**Fall 2024**

**Baseball Select Division**

**Manager & Team Application**

**Instructions:**

* Applications are due no later than **5PM on July 13, 2024**.
* Completed applications should be e-mailed to [SelectBaseball.Commr@cpyl.org](mailto:SelectBaseball.Commr@cpyl.org) & [vp.baseball@cpyl.org](mailto:vp.baseball@cpyl.org)
* Answer all questions to the best of your ability and provide as much additional information and documentation as you deem necessary.
* Applications will be reviewed by CPYL’s Baseball Committee, who will make recommendations to the CPYL Board of Directors for final approval.

**CPYL Baseball Select Team Requirements**

Select teams affiliated with CPYL will have certain responsibilities and requirements. CPYL select teams, represent CPYL in all tournaments around and outside of Texas and will be held to the highest standards. The determination of which teams are selected to be CPYL sponsored select teams will be made by the Baseball Committee with final approval of the Board.

For teams selected to participate for the Fall seasons, the Fee for the season is $1250 per team. The Fall season will begin around Labor Day and will end by the first weekend in December. Specific dates for the seasons will be forwarded to the chosen teams.

Each select team is required to fulfill the following responsibilities:

1. Participate in Skills Assessments as directed by the Select Commissioner, VP of Baseball and age specific Commissioners.

2. Fully participate in CPYL Field Maintenance days. At least five representatives from each team should be in attendance.

3. Team name must be registered with any sanctioning body for any baseball games or tournaments in the following format: CPYL “Team Name” (example CPYL Bulldogs). Failure to abide by this requirement will result in loss of one or more practice slots each week and continuing until the team is properly registered.

4. Select teams should have at least one team jersey used in games with the CPYL logo on it.

5. Adhere to all field maintenance rules; failure to comply will result in a loss of a practice slot.

6. Sign and return the Select No Tolerance Policy (manager, assistant coaches, and parents) to the Select Commissioner.

7. All coaches and parents involved with team activities must pass background check.

8. Sign and return the CPYL Select Team Requirements Verification to the Select Commissioner; and

9. Other activities as directed by the Board or League.

In return, select teams will receive a minimum of two practice slots per week averaged over the entire season, subject to rainouts or CPYL makeup games, in which select teams may need to be moved to complete league games. Teams will also qualify to be covered by CPYL’s insurance policy for tournament activities.

Select teams are eligible to host CPYL tournaments throughout the Spring and Fall league seasons as fundraisers. A list of all select teams that wish to host a league tournament for fundraising efforts will be kept by the Select Commissioner.

Select teams will be notified by the Select Commissioner if they are next on the list to host a tournament. If that team chooses not to host the next available tournament, they will be put back in the rotation. Select teams that choose to host a tournament will abide by League rules while hosting a tournament. Teams that host a tournament are required to have a Board Member as a parent on the team. If a Select team does not have a Board member as a parent, that team will be required to contact a Board member to be a representative for that team for that entire weekend. This is required for liability purposes and for the use of CPYL facilities and equipment which require specific codes and keys entrusted only to Board members. Any person driving a cart, mule, tractor, or other motorized vehicle that is property of CPYL must be 16 years or older.

**Age Division: \_\_\_\_\_\_\_\_\_\_\_ Team Name: CPYL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COACH ROSTER**

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| --- | --- | --- | --- | --- | --- |
| **Coach Name (and any parents who are or have been on CPYL Board)** | **Role on team** | **# of total seasons coaching?** | **# of total seasons coaching at CPYL?** | **Current CPYL Board Member?** | **# of years served on CPYL Board past or present?** |
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**PLAYER ROSTER**

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| --- | --- | --- | --- | --- |
| **Player Name (minimum 9 required to submit application)** | **Returning to team or New?** | **City of Residence** | **CPYL Rec Seasons Played (1)** | **CPYL Select Seasons Played (2)** |
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**(1) Provide the number of seasons played in CPYL recreational league. Fall=Spring= 1 season**

**(2) Provide the number of seasons played representing CPYL select team. Fall=Spring= 1 season**

**PAST COACHING HISTORY**

Provide details regarding your two most recent seasons as a manager at the select and/ or rec level. If you played tournaments for multiple sanctioning bodies in one season, please include your record in each one.

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| --- | --- | --- |
|  | **Most Recent Season 1** | **Most Recent Season 2** |
| **Season (Ex Spring 2024)** |  |  |
| **Team Name** |  |  |
| **Age Group** |  |  |
| **Level (Ex AA, AAA, NL, AL)** |  |  |
| **# of Players Still on Current Roster** |  |  |
| **Sanctioning Body/ League 1 (Ex PG, NCS, CPYL)** |  |  |
| **Record in SB/L 1** |  |  |
| **Sanctioning Body/ League 2** |  |  |
| **Record in SB/L 2** |  |  |
| **Sanctioning Body/ League 3** |  |  |
| **Record in SB/L 3** |  |  |
| **# of tournaments placed 1 or 2** |  |  |

**QUESTIONNAIRE**

1. **Are you, or any assistant coach, player, and/ or parent associated with, endorsed by, or have any financial interests in any other baseball organization (Y/N)? If yes, explain further below:**

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1. **What are the current and/ or past involvement with or contributions to CPYL?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Why do you feel you and your team should be selected to be a CPYL Select Team?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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