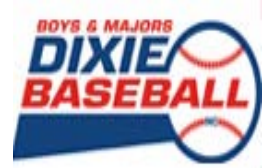




LEXINGTON DIXIE BASEBALL



Manager's Information Survey

Name: _____

Address: _____

H- Phone: _____ W- Phone: _____ C- Phone: _____

In which league do you wish to coach? T-Ball Coaches Pitch Minors Majors Pony Colt

Do you have children participating in our baseball program? If so, list names and ages.

Have you ever played organized baseball of any kind? If so, when and where?

Have you ever coached baseball or softball? If so, when, where, what age group and how long.

Have you ever coached any other sports other than baseball? If so, what, when, where and what age group.

Why do you want to coach in Lexington Dixie Baseball?

Do you have a job or personal conflict that would prevent you from giving at least 4 afternoons a week to your team? (4 practices a week during the preseason and at least 2 practices a week during the season). If you have conflicts, what arrangements can you make to see that your team is well coached?

How would you handle discipline on your team?

What do you think a child should learn from participating in the Dixie Baseball Program?

In signing below, I agree to abide by the rules of Lexington Dixie Baseball. I will support the league and my team to the best of my ability. I understand that I will be responsible for my team working in the canteen on the assigned times. I also understand that my team may face forfeit one game for the failure of supporting the canteen duties. Failure to comply with rules and regulations of Lexington Dixie Baseball will result in termination of coaching responsibilities. I understand the below information will be used for the purpose of background screening.

Signature

Date

SS#

DOB

DL #

NYSCA Certification #

**** Approval required by the Lexington Dixie Baseball Board of Directors. ****