Glastonbury Little League

Supplememtal Coach Application Form

Coaches must be registered as GLL members on web site www.glastonburylittleleague.org

Name_____ Phone No._____
(Please Print)

Address_____Name of son/daughter_____
***Please check position desired*: Head Coach_____ Assistant Coach_____**
Previous coaching experience:

Sport	**Town**	**Age Group**	**No. of seasons**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Baseball Experience:
Please indicate the level of your baseball playing experience.
Youth League_____High School_____College_____Other_____
Please give a brief description of your baseball experience below
_____

Will you still coach if your partner preference request is not approved?Yes____ No____
Have you ever been convicted of risk of injury to a minor, DUI or any other criminal offense? Yes____ No___
Have you previously completed the PCA Double Goal Coach Course Yes___ No___
<u>All team managers will be required to successfully complete the above online course</u>
In order to minimize risk to its players, I hereby authorize Glastonbury Little League to utilize law enforcement agencies to conduct a background check of any criminal record I may have.
(Your date of birth is required for this check)

_____ _____
Must be signed **Date of Birth**

For Official Use. Applicants do not write below this line

****

<u>Year</u>	***<u>Head</u>***	***Ass't***	***<u>Division</u>***	***<u>Partner(s) Preference</u>***
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____