



LAGUNA LITTLE MISS KICKBALL COACHES APPLICATION

2017 SEASON

Thank you for your interest in Little Miss Kickball. Please review the rules and regulations pertaining to coaching with a league board member. Submit this completed application and background check to the League Coach.

Name: _____ Age: _____ DOB: ____ / ____ / ____
 Address: _____ TX _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 (I can / cannot be contacted at work (circle one))
 E-Mail: _____
 Employer: _____ Occupation: _____

Check One: Head Coach () Assistant Coach ()

If applying for head coach, who are your choices for assistant coaches:

Team and Division Requesting? Rookie (4-6), Pee Wee (6-8), Juniors (9-11), Seniors (12-14), Teenage (15-18)
(Circle One)

Do you or your Assistant(s) have any girls playing kickball? If so,

- (a) Girl's Name: _____ Age: _____
- (b) Previous Team: _____
- (c) Will she be claimed as a coach's option? YES NO (circle one)

Previous kickball coaching experience (age group(s), when, where):

Other experience working with girls: _____

I will / will not be coaching another team sport this spring. (circle one)

References: (1) _____ Phone: _____
 (2) _____ Phone: _____
 (3) _____ Phone: _____

I understand that I will be responsible for and expected to have my team participate in all league fundraisers. **Initial** : _____

"I will play fair and follow the rules of the game. I will also commit the time and effort needed to ensure the players on my team have an enjoyable experience." **Initial** : _____

I understand that a yearly Criminal History Background Check is required for this position. **Initial**: _____

Signature: _____ Today's Date: _____

LEAGUE USE ONLY

Date Application received: _____ / _____ / _____ Date coach approved: _____ / _____ / _____
 Has coach been tested? YES NO Date coach notified: _____ / _____ / _____ Int. _____
 Background Check Completed: _____ / _____ / _____ Cleared? YES NO