



South Sound Baseball, Inc.
 PMB 402, 1401 Marvin Rd NE Suite 307
 Lacey, WA 98516



phone: (360) 355-9119 ♦ fax: (360) 923-5965
 e-mail: info@ssbaseball.net
 www.southsoundbaseball.com

South Sound Baseball

Volunteer Participant Acknowledgement

The signature below is my personal confirmation that all of the information and representations I have made to South Sound Baseball are true and correct, and indicates my acceptance of the conditions of my participation in South Sound Baseball as explained here and in program policies and bylaws as well as PONY Baseball organization policies.

I understand that the first priority of South Sound Baseball (SSB) is the health and safety of its players. I warrant that I have never been convicted of a crime against a minor, or any other crime which might call into question my fitness to coach young people. I authorize SSB to conduct a background check or make such inquiries as SSB deems necessary regarding my past coaching experience, my criminal record and my fitness to participate in SSB activities.

I understand that I am responsible for all equipment and resources of SSB entrusted to my care, and that I am obligated to the responsible use of fields and other resources not belonging to SSB, but which use is made possible by the partnerships into which SSB enters by various means.

I understand that my conduct while representing SSB is important and that inappropriate behavior can lead to disciplinary action and loss of coaching privilege.

I agree to abide by the rules, policies and procedures of SSB and as amended, and as otherwise required by the Board of Directors of SSB or its acting appointed representatives. I understand that all volunteers in South Sound Baseball participate at the pleasure of SSB. In the event of a dispute I agree that the remedies provided by SSB through its policies and procedures are the one and only means of resolution.

Printed Name of Volunteer Registrant

Signature _____ Date _____

If known circle SSB District: BH Cap DuP NT Oly-Tum RR SC Tim

If known: Team Manager Name _____

If known: Coach Name(s) _____