



WESTSIDE MINOR BASEBALL

Box 26080, Westbank, B.C. V4T 2G3

COACH/MANAGER APPLICATION

Last Name First Name Date (MM/DD/YY)

Street Address City Postal Code

Home Phone Work Phone Cell Phone Email

Returning Coach/Manager New Coach/Manager

Position Applying for Head Coach Assistant Coach Manager

Choose Division

<input type="checkbox"/> T-Ball	<input type="checkbox"/> PeeWee
<input type="checkbox"/> Tadpole	<input type="checkbox"/> Bantam
<input type="checkbox"/> Mosquito	<input type="checkbox"/> Midget

Choose Tier

<input type="checkbox"/> A	<input type="checkbox"/> House League
<input type="checkbox"/> AA	<input type="checkbox"/> All Star
<input type="checkbox"/> AAA	<input type="checkbox"/> InterLock

NCCP Level _____
(Photocopy of Certificate must be attached to this application)

Any Additional Level completed since this level awarded _____

Coaching Experience

House League

All Star

Year	Division	Level	Team	Year	Division	Level	Team

Throughout the season parents, fans and Westside Minor Baseball Association (WMBA) representatives take photos and videos of players and coaches. These photos may be displayed on the Association's web sites. Some are also submitted to local newspapers. Unless otherwise stated below, I consent to the use of images of myself as indicated above.

I do not wish to have images used as indicated above.

Please do not sign your name unless you understand and agree to the following!

Westside Minor Baseball (WMBA) is a volunteer organization. We have no sports or medical training. Although we will do our best to ensure the safety of the players, umpires, coaches, and other volunteers, there are risks. As in any sport, there is a risk of injury. If you have any medical condition that may interfere with your ability to participate in this event, speak to your doctor."

I _____ have read the "Fair Play Codes of Conduct"(available at www.westsideminorbaseball.ca). I agree to and understand their contents. I agree not to hold Westside Minor Baseball (WMBA) personally or financially responsible for any accident, injury or aggravated medical condition that can occur during the season. I understand that as a coach I will be expected to attend one sanctioned Coaches' Clinic per year paid for by WMBA. I swear that I have never been charged with any crime against a child.

Applicant Signature Date

FOR OFFICE USE ONLY

NCCP Photocopy _____ BC Care Card Photocopy _____ CPIC _____