



BRIGHTON YOUTH BASEBALL ASSOCIATION

Coaching Application

Name:		
Address:		
City:	State:	ZIP:
Home Phone:		
Cell Phone:		
Work Phone:		
Email Address:		
Social Security Number:		
Date of Birth:		
Your Child's Name:		
Age Group to Coach:		
Coaching Experience:		
Clinics/Classes Attended for Coaching/Baseball:		
Experience with Children:		

- I agree that baseball is an activity in which injury can occur and I specifically agree to protect and hold harmless and waive any and all claims against the Brighton Youth Baseball Association, its players, members, coaches, Directors, Officers, Sponsors and other volunteers and their heirs and assigns, and the Jefferson County Junior Baseball League and its members, volunteers, employees, Directors, and Officers and their heirs and assigns in the event that the player named above or any member of his or her family is injured while taking part in or attending an event sanctioned by the Brighton Youth Baseball Association or the Jefferson County Junior Baseball League.

- I agree to allow Brighton Youth baseball Association to process a background check using the information I have provided on this form.

Signature

Date