

Mitchell Community Youth League Manager / Coach Application (1 of 2)

Manager **Coach**

- 5-6 Boys T Ball 7-8 Boys Coach Pitch 9-10 Minors 11-12 Majors 5-6 Girls T Ball 7-8 Girls Coach Pitch
 9-11 Girls Slow Pitch 12-14 Girls Slow Pitch 15-18 Girls Slow Pitch

Name: _____

Address: _____

City: _____ Zip Code _____

E-mail: _____ Drivers License _____

Home Phone: _____ Bus Phone _____

Cell Phone: _____

Children Participating in MCYL:

Child's Name(1) _____

Child's Name (2) _____

Child's Name (3) _____

Experience: _____

Coaching Philosophy: _____

Continued...

Have you ever been charged or convicted with a **felony** or a **misdemeanor**? If yes, please explain.

I AGREE TO ADHERE TO THE RULES AND POLICIES SET BY THE BOARD OF DIRECTORS OF MCYL. Initials _____

I UNDERSTAND THAT I NEED TO MODEL APPROPRIATE BEHAVIOR TO MY TEAM AT ALL TIMES. If I FAIL TO DO SO I WILL BE ASKED TO RESIGN FROM THE LEAGUE. Initials _____

I UNDERSTAND THAT THE LEAGUE MAY ORDER MY MVD REPORT AND PERFORM A BACKGROUND CHECK AT THEIR DISCRETION AND COST. Initials _____

As Manager:

I understand I am responsible for my team's equipment. Initials _____

I understand that I must turn in my team's equipment at season's end or I will not be allowed to coach in MCYL again and may be asked to replace equipment. Initials _____

Print Name: _____

Signature: _____

Dated: _____