



LITTLE MISS KICKBALL COACHES APPLICATION

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 by February 1.

Name: _____ Age: _____ DOB: ____ / ____ / ____
 Address: _____ TX Zip Code: _____
 Home Phone: _____ ~~Work Phone~~ be contacted at work (circle one) Cell Phone: _____
 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

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