



Belleville Amateur Baseball Association

2010 Application Form for Field Managers

First Name _____ Surname _____ Phone Number _____

Street Address _____ City _____ Postal Code _____

Circle the team you wish to apply for:

Minor Mosquito Minor Peewee Minor Bantam Minor Midget

Rookie Mosquito Peewee Bantam Midget

Do you have a son or daughter who will be trying out for the team that you have applied for?

YES _____ NO _____

Coaching Experience

What level, if any, of coaching certification have you attained?

Theory _____

Technical _____

Practical _____

Coach's Number: CC _____

Do you have First Aid training?

YES _____ NO _____

Are you willing to attend a coach's clinic?

YES _____ NO _____

*Please note: A new coach must at least take the NCCP level one technical course to be on the field
A coach that has already coached in the OBA must have both NCCP level one technical
and theory to be on the field (OBA RULE P2-3 a)*

Coaching Experience: (please list your coaching experience)

YEAR	AGE GROUP/TEAM	POSITION

Clinic Attended:

YEAR	CLINIC NAME	KEY SPEAKER

Certificates and Awards (please list any awards and certificates that you have received for coaching, note this doesn't have to be for just baseball)

Miscellaneous Information: (Is there anything else that you want tell the board, ie playing experience)

REFERENCES:(Please provide three references that can be contacted, or if you coached last year please attach a phone list of players that played for you last year)

NAME	PHONE NUMBER	TITLE OR RELATION

I THE UNDERSIGNED, HEREBY CONSENT TO MANAGE FOR THE BELLEVILLE AMATEUR BASEBALL ASSOCIATION. I WILL ACCEPT RESPONSIBILITY FOR ALL EQUIPMENT ISSUED TO MY TEAM BY THE ASSOCIATION, AND AGREE TO RETURN ALL OF THE EQUIPMENT AT THE CONCLUSION OF THE SEASON. I HAVE ALSO READ THE ROLES AND RESPONSIBILITIES DOCUMENT AND AGREE TO ADHERE TO THE ROLES AND RESPONSIBILITIES SET OUT IN THAT DOCUMENT. I WAIVE ANY CLAIM WHATSOEVER AGAINST THE BELLEVILLE AMATEUR BASEBALL ASSOCIATION AND ITS OFFICES FOR ANY INJURIES SUFFERED. SUCCESSFUL CANDIDATES WILL NEED TO BE WILLING TO COMPLETE A CRIMINAL BACKGROUND CHECK.

DATE: _____

SIGNATURE: _____

Please return to: Carolyn Brant
22 Hemlock Cres..
Belleville, Ontario
K8N 5Y1