



## Traveling Baseball Coaching Application

Name (complete Legal)

Address

Zip Code

Phone\_Cell Phone

Email Address

Do you have a child/children in the program? Yes  No  If yes, what ages \_\_\_\_\_

### What age level are you interested in coaching?

\_\_\_\_\_ 10 & Under \_\_\_\_\_ 11 & Under \_\_\_\_\_ 12 & Under  
\_\_\_\_\_ 13 & Under \_\_\_\_\_ 14 & Under \_\_\_\_\_ 15 & Under

**Previous Coaching Experience:**

**References:**

Birth date: (For purposes of background check):

I understand that some of the above information is considered private under the Minnesota Government Data Practices Act, Chapter 13. This information will be used for programming purposes and given to people responsible for each program. By signing this form, I give permission to Lakes Elmo Baseball Association or it's representatives to take photographs, video, or audio footage of me for use in any media format. As a LEB Volunteer Coach, I agree to abide by the LEB Code of Conduct, fulfill my volunteer responsibilities to the best of my ability and in a manner consistent with the mission of Lake Elmo Baseball Association.

Signature \_\_\_\_\_

Date \_\_\_\_\_