# LAMAR LITTLE LEAGUE

## SPRING 2007 MANAGER or COACH APPLICATION

(**Circle one or both positions)**

□ **Check here if you coached or managed in Lamar Little League in Spring or Fall 200 6.**

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 yout h 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 descr ibe)** _____

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 Senior**

(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.

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