



P.O. Box 510, Turner, OR 97392

## Manager/Coach Application Form

By completing this application, I am certifying that I am not a user of drugs and I will not use tobacco products or alcohol while around the kids or any Little League facility. Also, I have not been convicted of a felony and am not currently, nor have I within the past three years been in psychiatric care, the nature of which would affect my relationship with Little League players.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Please Print MM/DD/YY

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Do you want to **Manage** or **Coach** (circle one) **Baseball** or **Softball** (circle one)

What Level(s) would you like to manage or coach?

T-Ball (ages 5-8) \_\_\_ AA Minors (ages 7-11) \_\_\_ AAA Minors (ages 8-12) \_\_\_

Majors (9-12) \_\_\_ Juniors (ages 13-14) \_\_\_ Seniors (ages 15-16) \_\_\_

1. Have you ever managed or coached in a Little League or youth sports program?

Yes: \_\_\_ No: \_\_\_ Dates: \_\_\_\_\_ Age group/s: \_\_\_\_\_

Where: \_\_\_\_\_

2. Have you ever received training as a baseball/softball manager or coach?

Yes: \_\_\_ No: \_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

Type of Training: \_\_\_\_\_

3. As a manager or coach you will be asked to umpire for the AAA and below.

Is this a concern? Yes: \_\_\_ No: \_\_\_ Explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

4. A completed Little League Volunteer Form must be attached prior to submitting this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Cascade Little League Official Board Use: Date manager/coach was accepted: _____ President's Signature: _____
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