

River Falls Youth Baseball Organization
Traveling Team Coach Application

Welcome to River Falls Youth Baseball Organization. Thank you in advance for helping us provide competitive baseball for the youth in our community.

1. Name (First, Middle, Last) _____

2. Current Address _____

3. Previous Address (five years)

4. Phone _____

5. Birthdate ____/____/____

6. Driver's License # _____ State _____

I authorize RFYB to order a background check with the River Falls Police Department

Signature: _____ Date: _____

7. Please list all past coaching and playing experience.

Coaching Experience (sport(s), age group, competition level, affiliation, certifications, number of years, level of success)

*Please complete a coaching philosophy statement on the back of this application

Playing Experience

High School _____

Some High School _____

College _____

Some College _____ Level: D1 _____ D2 _____ D3 _____

Professional

Minor League _____ Level _____

Major League _____

Other:

References:

<u>Name</u>	<u>Phone Number</u>	<u>Address</u>	<u>Relationship</u>
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1. _____

2. _____

3. _____

Preference: _____ Head Coach _____ Assistant Coach _____ Team Manager
(check all that apply)

* RFYB _____ Date ____/____/____

Coaching Philosophy Statement