

# LAMAR LITTLE LEAGUE

## FALL 2009 MANAGER or COACH APPLICATION

(Circle one or both positions)

- Check here if you coached or managed in Lamar Little League in Spring 2009 or Fall 2008.

**READ FIRST! PLEASE PRINT CLEARLY (Do not leave spaces blank)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Other: \_\_\_\_\_

1. Have you previously managed or coached a team in Lamar Little League? Yes No

If yes, what team and division and how many years? \_\_\_\_\_

If no, have you ever managed or coached baseball or any other youth sport elsewhere?

Yes No

If yes, please provide details and the number of years experience. \_\_\_\_\_

2. Are you planning to manage or coach (circle appropriate one) another sports team (outside our league) this season?

(If yes, please describe) \_\_\_\_\_

3. Other baseball involvement? \_\_\_\_\_

4. Division(s) & ages in which you wish to manage/coach this season? (circle)

T-Ball Machine A Machine AA Machine AAA Minor Varsity/Major Junior

(Circle one)

MANAGER

COACH

(CONTINUED ON BACK)

5. Please tell us the reason(s) why you want to manage or coach. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF YOU ARE APPOINTED TO MANAGE OR COACH A TEAM BY THE LEAGUE PRESIDENT AND APPROVED BY THE BOARD OF DIRECTORS, WILL YOU AGREE TO:**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Attend a coach's clinic which will be conducted in the area (spring only)?                                      | Yes | No |
| 2. | Attend an umpire seminar which will be conducted in the area?   | Yes | No |
| 3. | Attend a CPR class?   | Yes | No |
| 4. | Know Little League Baseball and Lamar Little League (local) rules and play within the framework of these rules? | Yes | No |
| 5. | Be willing to help with field maintenance?  | Yes | No |
| 6. | Treat all players on your team equally?   | Yes | No |

TEAM MANAGERS AND COACHES WILL BE REQUIRED TO ATTEND ALL PRACTICE SESSIONS AND GAMES OR HAVE A DESIGNATED SUBSTITUTE THAT IS PRE-APPROVED BY THE BOARD OF DIRECTORS.

**PLEASE NOTE:** ALL TEAM MANAGERS, COACHES, ASSISTANTS, OR ANYONE INSTRUCTING OR WORKING WITH A TEAM MUST BE A MEMBER OF LAMAR LITTLE LEAGUE. IF NOT, THEIR NAME MUST BE SUBMITTED TO THE BOARD FOR APPROVAL. THEY ALSO MUST AGREE TO ADHERE TO LEAGUE (INTERNATIONAL AND LOCAL) RULES.

Manager/Coach Shirt Size:      Med      Large      X-Large      XX-Large      XXX-Large

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Applicant)

**\*\*\*ATTENTION \*\*\***

Little League programs nationwide are required to annually conduct a background check of: Managers, Coaches, Board of Directors and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

<b>FOR BOARD USE ONLY:</b>			
Recommended:	Yes	No	(Division Vice President)
Recommended:	Yes	No	(League President)
Recommended:	Yes	No	(Board of Directors)
Appointed:	Yes	No	