pee Wee Reese (12U) | <input type="checkbox"/> Nolan Ryan (13U) | <input type="checkbox"/> Sandy Koufax (14U) | <input type="checkbox"/> Mike Kapp (16U)  |

Team: \_\_\_\_\_

I, as a manager or coach in the North Oakland Baseball Federation, hold harmless, and indemnify the NORTH OAKLAND BASEBALL FEDERATION (NOBF), its Board of Directors, Managers, Coaches, Agents, Owners of properties, facilities, equipment utilized by the Federation, all representatives of this Federation, for any accidents, illnesses or mishaps whatsoever which may occur from participating in the NORTH OAKLAND BASEBALL FEDERATION programs.

I further agree that I (a) 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 NOBF event to read and sign a Parent & Athlete Concussion Awareness Sheet (which I will retain indefinitely); and (d) will take appropriate action when a player is suspected to have sustained a concussion.

All teams, managers and coaches shall comply with the USSSA Insurance requirements as they relate to background checks. All NOBF teams are required to carry USSSA insurance.

Signed: \_\_\_\_\_

Date (Mo/Day/Yr): \_\_\_\_\_