

Lake Cities Baseball Association
Coach / Umpire / Team Mom / Volunteer Application
(Please circle one of the choices above)

Name: _____ Home Phone: _____
 First Middle Last

Address: _____ Work/Cell Phone: _____

City, St., Zip: _____ Date of Birth: _____

Drivers License Number: _____ Social Security Number: _____

COACHES ONLY:

NYSCA Certified: ___ Yes ___ No ID# _____ Expiration Date: _____

List your children that are planning in LCBA this season: Name(s) and Birthdate(s)

I prefer the following age group: Coach: ___ Umpire: ___ Team Mom: ___ Volunteer: ___

_____ BLAST-BALL (3/4) _____ T-BALL (5/6) _____ Kid/Coach Pitch Baseball (8U)
_____ 10U Baseball _____ 12U Baseball _____ 14U Baseball

Any approved Coach is required to attend any LCBA approved coaches clinic/meeting that may be scheduled on their behalf. Call your commissioner for more information. Any approved Umpire must attend any training/certification clinic/meeting that may be scheduled on their behalf.

List Three Character References, including phone numbers:

1. _____
2. _____
3. _____

List your qualifications and/or certifications: (Coaches & Umpires ONLY)

Note: A complete application is required for volunteer/coach/umpire/team mom consideration.

I hereby authorize the LCBA to make any investigation it deems necessary of my personal history and authorize any person, firm, corporation, or government agency to give unto the LCBA, any information they have regarding me. In consideration of the LCBA considering and receiving this application, I release the LCBA and it's respective board members, agents, servants, other volunteers, and all providers of this information from any liability resulting from furnishing and receiving this information. I understand that my participation in the LCBA may be terminated at any time, with or without reason, and hereby waive any legal claim against the LCBA, arising in any manner, from the fact or method of any termination. I declare, under penalty of perjury, that all the foregoing is true and correct to the best of my knowledge. I further understand that I must submit to a Criminal Background Check (other forms required) and any person listed as a Character Reference will be contacted prior to approval of this application.

Signature: _____ Date: _____

Mail Completed Application to: LCBA, P.O. Box 1214, Lake Dallas, TX 75065

Board Use Only: Approved: _____ Disapproved: _____ Incomplete: _____