



North Miami Little League, Inc. 2012 COACH APPLICATION



Please Print Clearly

Name			
Address			
Address 2			
City, State		Zip	
Home Number			
Cell Number			
Work Number			
Email Address			
Shirt Size	S	M	L XL XXL

WOULD YOU LIKE TO BE:		
<input type="checkbox"/> HEAD COACH	<input type="checkbox"/> Tee-Ball (Ages 5 & 6)	<input type="checkbox"/> Major League (Ages 11 & 12)
<input type="checkbox"/> ASSISTANT COACH	<input type="checkbox"/> Coach Pitch (Ages 7 & 8)	<input type="checkbox"/> Junior League (Ages 13 & 14)
	<input type="checkbox"/> Minor League (Ages 9 & 10)	<input type="checkbox"/> Girl Softball League (Ages 10 - 12)

HAVE YOU COACHED BEFORE? YES NO If yes, what age group?

DO YOU HAVE ANY UMPIRING EXPERIENCE? YES NO

PLEASE NOTE THE FOLLOWING:

- It is mandatory that Head Coach/Assistant Coach attend a coaches clinic _____ *Initial*
- It is mandatory that Head/ Coach/Assistant, attend an umpire's clinic and umpire in a division other than your own _____ *Initial*
- As a Head Coach/Assistant Coach, you will be held responsible for all equipment issued to your team. You will be required to turn in all equipment to the manager at the end of the season _____ *Initial*
- It is mandatory to complete the Little League Volunteer Application form _____ *Initial*

I give permission for the Little League organization to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. I understand that if appointed, my position is conditional upon the League receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball Incorporated, the officers, employees, and volunteers thereof, or any other persons or organization that may provide such information. I also understand that regardless of previous appointments I may not be appointed to volunteer position. If appointed, I understand that prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors.

Signature: _____ **Date:** _____
Print Name: _____