

Greater Winter Haven Youth Baseball COACHES APPLICATION

(PLEASE PRINT)

NAME: _____
LAST FIRST

ADDRESS: _____
STREET

MAILING: _____
(IF DIFFERENT) P.O. BOX

BIRTHDATE: _____

PHONE: _____
home work

Shirt Size _____

Which league would you like to coach in? _____

Will you have a child in that league? (circle one) Yes No

Childs name: _____

Is he/she new to that league or returning to a team? (circle one) New Returning

Are you applying for head coach or assistant? (circle one) Head Assistant Either

Would you be a head coach if absolutely necessary? (circle one) Yes No

Do you have any coaching experience? (circle one) Yes No (if yes, detail)

Have you ever been convicted of any crime relating to child abuse or molestation? Yes No
If yes, write a complete explanation on the back of this form.

Filling out a Coaches Application does not guarantee you a coaching position. All applications go before the Coaches Selection Committee.

If accepted as a coach in Greater Winter Haven Youth Baseball, I understand that I must be a certified coach in order to participate on the field. I further understand that alcohol and tobacco use are prohibited during league play and that alcohol use is also prohibited at practice. Abusive language and or threatening behavior directed toward players, coaches, umpires or spectators is also prohibited. Violation of any of these rules may result in my suspension or termination as a coach.

SIGNATURE

DATE