



# Innisfail Minor Ball Association

Box 6056, Innisfail, AB T4G 1S7

## Softball Coaching Application

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

What Team are you applying for?

U10 \_\_\_\_\_ U12 \_\_\_\_\_ U14 \_\_\_\_\_ U16 \_\_\_\_\_ U18 \_\_\_\_\_

What level are you applying for? Gpls \_\_\_\_\_ House \_\_\_\_\_

Are you willing to take coaching certification if required? Yes \_\_\_\_\_ No \_\_\_\_\_

**Certification: Competitive levels**

NCCP Coaching Certification: Level \_\_\_\_\_ Card #: \_\_\_\_\_

Respect in Sports Course: Yes / No # \_\_\_\_\_

MED module Course: Yes / No # \_\_\_\_\_

Other Applicable Certification: \_\_\_\_\_

**Volunteer History:**

Year	Team/Association	Level	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Personal resume:** (please include all baseball related experiences and qualifications or certifications, i.e. player, coach, umpire, manager, etc.) \_\_\_\_\_

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**Declaration:** I certify the foregoing information to be true and, in the interests of protecting the children involved, I hereby authorize the association to conduct any background checks they deem necessary.

**I agree to provide a criminal record check to the association. All results will be kept strictly confidential.**

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Applicant's Signature

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Date of Application

**Email completed applications to registrar@innisfailminorball.com**