

LAMAR LITTLE LEAGUE MANAGER or COACH APPLICATION

(Circle one or both positions)

Check here if you coached or managed in Lamar Little League during the most recent season.

Application for: _____
(Spring or Fall) (Year)

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 Will you have other baseball involvement this season?

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

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

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.

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