MEDICINE HAT LITTLE LEAGUE
2018 Regular Season Coaches Application

PERSONAL INFORMATION

Name : _____ Age over 18?   Yes _____   No _____

Address : _____ Postal Code _____

Home Telephone : _____   Cell Number _____ Work _____

Email Address : _____

DIVISION YOU WISH TO COACH

☐ Little Sluggers (4 & 5)   ☐ Parent Pitch (6)   ☐ Machine Pitch (7)

☐ Kid Pitch (8)   ☐ Kid Pitch (9)   ☐ Minors (10)

☐ Majors (11 & 12)   ☐ Intermediates (12 & 13)   ☐ Juniors (13 - 15)

☐ **Head Coach**   ☐ **Assistant Coach**   ☐ **Either**

Have you made arrangements to coach with another person?   ☐ Yes   ☐ No

If so, please provide the name of that person. _____

Have you ever been convicted of a criminal offence?   ☐ Yes   ☐ No

Little League Canada has implemented a screening program for all Little League volunteers. I give my permission to Medicine Hat Little League to conduct a background check on me which may include a review of sex offender registries, child abuse and police records. I understand, if appointed, my position is conditional upon the league receiving satisfactory information on my background. I hereby release and agree to hold harmless from liability, Medicine Hat Little League Association, Little League Canada, Little League International, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand, that regardless of previous appointments, Medicine Hat Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies and principles.

Applicant Signature : _____ Date : _____

Note - Medicine Hat Little League, Little League Canada and Little League Baseball Inc. will not discriminate against any person on the basis of race, creed, colour, national origin, marital status, gender, sexual orientation or disability.