

LFYAA Team Staff

<http://www.LFYAA.org>

SPORT: _____

DATE: _____

LEAGUE/AGE GROUP: _____

TEAM NAME: _____

Please Attach a Completed County Background Check Form for each person who has not completed one within the past three (3) years. County Background Check Forms may be obtained in the LFYAA Fieldhouse Office or via the County WEB Page –

http://www.aacounty.org/RecParks/coaches_information/resource/background_check_form.PDF

This Team Staff Form and the County Background Check Forms MUST be completed and returned to your League Vice-President at least two (2) weeks prior to Opening Day. Additionally, any changes to the Team Staff will require this form to be completed again and returned to the League Vice-President immediately. This is NOT optional.

MANAGER NAME & PHONE NUMBER & EMAIL ADDRESS:

ASSISTANT COACH NAME & PHONE NUMBER & EMAIL ADDRESS:

ASSISTANT COACH NAME & PHONE NUMBER & EMAIL ADDRESS:

ASSISTANT COACH NAME & PHONE NUMBER & EMAIL ADDRESS:

TEAM PARENT NAME & PHONE NUMBER & EMAIL ADDRESS:

IF MORE COACHES OR TEAM PARENTS, PLEASE ADD TO BACK OF THIS FORM.