

SBA CLASSIC COACHES REGISTRATION FORM

Name: _____ Age: _____

Address: _____ Home Phone: _____

Work Phone: _____

E-Mail Addresses:

Years experience playing baseball: _____

Highest level played & where: _____

Years experience coaching baseball: _____

Ages coached & where: _____

Age of Classic players you are applying to Coach: _____

Names of Assistant coaches you plan to have on the Coaching Staff?

Have you ever coached a youth Classic team? _____

When: _____ Where: _____ Ages: _____

Have you ever coached a youth league all-star team? _____

When: _____ Where: _____ Ages: _____

Why do you feel that you are qualified to coach a Classic team?

Have you ever been convicted of a felony or misdemeanor offense involving a minor?

YES _____ NO _____

I agree to abide by the attached Coaches Code of Ethics?

YES _____ NO _____

