

First Middle Initial and Last Name:		Date of Birth (m/d/yy):
Home Phone:	Work Phone:	Cell Phone:
Street:	Email (Important):	Social Security Number:

Do you have a child who will play Little League this year? Yes No If yes, at what level(s)

Please indicate by marking your order of preference to: Manager:		Assistant Coach:	2 nd Coach:
Please specify your 1st and 2nd choice of the level at which you would prefer to participate:			
A (Farm): (6 -8 Yrs old)	AA (Minor): (8 -11 Yrs Olds)	AAA (Major): (10 -12 Yrs Olds)	50/70: Junior: (11 -13 Yrs Olds) (13-14 Yrs Olds) (15-16 Yrs Olds)

Personal Reference (not a family member): Name: _____ Phone: _____

Coaching Experience or Qualifications:							
Years Coached: T-Ball:	R-Ball/A:	AA:	AAA:	Junior:	Senior:	Softball:	HS:
Other Sports Coached (Level & No of Yrs):							
PCA Double Goal Certificate: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III							
List Counseling / other Relevant Experiences:							
CPR Certified Through: (MM/YY)		First Aid Cert Through: (MM/YY)		Concussion Training:			

HLL Mission: Through the Game of Baseball and Softball, Healdsburg Little League will Strive to Teach All Participants the Value of Developing Fundamental Skills, Positive Thinking, Teamwork, Good Sportsmanship, and Respect.

We Expect our Coaching Staffs to Provide Fair and Equal Playing Opportunity Based on Effort, Attitude and Attendance and not Results Alone and Lead the Team to Win without Ever Compromising the Integrity of our Culture nor Leaving Even One Player Behind.

Coaching Philosophy (please describe your coaching style and any ideas you may have to enhance the HLL program):

Have you ever been suspended from coaching in any other sport, or removed from any volunteer position? Yes No

Have you ever been convicted of a felony or misdemeanor other than minor driving infractions? Yes No

Note: Please fill out this application and complete the JDP Online Background Check, as required by Little League International.

Applicant's Signature _____ Date (m/d/yy): _____

Please send your completed Application form WITH copy of drivers license to: info@healdsburgbaseball.com

Please submit your application no later than December 1st

NOTICE: All Applicants are subject to interview to discuss further details, explain expectations and training opportunities!

***** Healdsburg Little League Use *****

Date Received: _____ Player Agent Signature _____ League President Signature: _____

Date Approved: _____ Assigned Team: _____ Level: _____ Pos: Mgr Asst Coach 2nd Coach