**Pennsylvania Connie Mack Youth Baseball, Inc.**

212 Millrace Road

Northampton, PA 18067

Pennsylvania Connie Mack Youth Baseball, Inc. (PACM) aims to provide a safe, productive, and competitive environment for the youth of our communities. With that, PACM wants to ensure that all coaches, managers, trainers, and scorekeepers affiliated with each of our teams have received proper clearance regarding child abuse and criminal histories.

Proper clearances on this topic are defined as background evaluations performed by the Commonwealth of Pennsylvania surrounding Acts 34 & 151. More specifically, the following forms are recommended:

1. *Pennsylvania State Police Request for Criminal Record Check*; Form #SP 4-164 (7-2009); can be electronically obtained at <https://epatch.state.pa.us>
2. *Pennsylvania Child Abuse History Clearance*; Form #CY 113 12/99

Although the above two forms are recommended, it will be the responsibility of **each sponsoring organization** to conduct and manage their own background clearance system, policies, and records. PACM requires ONLY that this form is completed and endorsed by the applicant and representative from the sponsoring organization. Endorsement of this form constitutes compliance by all parties that proper background clearances have been obtained through the sponsoring organization.

PACM will NOT handle the facilitation, management, nor maintenance of ANY background clearance process(es). This endorsed form will be kept on file with PACM for the current season only. A new form will need to be endorsed every year. The valid PACM year will coincide with the calendar year, beginning on January 1st and ending on December 31st.

Coverage requirement for this background clearance will apply to ALL adults, 18 years of age and over, who act as coaches, managers, trainers, scorekeepers, etc. Anyone who represents the team in an official capacity needs to have their clearances documented. This applies to ALL adults who interact with the players in the dugout or bench area as well as on the field.

Any questions or interpretations of this policy shall be addressed to the President of Pennsylvania Connie Mack Youth Baseball, Inc. This policy is MANDATORY, and all forms shall be turned in to the State organization through the individual League Presidents.

**Calendar Year Application Period**: \_\_\_\_\_\_\_\_\_\_\_

**Applicant Information**

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

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Sponsoring Organization Information**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**PA Connie Mack Youth Baseball Information**

League Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

League President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

State Office Receiving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Office Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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