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 coache'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?