

LAKE WALES LITTLE LEAGUE

Manager/Coach Application Form

Date: _____

Name: _____ Phone: _____

I wish to apply for the position of: _____ Manager _____ Asst. Coach

Which division of baseball do you prefer?

_____ Tee Ball (ages 4 & 5)

_____ Coach Pitch (ages 6)

_____ Mini -Minor (ages 7 & 8)

_____ Minors (ages 9 – 10)

_____ Majors (ages 11-12)

_____ Juniors (ages 13 & 14)

_____ Seniors (ages 15 & 16)

Have you managed or coached in Little League or other similar youth baseball programs?

_____ Yes _____ No

If yes, how many years? _____

What league?

_____ Location _____

Name and league age of child (or children) who will be playing in LWLL this year:

Have you had baseball experience other than managing/coaching? _____ Yes _____ No

If yes, please explain:

Briefly state any experience you've had working with groups of children

Please make a brief statement as to why you are interested in assuming this responsible position in Little League:

I understand that if I am selected by the President and approved by the Board of Directors as a manager/coach for Lake Wales Little League that I am responsible for and agree to do the following:

- 1. Attend mandatory coaching and league information clinics.**
- 2. Assist the league in fundraising activities and communicate league information to players and their families.**
- 3. Secure a team parent.**

As National Little League requires per regulation I(b) and I(c)(8,9), I understand that the information I have provided will be verified by obtaining a background check and/or contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless any person or organization that provides information. I also agree to hold harmless Little League Baseball, Incorporated, Lake Wales Little League, and the officers and volunteers thereof. In signing this application, I affirm that the information I have given is true and correct.

If given a Manager/Coach position with Lake Wales Little League, I agree to promote the purpose of this program and to abide by the Lake Wales Little League Constitution and By-Laws, National Little League Playing Rules, and other rules and policies established by Lake Wales Little League.

Signature: _____ Date: _____

Please mail completed form to:

Lake Wales Little League
P.O. Box 1571
Lake Wales, FL 33859-1571