



Ladner Minor Baseball Coaching Application

Personal Information

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ (Postal Code) _____

Telephone: (Res.) _____ (Work) _____ (Cell) _____

Date of Birth: (Year) _____ (Month) _____ (Day) _____

Preferred Coaching Assignment

For each choice, indicate your preference to be a Head **or** Assistant Coach **and** the appropriate Division.

Head Coach _____

Assistant Coach _____

Divisions

Blastball _____ T-Ball _____ Tadpole _____ Mosquito _____

Peewee _____ Bantam _____ Midget _____

Certification/Training

National Coaching Certification Program

Please provide your NCCP Coaching Certificate Number _____

Other Coaching / Training or Certification:

1. _____
2. _____
3. _____

Coaching References

Name: _____ Telephone: _____ Position: _____

Name: _____ Telephone: _____ Position: _____

Undertakings

1. I hereby consent to the disclosure of the above information as is required by the LMBA.
2. I hereby acknowledge the authority of Baseball BC, BC Minor and the LMBA and agree to carry out and abide by their constitutions, bylaws, rules and regulations.
3. *I acknowledge and agree to carry out a Criminal Records check of myself. I will attend the police station in person and complete an authorized volunteer consent and request form.*
4. *I will have the Criminal Record Check forwarded to the L.M.B.A.
PO Box 97, Ladner, BC V4K-3N5. Attention to Mark Whincup, President.*
5. *Coaches who do not have a completed records check by April 1st 2009, might be subject to restrictions from coaching.*

Signature: _____

Date: _____