

HUTTO YOUTH BASEBALL / SOFTBALL LEAGUE

Coaches Application

PERSONAL INFORMATION

Name _____
Address _____
Home Phone _____
Child's Name _____
Driver License Number _____
SSN _____

I would like to be considered for the position of: () Manager () Assistant Coach

Please Check One ---- Baseball() Softball ()
Shetland () Pinto () Mustang () Bronco () Pony ()

PREVIOUS COACHING EXPERIENCE

Please list any league in which you have coached in the past and include the name of a Contact Person as a reference.

League Name _____
Contact Person _____
Phone Number _____

Give a brief description of your coaching experience:

I understand that the League Selection Committee has the right to accept or decline my applications as it pertains to the best interest of HYBSL and its members.

I also understand that I will be required to attend any and all coaches meetings the League provides to fill such position.

By signing below, I give HYBSL permission to run a Criminal Background Check and understand that any information obtained as a result of this check will be used in a manner that the HYBSL Board Of Directors has deemed appropriate to determine my eligibility as a participant in this organization.

Applicant's Signature

Date

Hutto Youth Baseball/Softball League Selection Committed, in the best interest of the League, recommends to Accept / Decline this application.

Is Coach Certified? _____ If, Name of the coach on the team, which is certified: _____

President's Signature _____

Date _____