



 First Name Last Name Date (MM/DD/YY)

 Street Address City Province

 Home Phone Work Phone Cell Phone Email Address

[] Returning Coach/Manager [] New Coach/Manager
 Position Applying For: [] Head Coach [] Assistant Coach [] Manager

Choose Division

Choose Tier

<input type="checkbox"/> 7U	<input type="checkbox"/> 13U
<input type="checkbox"/> 9U	<input type="checkbox"/> 15U
<input type="checkbox"/> 11U	<input type="checkbox"/> 18U

<input type="checkbox"/> A	<input type="checkbox"/> House
<input type="checkbox"/> AA	<input type="checkbox"/> All-Star
<input type="checkbox"/> AAA	<input type="checkbox"/> Interlock

 NCCP Level Completed (Please attach photocopy of certificate to this application) NCCP Number

Any Additional Training Completed: _____

Coaching Experience

House League

Year	Division	Level	Team

All-Star

Year	Division	Level	Team

Throughout the season parents, fans and West Kelowna Minor Baseball Association (WK MBA) representatives take photos and videos of players and coaches. These photos may be displayed on the Association's web sites. Some are also submitted to local newspapers. Unless otherwise stated below, I consent to the use of images of myself as indicated above.

[] I do not wish to have images used as stated above.

Please do not sign your name below unless you understand and agree to the following.

West Kelowna Minor Baseball (WK MBA) is a volunteer organization. We have no sports or medical training. Although we will do our best to ensure the safety of the players, umpires, coaches, and other volunteers, there are risks. As in any sport, there is a risk of injury. If you have any medical condition that may interfere with your ability to participate in this event, speak to your doctor."

I _____ have read the "Fair Play Codes of Conduct"(available at www.westsideminorbaseball.ca). I agree to and understand their contents. I agree not to hold West Kelowna Minor Baseball (WK MBA) personally or financially responsible for any accident, injury or aggravated medical condition that can occur during the season. I understand that as a coach I will be expected to attend one sanctioned Coaches' Clinic per year paid for by WK MBA. I swear that I have never been charged with any crime against a child.

 Applicant Signature Date

----- OFFICE USE ONLY -----

OFFICE USE ONLY: NCCP Photocopy _____ BC Care Card Photocopy _____ CPIC _____