Loveland Baseball Association Recreational League Coaching Application

Please fill out and return to the LBA (either give to registration worker or mail to address below)

LBA
P.O. BOX 444
Loveland, CO 80539
Phone: (970) 667-1944

Full Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone Numbers: _____
Home Work Cell

E-Mail Address: _____ Your Child's Name:_____

Social Security Number (required for background check) _____

Date of Birth (required for background check) _____
Month Day Year

Drivers License Info: _____
State License Number

If you've lived in Colorado for less than three years, please give previous Address below:

Previous Address: _____
Street City State Zip Code

Age Group You Would Like To Coach: ☐ 8 ☐ 9-10 ☐ 11-12 ☐ 13-14 ☐ 15-17

Practice Day Preference: ☐ Monday/Wednesday ☐ Tuesday/Thursday ☐ No Preference

Practice Time Preference: ☐ Early (4:00pm – 6:00pm) ☐ Late (6:00pm – 8:00pm) ☐ No Preference

Have you ever been convicted of a felony criminal offense? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor criminal offense? ☐ Yes ☐ No

If you answered "yes" to either of the above questions, please provide the date and location of the offense and explain the circumstances surrounding any convictions below. (If more space is necessary, use back of form)

_____

_____

The following conditions apply to all LBA coaches:

1. Agree to follow all rules and policies of the LBA.
2. Must be a minimum of 18 years old.
3. Agree to attend any coaching clinics deemed mandatory by the LBA.
4. Any Coach ejected by an Umpire will have the ejection reviewed by the LBA Board of Directors to determine if the Coach's actions warrant any additional penalty or disciplinary action. The Umpire will complete a written report for the Board to review. At a minimum, a Coach who is ejected will miss the remainder of the game from which he/she was ejected plus the team's next game.

Certification

I certify that all statements made in this application are true and authorize the Loveland Baseball Association to perform any investigation or background checking they deem necessary.

I hereby release the Loveland Baseball Association and all of its board members from any liability arising from their gathering of information related to this application.

I understand that any false statements, misrepresentations or omissions made on this form or during my interview will be sufficient for rejection of my application and may result in my immediate suspension or discharge should one be discovered after I have been selected as a coach.

I hereby acknowledge that I have read and understand the preceding statements.

Signature: _____ Date: _____

Name of assistant coach (if you already know who you'd like to coach with): _____

Name of assistant coach's child:_____

Name of team sponsor (if you already have one lined up):_____