

Palm Bay Fastpitch

Intent to Manage / Coach

I, _____, would like to state my intentions to be considered as a:
Manager _____ Coach _____ for the division of: Coach Pitch _____ Minors _____ Majors _____
Juniors _____ for the season: Spring _____ Fall _____ Year _____
Child's name(s): _____ DOB: _____

Have you coached before: Yes _____ No _____
If yes, please list the league and league President or Coaching Coordinator: _____
League: _____ Role: Manager _____ Assistant _____
League President or Coaching Coordinator contact information _____

Please initial each line below:

To be considered you must also fill out a volunteer form, pass a background check and you must not have any complaints against you that could have an effect on your managing / coaching position, if a position is available.

SSN _____ - _____ - _____

If you are chosen by Palm Bay Fastpitch as a manager or a coach you must: (please initial to show your understanding and agreement to our expectations).

Attend all PBFP events to your best ability: Opening Day, Closing Day, Pictures, etc... _____

Umpire a Minimum of three (3) Home games (NOT YOUR OWN) _____

Obtain a NYSCA card and present to the league (required by City of Palm Bay) _____
(NYSCA cards can be obtained by going to www.nysca.com with a minimal cost to you).

Read through the Little League Softball Rule Book and become familiar with Little League expectations and have a clear understanding that you cannot alter the rules listed or any inter-league rules. _____

By signing below, you understand and agree to All above terms. You also acknowledge that if you do not adhere to the above terms or the rules of Little League, that the Board of Directors has the right to remove and replace you as the manager / coach position. If you are a returning manager / coach with PBFP, your commitment from prior seasons in addition to parent feedback will be considered by the board of directors prior to the appointment of any position. All positions are only granted for the current season and new Intent to Manage / Coach forms must be submitted at the beginning of each season to be considered for that particular season. We of PBFP truly appreciate your time and interest and strive to set an example within the community to properly represent Little League to make the best experience for your children.

Print Name _____ Date _____

Signature _____

Approved by PBFP Board of Directors: Yes _____ No _____ Date _____