



Innisfail Minor Ball Association

Box 6056, Innisfail, AB T4G 1S7

Baseball Coaching Application

Name: _____ Date of Birth: _____
 Address: _____ City: _____
 Postal code: _____ Telephone: _____
 Email: _____ Cell Phone: _____

What Team are you applying for?

Tee Ball _____ Rookie _____ Mosquito _____ Pee Wee _____ Bantam _____ Midget _____

What level are you applying for? House _____ A _____ AA _____

Are you willing to take coaching certification if required? Yes _____ No _____

Certification: A and AA coach levels only

NCCP Coaching Certification: Level _____ Card #: _____

Respect in Sports Course: Yes / No # _____

MED module Course: Yes / No # _____

Other Applicable Certification: _____

Volunteer History:

Year	Team/Association	Level	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal resume: (please include all baseball related experiences and qualifications or certifications, i.e. player, coach, umpire, manager, etc.) _____

Declaration: I certify the foregoing information to be true and, in the interests of protecting the children involved, I hereby authorize the association to conduct any background checks they deem necessary.

I agree to provide a criminal record check to the association. All results will be kept strictly confidential.

Applicant's Signature

Date of Applicaton

Email completed applications to registrar@innisfailminorball.com