



Licking Heights Youth Association
SPRING PROGRAM COACHING APPLICATION

Section 1. Coaching Position, Program & Division

Please select the desired option for position, program and division.

Position: [] Head Coach [] Assistant Coach [] Any
Program: [] Baseball [] Select Softball [] Softball [] Tee-Ball
Division: [] Ages 5 & 6 [] Ages 7 & 8 [] Ages 9 & 10 [] Ages 11 & 12 [] Ages 12 & 14

Section 2. Coaching Experience

Please list any coaching experience. Include league, position and number of years.

Experience: []

Section 3. Certifications

Please list any certification(s), including CPR and/or medical.

Certifications: []

Section 4. References

Please print two references.

Name: []
Relationship: [] Phone: ([]) [] - []
Name: []
Relationship: [] Phone: ([]) [] - []

Section 5. Contact Information

Please print contact information.

Name: []
Address: []
City: [] State: [] Zip Code: []
Home Phone: ([]) [] - [] Cell Phone: ([]) [] - []
Contact Email: []

Section 6. Application Agreement

I hereby declare that the information provided is true and accurate. I fully understand that the submission of this application does not guarantee any coaching position and that Licking Heights Youth Association (LHYA) executive board will review all applicants. If appointed to a coaching position, I agree to review and to abide by the LHYA rules and regulations outlined in the Coach's Handbook. I understand that failure to do so will result in disciplinary actions and/or removal from a coaching position. Coaching positions are conditional and is for one season.

Signature: _____ Date: _____

Please return the completed form to the appropriate Program Director.