



T-BALL Coach's Packet

Thank you so much for coaching!! We are excited to start the new season and hope you and your team have FUN!! 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 possible, please try to hold 2-3 practices before the beginning of the season. There are several options for practice fields near the different elementary schools. We would like to keep the fields at Iona Square available for the pitching machine and softball teams.

Season (7 games):

PreK (must be 4 by September 1, 2023): June 5th-July 6th Games will be played Tuesday/Thursday during the day.

K-1st: June 6th-July 7th Games will be played Monday/Wednesday during the day. This is for the grade in which they are currently enrolled.

Fee: \$50 per player which includes a shirt. Minimum 10 players per team.
\$25 fee for the (1) child of the Head Coach. Thank you so much for coaching!!!

Drop-Off Registration: Iona City Building, 3548 N. Main St. Iona
Opens – Monday, April 10th @10:00 am
Closes – Wednesday, April 12th @5:00 pm

Registration Checklist:

- Please provide **only 1 check per team**. Team members should pay the coach and the coach can write a check for the entire team to the City of Iona.
- Background checks are required for head coaches unless you completed one for the 2021 City of Iona basketball season.
- Please total your shirt sizes on your team roster. Be sure to write if you are coaching more than 1 team.
- Shirt colors and team names will be on a first come, first serve basis. The earlier you get your registration submitted, the more likely you are to get what you requested.
- Make a copy of your roster to keep for yourself, as well as a copy of the rules.
- Please use a staple or a manila envelope to secure all paperwork.
- Please turn in your team registration packet, complete with team roster, one check, signed waivers, background checks, and signed code of conduct to the city office building before the closing date. We are not accepting individual registrations.
- No early, late, or incomplete packets will be accepted. Please don't tell your team members to come sign up individually.**
- Coaches and one assistant will be provided a t-shirt. Extra shirts are \$8.00.
- We **WILL** accommodate schedule conflicts for coaches with two teams. We **WILL NOT** accommodate other special scheduling requests (girls camp, sports tournaments, etc.) Please let the league director know if your team is unable to attend a game so we can make arrangements for another team to play in your timeslot. Missed games will not be made up and considered a forfeit.
- the entire team to the City of Iona.
- See website for rules and regulations.

For additional information, please contact call or text the Sports Director: 208-716-8907

City of Iona hours: 9 to 5 Monday-Friday Address: 3548 N. Main, PO Box 487, Iona, ID 83427

T-Ball Team Roster

Team Name: _____

Coach: _____

Address: _____

Cell Phone# _____ Email: _____

Coaching another team? Please include name/age group: _____

Circle One: PreK / K-1st

Player Name	Current Grade	Shirt Size – Circle one (youth xs,s,m,l or adult sizes)
1		YXS YS YM YL YXL AXS XS AM AL AXL
2		YXS YS YM YL YXL AXS XS AM AL AXL
3		YXS YS YM YL YXL AXS XS AM AL AXL
4		YXS YS YM YL YXL AXS XS AM AL AXL
5		YXS YS YM YL YXL AXS XS AM AL AXL
6		YXS YS YM YL YXL AXS XS AM AL AXL
7		YXS YS YM YL YXL AXS XS AM AL AXL
8		YXS YS YM YL YXL AXS XS AM AL AXL
9		YXS YS YM YL YXL AXS XS AM AL AXL
10		YXS YS YM YL YXL AXS XS AM AL AXL
11		YXS YS YM YL YXL AXS XS AM AL AXL
12		YXS YS YM YL YXL AXS XS AM AL AXL
13		YXS YS YM YL YXL AXS XS AM AL AXL
TOTAL (Coach, please total for each size): YXS___ YS___ YM___ YL___ YXL___ AXS___ AS___ AM___ AL___ AXL___		

Coach shirt size: _____ (**Circle One:** Regular or Ladies Fit)

Assistant shirt size: _____ (**Circle One:** Regular or Ladies Fit)

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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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

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 the 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: _____