

CC UNITED LMK 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:			Zip Code:	
Home Phone:	Work Phone:	Cel	Phone:	
	(I can / cannot be contacted a	t work (circle one))		
E-Mail:			4	
Employer:	mployer: Occupation:			
Check One: If applying for head coach, who are	Head Coach () Assistant (e your choices for assistant. coach	` '		
Team and Division Requesting? Do you or your Assistant(s) have a (a) Girl's Name:	Rookie (4-6), Pee Wee (6-ny girls playing kickball? If so,	-8), Juniors (9-11), (Circle O	Seniors (12-14), Teenage (15-18) 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)	`	Ph	one:	
(2)		Ph	one:	
(3)		Ph	one:	
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 approve	ed: / /	
Has coach been tested?	YES NO Date	coach notified:	/ / Int	
Background Check Completed:	///	Cleared? Y	YES NO	