



MANAGER APPLICATION

2024 Spring Season

Corona Pony Youth Baseball (CPYB) endeavors to take every precaution in protecting the children of our league. CPYB requires all adults that have supervisory or disciplinary power over the minors in our league to have this form on file with the Board of Directors. Completed applications can be emailed to coronaponyplayeragent@gmail.com

DIVISION: **Foal** **Shetland** **Pinto** **Mustang** **Bronco** **Pony** **Colt**
3-4 y/o 5-6 y/o 7-8 y/o 9-10 y/o 11-12 y/o 13-14 y/o 15-16 y/o

Legal Name _____ Drivers License # _____
 Address _____ Date of Birth _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-Mail Address _____

- Y N Have you previously held a Manager/Coach/Team Mom position with CPYB?
 Y N Have you previously held a Manager/Coach/Team Mom position with any other youth recreation organizations?
 Y N Have you ever been registered for any offense under 290 C.P.C. (Sex Crimes) in California, or under any equivalent penal code in another state?
 Y N Have you ever been convicted of any "drug crimes"? (Either misdemeanor or felony)
 Y N Have you ever been convicted of any "crimes of violence"? (Either misdemeanor or felony)
 Y N Do you plan to manage/coach with another person? If YES, please give details:
 Other Manager/Coach: _____
 NOTE: The person listed above is also required to complete a Coach's Application form and is also subject to Board approval.

PLEASE READ CAREFULLY & INITIAL THE FOLLOWING STATEMENTS, then sign & date below where indicated:

_____ I will comply with the Administrative Rules & Regulations of CPYB for the current year. I understand that this appointment is for the duration of the current season, unless revoked sooner by the Board of Directors. I understand that I will be subject to a background investigation and/or fingerprint verification to determine my suitability for this sensitive community position. I hereby approve of such action, if necessary. (C.P.C. #11105-2 or equivalent penal code in your state)

_____ I will attend all necessary Manager/Coach meetings. I understand and take responsibility for knowing the CPYB rules. I will be a positive role model during the season. I understand that it is forbidden to use profanity, alcohol or non-prescription drugs during league games, practice sessions or during league activities.

List Prior Experience

League or Organization	City	State	# of Years	Age Group

Requested Player Names		
1. _____	5. _____	9. _____
2. _____	6. _____	10. _____
3. _____	7. _____	11. _____
4. _____	8. _____	12. _____

Your Signature _____ Date _____

By signing this form, the individual certifies that all above is true and correct.

OFFICIAL USE ONLY

This application was reviewed by the CPYB Board of Directors.

ACTION TAKEN: Accepted Rejected

President's Signature _____