PHBSA Baseball/Softball Coaching Application

Name _____
last first middle

Mailing Address _____

City _____ Zip Code _____

Telephone Number (home) _____ (work/cell) _____

Birth date _____ Sex - Male or Female email address _____

Drivers License # _____ shirt size – S M L XL 2XL 3XL 4XL

List two references (Name) _____ (Telephone) _____

(Name) _____ (Telephone) _____

Please answer the following questions

Child's Name _____ Child's Age _____

Child's Division _____ I would like to be a Head Coach or Asst

Have you coached in our league? Yes or No

How many years of coaching experience do you have? _____

Please understand that a head coach may only choose one assistant coach. Other assistant coaches will be randomly selected during team placement. Please tell us the name and telephone number of the one person you would like to coach with this year. Both coaches must fill out an application.

Asst. Name _____ Telephone Number _____

The PHBSA board will review all applications. The board reserves the right to conduct criminal background checks on all coaches. By signing this form, you are consenting to a through examination of your character and possibly background as well as agreeing to attend all clinics or coaches meetings set up by the board and agreeing to follow the PHBSA Coaches Code of Ethics and rules for each division.

Signature _____ Date _____