



# Pitching Machine Coach's Packet

(1<sup>st</sup> -2<sup>nd</sup>, 3<sup>rd</sup> -4<sup>th</sup> grade Boys. For the grade in which they are currently enrolled.)

Thank you so much for coaching!! We are excited to start the new season and hope you and your team have FUN!! Please turn in your packet, complete with roster, all player fees, signed waivers, and signed code of conduct to the city office building on registration day. **No early, late, or incomplete packets will be accepted. Please don't tell your team members to come sign up individually.** We are requiring background checks on all head coaches. These will be provided by the City of Iona and will be viable for 2 years. Team names and shirt colors are available on a first come-first serve basis. If you are not able to fill a team, you may add players from our City of Iona Sports page on Facebook. Players must play at grade level or up, but will not be permitted to play down a level. Practices are held at each coach's discretion. If you hold practices, please schedule them yourselves. Pitching machines may be used for practices. Please schedule the field and pitching machine by calling 208-716-8907. Specify the baseball pitching machine and use the south field. Due to the large number of teams, we are scheduling one-hour long practice per team per week on the field. You may schedule a second practice each Monday, according to what is available that week. Feel free to use the grass between fields for practice before or after your scheduled field time. Equipment and gear goes to the team that has the field scheduled.

**Season:** June 3<sup>rd</sup> – July 3<sup>rd</sup>. Days and times of the games will be determined following registration. Games may be played in the daytime or evening.

**Fee:** \$36.00 per player which includes shirt  
(coaches get a \$5.00 discount for 1 child only)

**Registration:** Tuesday, April 23<sup>rd</sup> 5:00 pm-7:00 pm @ Iona City Building 3548 N. Main St. Iona  
Wednesday, April 24<sup>th</sup> 5:00 pm-7:00 pm @ Iona City Building 3548 N. Main St. Iona

Other Information:

- Please make a copy of your roster to keep for yourself, as well as a copy of the rules.
- Coaches and one assistant will be provided a t-shirt. Extra shirts are \$7.50.
- Rain Outs: Please check coach emails in case of bad weather or City of Iona Sports Facebook page. Coaches will then be responsible to contact all team members.
- Hats/Visors are available upon request for each players \$10 each. Please check with each team member to see if they are interested and appropriate size. Payment for hats/visors is due at registration. These are only optional.

For additional information contact: Sports Director 716-8907 Email: [cityofionasports@hotmail.com](mailto:cityofionasports@hotmail.com)

City of Iona

Hours: 9 to 5 Monday-Friday

Address: 3548 N. Main, PO Box 487, Iona, ID 83427

## Pitching Machine Rules

1. A thrown bat will result in one warning and then will be an automatic out. This is for the safety of everyone. After 2 games it will be an automatic out. No more warnings!
2. Each batter will get the regular 3 strikes, 4 balls.
3. The “at-bat” for each team will end when three outs are made. If three outs are not made, the team’s “at-bat” will end when 10 batters have batted.
4. One base will be allowed on an overthrow. A runner cannot advance home on an overthrow.
5. A team must begin each game with at least 6 players.
6. No bunting is allowed.
7. Runners may not lead off the base. On a hit, the runner can advance as far as he can go. The ball will be considered dead when it gets to the pitcher. The area of the pitcher will be at the discretion of the umpire. Please be compliant with umpire’s discretion if you are asked to send a runner back to a base.
8. No stealing.
9. Players should play their position. Shortstops or rovers must play deeper than the pitcher, and catchers should field anything short. Basemen should play off the bag two to three feet, not directly over top of it. Outfielders should play at least where the outfield grass starts. All players, especially the pitcher, need to learn to throw to the base they are trying to get an out at, instead of running with the ball. If it makes sense to tag a runner, or easily touch the base on a force with a few steps, do it, but in the past several kids stand around and watch the pitcher run to get all the outs. Please do not encourage your pitchers to field the ball and then beat the runner home (or to any other base). Please teach them to throw the ball.
10. No coaches on the field in play area, except in between innings. A 1<sup>st</sup> and 3<sup>rd</sup> base coach will be allowed for the team at bat, but they must stay behind the foul lines. When your team is on defense, all coaches must stay on grass area directly outside the dugout for safety reasons.
11. Rain Outs: Please check [cityofiona.org](http://cityofiona.org) and coach’s emails in case of bad weather. Coaches will then be responsible to contact all team members.
12. Please treat umpires with respect and understand there may be some discrepancies as you will not always have the same umpire each game. Please be compliant. We may find another coach for your team, or you may be asked to not coach or attend games if this rule is not followed.

# Pitching Machine Team Roster

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

Coach: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

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

**Circle One:**                      1<sup>st</sup>-2<sup>nd</sup> or 3<sup>rd</sup>-4<sup>th</sup>

Player Name	Current Grade	Shirt Size – Circle one (youth xs,s,m,l or adult sizes)	Hat or Visor \$10 (youth/adult)
1		YXS YS YM YL YXL AS AM AL AXL	
2		YXS YS YM YL YXL AS AM AL AXL	
3		YXS YS YM YL YXL AS AM AL AXL	
4		YXS YS YM YL YXL AS AM AL AXL	
5		YXS YS YM YL YXL AS AM AL AXL	
6		YXS YS YM YL YXL AS AM AL AXL	
7		YXS YS YM YL YXL AS AM AL AXL	
8		YXS YS YM YL YXL AS AM AL AXL	
9		YXS YS YM YL YXL AS AM AL AXL	
10		YXS YS YM YL YXL AS AM AL AXL	
11		YXS YS YM YL YXL AS AM AL AXL	
12		YXS YS YM YL YXL AS AM AL AXL	
13		YXS YS YM YL YXL AS AM AL AXL	

Team Shirt Color: \_\_\_\_\_ Writing: Black/White

(To be selected at sign-ups. We will have a catalog with all the colors available.)

Coach shirt size: \_\_\_\_\_ (Regular or Ladies Fit) Hat or Visor (\$10): \_\_\_\_\_

Assistant shirt size: \_\_\_\_\_ (Regular or Ladies Fit) Hat or Visor (\$10): \_\_\_\_\_

**Release of Liability:** I am the parent or legal guardian of the participant \_\_\_\_\_, a minor child. I understand that participation in youth athletic programs inherently involves risk of bodily harm and that injuries may occur despite the best efforts of the sponsors. I represent that participant is physically fit and has no physical condition that would materially limit his or her involvement in the program or create an unusual risk of bodily harm through participation in the program. In consideration for the City's agreement to allow participant's involvement in the program, I release and forever discharge the City of Iona and District 93, along with their representatives from all actions, causes of action and claims for damages, injury or loss to person or property, including attorney's fees and costs, that may be sustained during or as a result of participant's participation or involvement in the program. I further consent to and agree to allow participant to receive emergency first aid treatment for injuries suffered during program activities and I agree to hold the City and its officers, agents, and employees harmless from any and all claims arising out of the delivery of such emergency first aid treatment. This release is signed in behalf of my spouse and in behalf of such minor participant. **Rules, Policies and Regulations.** I acknowledge and represent that I have read and understand the City's rules, policies and regulations concerning the program and that on behalf of myself and participant. I understand that the goals and objectives of the City of Iona's Sports Program are based on fun, fair-play, skill development and team work. The use of obscenities, abusive language or improper conduct can result in being asked to leave the premises. I agree to abide by such rules. I also understand that participant's right to participate in the program may be withdrawn in the event of any material violation thereof.

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# CITY OF IONA

3548 N. MAIN/PO BOX 487 IONA, ID. 83427  
1-208-523-5600



## CRIMINAL BACKGROUND CHECK WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that by agreeing to allow the City of Iona to investigate your criminal background, you will be waiving and releasing all claims for damages you might sustain out of the **criminal background check** and review.

I understand that a successful criminal background check is a condition of my employment/volunteerism with the City of Iona.

Furthermore, I understand that providing false information will result in a negative background check and you will not be allowed to be an employee or volunteer for the City of Iona.

I agree to waive and relinquish all claims I may have against the City of Iona and their officers, agents, servants and employees, as a result of participating in the criminal background check.

I do hereby fully release and discharge the City of Iona, their respective officers, agents, servants and employees from any and all claims from damages which I may have or may occur to me on account of the results of any aspect of the criminal background check.

I understand I will not be able to work or volunteer in any manner until this background check is complete and approval is confirmed through the Iona Police Department.

I understand background checks for employment/volunteerism with the Iona Sports Program will be valid for the current calendar year, the positive check was completed, and the following calendar year.

I have read and fully understand this Waiver and Release of All Claims.

Please read carefully and print clearly.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth (00/00/0000)

\_\_\_\_\_  
Sex (M or F)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian if 17 or younger

\_\_\_\_\_  
Date



# **City of Iona**

## **Participant/Coach/Spectator Code of Conduct**

### **Participants (Coaches, Parents, Spectators, and Players) WILL:**

- Be respectful to teammates, coaches, opposing coaches and members of the other team, referees/umpires, fans, spectators, and City of Iona property.
- Never place the value of winning above the value of instilling the highest ideals of character.
- Respect the decisions of the referees/umpires, even when their calls do not go in your favor.
- Remember that this is a recreational league to teach skills and enjoyment of the game, and to have fun.
- Help ensure that the game environment, including City of Iona, is free of illegal drugs, tobacco, and alcohol.

### **Participants (Coaches, Parents, Spectators, and Players) WILL NOT:**

- Exhibit unsportsmanlike conduct toward players, referees/umpires, spectators, and opposing team members.
- Use abusive, obscene, profane, or damaging language.
- Begin or engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, referee/umpire, City of Iona Staff, or any other attendee.
- Initiate an argument, fight, or scuffle with any coach, parent, player, participant, referee/umpire, City of Iona staff, or any other attendee.
- Cheer or chant against the opposing team.

### **Rights of the City of Iona**

- The City of Iona reserves the right to eject any offender from the game premises, or to suspend the offender from future City of Iona, who violates any standard of the City of Iona Code of Conduct. This is solely to the discretion of the City of Iona Staff.
- The City of Iona reserves the right to conduct a background check on any coaches as the City of Iona sees necessary.

### **Acknowledgement**

By submitting my team's registration for the City of Iona Baseball or Softball League, I agree:

- My team (parents included) and I have read and will abide by The City of Iona Code of Conduct.
- My team (parents included) and I will report unaddressed violations of The City of Iona Code of Conduct to City of Iona Staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_