

KMGSA REPRESENTATIVE DIVISION HEAD COACHES APPLICATION FORM

PLEASE FILL IN COMPLETELY

Name: _____ Address: _____

Postal Code: _____ Phone #: (H) _____ (B) _____

Email: _____ Employer: _____ Phone #: _____

DIVISION REQUESTED (circle one)

Mite 8-9 yrs Squirt 10-11 yrs Novice 12-13 yrs Bantam 14-15 yrs Midget 16-18 yrs

Have you completed **National Coaches Certification Training**? Yes _____ No _____

IDENTIFY LEVELS ATTAINED: Theory Level 1 _____ Level 2 _____ Level 3 _____

Softball Practical Level 1 _____ Level 2 _____ Level 3 _____

If no, are you willing to take certification training? Yes _____ No _____

Will you attend clinics / courses to upgrade softball skills? Yes _____ No _____

RELATED EXPERIENCE: None _____ Competitive (REP) _____ Recreation _____

Year Coached	Division	City	League	Position
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Identify leadership roles with other YOUTH related organizations.

Organization	Location	Position	Ages	Year
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List two (2) personal references:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

Please note: All coaches, assistant coaches and managers new to KMGSA are required to present a completed Police Check to the Convener.

Please read this section carefully:

If you DO NOT AGREE with these aims and objectives, DO NOT SIGN THIS APPLICATION.

I agree with the objectives of this association: first and foremost is the personal and character development of each participant; that each player in my charge be given equal opportunity and consideration; that my actions as a coach during any competition shall be that of sportsmanlike conduct and exemplify a good example. I understand and agree that behavior on my part; contrary to the KMGSA code of conduct could forfeit my coaching privileges.

SIGNATURE OF APPLICANT: _____ DATE: _____