

LFYAA Team Staff Form

SPORT _____ LEAGUE AGE GROUP _____ DATE _____

TEAM NAME _____ HEAD COACH'S 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 on our website at www.lfyaa.org or via the County webpage- <http://www.aacounty.org/RecParks/background/index.cfm#.UtwJWyLnZLN>

This Team Staff Form and the County Background Check Form MUST be completed and returned to your League Vice President at least two (2) weeks prior to Opening Day.

(Please Print)

HEAD 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
