

Cabot Youth Baseball Association

PO Box 1521

Cabot, AR 72023

baseball@cabotbaseball.com

www.cabotbaseball.com

2008 Coaching Application

Name: _____ Home Phone: () _____

Date of Birth: _____ Age: _____ Work Phone: () _____

Social Security Number: _____ Cell Phone: () _____

Drivers Lic #: _____ State: _____ Email Address: _____

Maiden, Former Name or Alias: _____

Address: _____ City: _____ State: _____ Zip: _____

Prev Addr: _____ City: _____ State: _____ Zip: _____

(if less than 10 years at above address)

- | | | | | | |
|----------------------|--|--|----------------------------------|--------------------------------------|--|
| Coach: | <input type="checkbox"/> Existing | <input type="checkbox"/> New | <input type="checkbox"/> Manager | <input type="checkbox"/> Asst. Coach | |
| Age Division: | <input type="checkbox"/> 4 T-Ball | <input type="checkbox"/> 7-8 Pitching Mach | <input type="checkbox"/> Comp | <input type="checkbox"/> Rec | <input type="checkbox"/> 13 Babe Ruth Prep |
| | <input type="checkbox"/> 5 T-Ball | <input type="checkbox"/> 9-10 Minors | <input type="checkbox"/> Comp | <input type="checkbox"/> Rec | <input type="checkbox"/> 14-15 Babe Ruth |
| | <input type="checkbox"/> 6 Coach Pitch | <input type="checkbox"/> 11-12 Majors | <input type="checkbox"/> Comp | <input type="checkbox"/> Rec | <input type="checkbox"/> 16-19 Sr. Babe Ruth |

Enter the Team you plan to coach and/or the Coaching Staff names, if known.

Team Name: _____ Manager: _____

Asst Coach: _____ Asst Coach: _____

Do you have criminal charges pending against you or were you ever convicted of any crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any government or regulatory agency (other than police) ever found that you committed child abuse or neglect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Managers and coaches must be approved by the Executive Committee of the Cabot Youth Baseball Association. Interviews may be conducted and background checks may be required. Any information obtained by the CYBA during the selection process and/or background checks will be held confidential and will not be disclosed to any other party except as may be required by law.

I hereby certify that the above information is correct. In applying for consideration as a baseball coach, I agree to abide by all Cabot Youth Baseball Association Rules. I understand that a background investigation may be required for individuals having supervisory responsibility for youth under age 18 and I hereby authorize the Cabot Youth Baseball Association, or its agents, to obtain such information as necessary to discharge its legal responsibility.

Signed: _____ Date: _____