

LITTLE LEAGUERS OF KENOSHA, INC.
COACHES APPLICATION 2010

please print

NAME _____ TEAM _____

ADDRESS _____ CITY _____ ZIP _____
PHONE NO. HOME _____ CELL _____
E-MAIL _____

Shirt size _____

PLACE OF EMPLOYMENT _____
ADDRESS _____ CITY _____ PHONE NO. _____

INSURANCE INFORMATION:

COMPANY NAME _____
SUBSCRIBER NO. _____ GROUP NO _____

DO YOU HAVE ANY ALLERGIES? IF SO LIST

ARE YOU TAKING ANY MEDICATIONS? IF SO LIST

IS THERE ANYTHING THAT WE NEED TO KNOW ABOUT YOUR HEALTH?

ARE YOU CPR CERTIFIED? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

If yes, explain

PLEASE LIST 2 REFERENCES OUTSIDE YOUR HOUSEHOLD? (IF YOU WERE REGISTERED LAST YEAR YOU MAY OMIT THIS SECTION).

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE NO. _____ PHONE NO. _____

RELATIONSHIP _____ RELATIONSHIP _____

IN CASE OF EMERGENCY WHO SHOULD BE CONTACTED?

NAME _____ PHONE NO. _____ RELATIONSHIP _____

I hereby state that the above information is correct. I also agree to abide by ALL the rules of the Little Leaguers of Kenosha, Inc. program.

Signature

Date

RETURN WITH \$10.00 REGISTRATION FEE

-----office use only-----

date received _____ amount paid _____ membership card _____

COMPLETE REVERSE SIDE – VOLUNTEER FORM