

B.P.B.G.S.L., Inc. Coach and Assistant Coach Application Form

Preference: Head Coach Assistant Coach

Please Print Clearly Full Name (NO INITIALS) All Information Must Be Provided

Last Name, First, Middle, Maiden: _____

Sex: _____

Date of Birth: (mm/dd/yy): _____

Complete Address: _____

City, State, Zip Code: _____

Social Security Number: _____

Drivers License: _____

E-mail address: _____

Telephone:(home) _____ (work) _____ (cell) _____

ASA CERTIFIED YES, Years _____ NO

Division: (please check) Micro Tee Ball U8 U10 U12 O13

List your qualifications and experiences: _____

It is understood that as a volunteer coach, I will support and enforce the Code of Ethics:

1. **To attend all meetings and rules clinics** set up by B.P.B.G.S.L, Inc. prior to the beginning of each sport season.
2. **I will promote team play that is safe, fun and enjoyable** remembering that competition encourages cooperation, self-discipline and motivation while enhancing the development of life lasting traits. I will lead my team remembering that competition is a process for children to learn.
3. **I will promote respect in one's self and others through good sportsmanship** by emphasizing the development of cooperation and respectful behavior towards teammates, opponents, referees and coaches. I will help each child feel good about herself.
4. **I will promote responsibility in one's own life through encouraged participation** and will emphasize that one's effort is more important than the final score.
5. **I will promote sports fundamentals** that are essential to enjoy the game. I will strive to develop each child's skills and abilities to the fullest potential.

In addition to the Code of Ethics, I will also abide by the following rules:

1. I understand that all head coaches are required to attend ASA clinics and certifications and any coaches who fail to attend the ASA certification will lose their privilege to coach for the season.
2. I will return all issued equipment no later than 10 days following the last played game.
3. I will ensure that I am knowledgeable in the rules of the sport and teach these rules to my players.
4. I will seek approval from the B.P.B.G.S.L, Inc. Board members prior to any discipline or dismissal of any player because of misconduct.
5. I will notify my players and/or parents of practice times and locations. I will also organize practices that are fun and challenging for all my players.

I understand the above ethics and rules and that any violation of said ethics and rules could result in losing my right to coach. I also understand that I am under the direction of the Beachwood/ Pine Beach Girls Softball League, Inc. Board Members. Due to the nature of the Beachwood/ Pine Beach Girls Softball League, Inc responsibilities and liabilities, it will be necessary to perform background checks on volunteers. This will be for the protection and welfare of program participants. The information given above will be used for this purpose.

Applicant (coach)

Sign & Date _____

Executive Board

Sign & Date _____