

Mineral Springs Girls Softball



Application for Coaching

Name \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_

If your child played @ MSSA last year list the team \_\_\_\_\_

What age divisions do you prefer \_\_\_\_\_

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Have you previously coached girl's softball before Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes please list where and age group \_\_\_\_\_

NYSCA Certification Yes \_\_\_\_\_ No \_\_\_\_\_ Certification # \_\_\_\_\_

If you have never coached @ MSSA before please list 3 references below:

Name \_\_\_\_\_ Phone# \_\_\_\_\_
Name \_\_\_\_\_ Phone# \_\_\_\_\_
Name \_\_\_\_\_ Phone# \_\_\_\_\_

All Coaches and Assistant Coaches must Read, Sign and Adhere to the following Statement of Support: As a coach of Mineral Springs Softball, I will fully support the League during regular and post season play. I will promote the development of strong character, positive attitude, a sense of responsibility and citizenship to the players, using the game of softball as a vehicle. I will act as a role model to the girls through fair play, good sportsmanship and congenial fellowship. I agree not to engage in arguments, use abusive language, harass umpire or exhibit any behavior not befitting a Mineral Springs Softball coach. I also understand and agree that the Mineral Springs Softball Association and its committee members have the authority to take such action against me as deem appropriate if such behavior occurs. The decision of MSSA and its committee members will be final.

Signature \_\_\_\_\_

Date \_\_\_\_\_