



Application for Manager/Coach



(Circle One)

Choice of Division:

Baseball

Ages

Softball

(Circle One)

Foal

(3-4)

Shetland

(5-6)

6 & Under

Pinto

(7-8)

8 & Under

Mustang

(9-10)

10 & Under

Bronco

(11-12)

12 & Under

Pony

(13-16)

16 & Under

Stallions

(5-18)

Special Needs Division

Name of Applicant: _____

Childs Name: _____ Childs D.O.B.: _____ Childs League Age: _____

Address: _____ City: _____ Zip Code: _____

Primary Phone # (for contact): _____ Email Address: _____

Have you ever managed or coached a youth team in the past? YES or NO (Circle one)

If YES, Division: _____ Team Name: _____ Year: _____

Managers/Coaches Clinics will be MANDATORY. Dates and Times will be posted on the web site.

As a manager or a coach, I understand that I will comply with all the rules required of me as a manager or a coach. I also understand that a failure to abide by these rules shall be cause for an immediate hearing before the board of Directors of this League, to show cause as to why I should be dismissed as a manager or a coach.

Applicant Signature: _____ Date: _____

- Return this filled out and signed form along with a Photocopy of your Driver's License to the BYBSB Office or email to: bybaseballsoftball@gmail.com

- REMINDER:** There is a \$40.00 background check Fee for all volunteers. This can be paid in the BYBSB office at Noble Creek Park.

Official Use Only

Board Acceptance: _____ Date: _____

President: _____ Date: _____

Team/Division Assigned: _____