



Youth Sports Organization

Team Information Form (2025-2026)

Please fill in the following questions as complete as possible. Estimate any information that may not be exact at this point. Please print.

Team Name: _____ Organization _____

Manager Name: _____

Mailing Address: _____ City _____ Zip _____

Email Address: _____ Home #: _____ Work # _____ Cell # _____

Asst. Manager: _____

Mailing Address: _____ City _____ Zip _____

Email Address: _____ Home# _____ Work # _____ Cell # _____

Sport _____ Length of Season _____

Age Group _____ Starting Date _____ Ending Date _____

Does your team have liability insurance provided through your organization? Yes No

If yes, describe coverage: _____

Does your team have liability insurance to cover each player? Yes No

If yes, describe coverage: _____

Does your organization require coaching staff to have coach's certification? Yes No

If yes, name of certifying body: _____

Age Groups You Coach if More Than One Team:

Sport: (Circle One)

Age Group:

Baseball/Softball/Soccer

Baseball/Softball/Soccer

Baseball/Softball/Soccer

Baseball/Softball/Soccer

In 2025-2026, how many times each week do you plan to practice?

What day(s) of the week is best for your team(s) to practice? (Circle Appropriate day(s))

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

For practice, which field(s) do you plan to use the most?

