

# SAN MATEO YOUTH SOFTBALL ASSOCIATION

(also known as SMYSA)

## JUNIOR SNACK BAR WORKER APPLICATION FORM

(Applicants must be 13 years of age or older as of 1/1/22)

Every Junior worker wishing to work as a snack bar worker for SMYSA is required to complete this form. SMYSA's success is dependent on the dedicated reliable individuals that provide services for the League. The Board of Directors offers its sincere thanks and appreciation to all those willing to share their time and energy in service of the children of our community.

\*\*\*Please Type or Print\*\*\*

1. YOUR NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PARENT(S) / GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (BEST NUMBER TO REACH YOU) ( ) \_\_\_\_\_ EMERGENCY PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
(if applicable) (if applicable)

2. Are you registered to play for SMYSA this season? \_\_\_\_\_ If so, what team? \_\_\_\_\_

3. Do you have a sister that is registering to play in SMYSA this season? \_\_\_\_\_ If yes, what is their name(s) and age division(s)? \_\_\_\_\_

4. Have you ever been affiliated with any food handling and retail sales in the past? \_\_\_\_\_ If yes, provide details: \_\_\_\_\_

5. For valuable consideration through participation in, or for, the SMYSA program, I hereby irrevocably consent to, and authorize the reproduction of any and all photographs of me by any photo medium, including Video Tape, for normal program purposes for the current year.

6. I understand that it is forbidden to use profanity, alcohol, tobacco, or non-prescription drugs during any League activities at which one or more players are in attendance.

7. I understand that my maintaining a positive attitude at all League activities plays a crucial role in the experience of every child participating in SMYSA. The same is also true for every individual that assists me or who is present to observe League activities. I will do my best to assure that every child involved in SMYSA this season is provided the most positive playing experience possible.

8. I will comply with the rules and regulations of SMYSA throughout the entire season. I understand that if accepted as a junior snack bar worker, it is for the duration of the current season, unless revoked sooner by the Board of Directors.

YOUR SIGNATURE: **X** \_\_\_\_\_ DATE \_\_\_\_\_

I do hereby give my consent for the child registered on this form to participate in the San Mateo Youth Softball Association Program during the current season, and assume all risks and hazards, which are incidental to the conduct of the activities. I further agree to release, absolve, indemnify and hold harmless SMYSA, its Board of Directors, coaches and managers, sponsors, organizers, and supervisors of any and all legal responsibilities, for injuries sustained by my child during any League approved activity.

Signature of Parent / Guardian: **X** \_\_\_\_\_ DATE: \_\_\_\_\_

This form must be filled in completely. Please use the back of this form or additional sheets, to answer any question if necessary. The Board of Directors of this league will evaluate all applicants for each position and notify you if you are selected.

### FOR BOARD USE ONLY

This application was reviewed by the League's Board of Directors at a meeting held \_\_\_\_\_

Action Taken: (Accepted) (Rejected) (Revoked on: \_\_\_\_\_)

Signature of Secretary \_\_\_\_\_ Signature of President \_\_\_\_\_