



# Spring 2009 Softball

Friday March 20	Returning team packets due
Saturday March 21	Equipment Handouts 9am-12pm at the PSA Starcenter
Saturday April 4	Equipment Handout 9am-12pm at the PSA Starcenter
Tuesday April 7	Registration Closes
Saturday April 18	MANDATORY Coaches Meeting 9:00 -10:30 am at the PSA Starcenter
Saturday May 2	Opening Day for Spring Softball
Saturday June 13	Softball Season Ends
Sunday June 20	Playoffs Begin
Saturday June 26	Playoffs End
Sunday June 27	All Star Games

<u>Age</u>	<u>Leagues</u>	<u>Games</u>	<u>Fee</u>
Kindergarten	Mod-T-Ball	8	\$65
1 <sup>st</sup> and 2 <sup>nd</sup> Grade	Coaches Pitch	10	\$80
3 <sup>rd</sup> and 4 <sup>th</sup> Grade	Modified Kid's Pitch	10	\$80
5 <sup>th</sup> and 6 <sup>th</sup> Grade	Softball	10	\$80
7 <sup>th</sup> and 8 <sup>th</sup> Grade	Softball	10	\$80
High School	Softball	10	\$80



6500 Preston Meadow  
 Plano, Tx 75024  
 972-208-5437 fax 972-208-3801  
[www.psaplano.org](http://www.psaplano.org)  
[info@psaplano.org](mailto:info@psaplano.org)



# Plano Sports Authority Team Roster

PLEASE TYPE OR PRINT CLEARLY

INITIAL PAYMENT INFORMATION (PSA USE ONLY)		
RECEIPT NUMBER	TOTAL AMOUNT	
NO. OF PLAYERS PAID	DATE	INITIAL

SEASON/YEAR	SPORT	LEAGUE	GRADE	TEAM NAME
<b>COACHES' NAME</b>		<b>ADDRESS</b>	<b>PHONE NUMBERS</b>	<b>EMAIL ADDRESS</b>
Head Coach			HOME	EMAIL 1
			WORK or CELL	EMAIL 2
Asst. Coach			HOME	EMAIL 1
			WORK or CELL	EMAIL 2
<b>PLAYER'S NAME</b>		<b>ADDRESS</b>	<b>PHONE NUMBERS</b>	<b>PLAYER INFORMATION</b>
1			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
2			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
3			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
4			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
5			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
6			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
7			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
8			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
9			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
10			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
11			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
12			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
13			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
14			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
15			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
16			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB
17			HOME	EMAIL
			WORK or CELL	SCHOOL      GRADE      DOB





# Coach's Application, Contract & Code of Ethics

SEASON/YEAR	SPORT	LEAGUE	GRADE	TEAM NAME (COACH'S LAST NAME)	
Please check one:		Please check one:		Do you have a team you plan to coach?	Do you have a child participating in the sport desired?
<input type="checkbox"/> Returning PSA Coach <input type="checkbox"/> New PSA Coach		<input type="checkbox"/> Boys <input type="checkbox"/> Girls		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Desired coaching role:	
				<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach	
Coaching Experience	Coaching Role	# of Years	Sport	Organization	
	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach				
	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach				
	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach				
	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach				
<b>Coach's Code of Ethics</b>					
<p>I will:</p> <ul style="list-style-type: none"> <li>• Consider it a privilege to coach children.</li> <li>• Remember I am a youth coach and that the game is for children and not adults.</li> <li>• Consider it an obligation to be an example while developing character, integrity and honesty.</li> <li>• Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport.</li> <li>• Place the emotional and physical well being of my players ahead of any personal desire to win.</li> <li>• Not direct comments or criticism relative to players' game performance.</li> <li>• Remember to treat each player as an individual.</li> <li>• Remember the large spread of emotional and physical development for the same age group.</li> <li>• Provide a safe playing situation for my players.</li> <li>• Organize practices that teach sports' skills for the players' age I coach.</li> <li>• Use coaching techniques appropriate for each of the skills that I coach.</li> <li>• Insure I know the rules of each sport I coach and teach these rules to my players and their parents.</li> <li>• Lead, by example in demonstrating fair play and sportsmanship to all my players.</li> <li>• Promote sportsmanship over gamesmanship following the sport's rules with no violation of them to win.</li> <li>• Not abuse a player physically, verbally or mentally.</li> <li>• Not argue, threaten or demean a player, parents, coaches or officials.</li> <li>• Not use foul and abusive language at any time in representing PSA.</li> <li>• Control the emotions, ego, frustrations and displays of anger of myself, players and team parents.</li> <li>• Not use alcohol, drug or tobacco related products in the presence of players, coaches, officials or volunteers.</li> <li>• Report any conduct that has violated this code or is detrimental to the positive environment projected by PSA through youth sports.</li> <li>• Make sure every team parent has read, understands and is committed to following the PSA Parent Code of Conduct.</li> </ul> <p>As a PSA Coach:</p> <ul style="list-style-type: none"> <li>• I agree to read the Rules, Policies &amp; Procedures, follow the same and support the PSA sports program.</li> <li>• I agree to follow the PSA Coaches' Code of Ethics.</li> </ul>					
(Signature)		(Please Print Name)		(Date)	



## Coach's Application, Contract & Code of Ethics

Last Name		Maiden Name, If applicable	First Name	Middle Initial
Address			City	Zip Code
Home Phone		Work or Cell Phone	E-mail Address	
<input type="checkbox"/> Male	DOB (Month/Date/Year)	Drivers License # & State (Required)	Social Security Number (Required)	
<input type="checkbox"/> Female				
Have you ever been arrested or convicted of a Class B or above Misdemeanor or Felony?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, what is the disposition of the case?				
<p>PSA Requires Background Checks On All Volunteers</p> <p><b>CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY</b></p> <p>I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR THE PLANO SPORTS AUTHORITY, INC. (PSA) TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCY, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART TO DETERMINE MY ELIGIBILITY FOR A VOLUNTEER/EMPLOYMENT POSITION WITH PLANO SPORTS AUTHORITY, INC. (PSA). I ALSO UNDERSTAND THAT AS LONG AS I REMAIN A VOLUNTEER OR AN EMPLOYEE HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY PLANO SPORTS AUTHORITY, INC. (PSA) AND A PROCEDURE IS AVAILABLE IF I DISPUTE THE RECORD AS RECEIVED.</p> <p>I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND PLANO SPORTS AUTHORITY, INC. (PSA) AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF PLANO SPORTS AUTHORITY, INC., AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.</p>				

(Signature)

(Please Print Name)

(Date)





## Division Request Form

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

Coach: \_\_\_\_\_ Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_

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

Age Group/League this season: \_\_\_\_\_

Age Group/League last season: \_\_\_\_\_

Rate your team's skill level (circle one):   Advanced   Above Average   Average   Beginner

Number of seasons your team has played together: \_\_\_\_\_

Division request (circle one):           Upper   Middle   Lower

Note: Not all leagues will have different divisions or levels of play