



Manager Registration Form Fall Ball 2018



First/Last Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Previous Coaching Experience:

I would like to be considered as a Team Manager for the 2018 Lakeside Youth Baseball fall season. I understand that my responsibilities will consist of the following:

- Teaching our young athletes basic baseball fundamentals while they learn life values
- Attend all required training sessions and league orientation meetings
- Participate in the work night the evening prior to opening day to assist our staff prepare the LYB complex
- Will be responsible for coordinating coaches to assist and arrange for a team parent to help organizing team events and disseminating league information to parents
- Provide a scorekeeper for each game
- ***I UNDERSTAND THAT I WILL NEED TO BE CERTIFIED BY THE CAL RIPKEN/BABE RUTH LEAGUE ORGANIZATION AND A COPY NEEDS TO BE ON FILE***
- ***I UNDERSTAND THAT I WILL BE REQUIRED TO COMPLETE A BACKGROUND CHECK***

Signing this letter acknowledges your interest in managing a team and that you understand as well as agree to the responsibilities of the position. You will be contacted by your division rep once the manager assignments have been voted upon by the board which will be held in early August.

Please indicate the division you are interested in by placing a check by that division:

- Tball
 Rookie
 Minor
 Major
 Senior

Comments: _____

Signature: _____ Date: _____