

Battlefords Minor Softball Association Inc

2020 Coach Application Form

Personal Information Name: (Last) _____ (First) _____

Address: _____ Postal Code: _____

Telephone: (Res) _____ (Cell) _____ Email Address: _____

Division Applying For:

____ U19 ____ U16 ____ U14 ____ U12 ____ U10 ____ Learn To Play

Position Applying For:

____ Head Coach ____ Assistant Coach ____ Manager

Certification/Training National Coaching Certification Program NCCP #: _____

Other Coaching Training or Certification:

Coaching Experience (List in order starting with most recent)

| Year | Sport/Association | Age Group/Division | Position |
|-------|-------------------|--------------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Describe your Coaching Philosophy and outline your objectives for the softball team

If accepted to a BMSA Coaching position:

- I agree to abide by the rules and regulations within the BMSA constitution
- I acknowledge that I will need to forward a Criminal Record check to BMSA for myself and to also ensure that my coaching staff does the same. (Letter to be provided by BMSA)
- I must attend the Learn To Play Orientation, the NCCP Community Softball Coaching clinic or the NCCP Competition Introduction clinic, whichever is applicable.
- BMSA will reimburse for the above Coaching clinic registration fee, if I am accepted and completed the above applicable clinic.

Applicant Signature: _____ Date: _____

**** APPLICATION DEADLINE: December 15th, 2019****

Please forward applications to:

BMSA, PO Box 222, North Battleford, SK. S9A 2Y1 or
<mailto:battlefordsminorsoftball@outlook.com>

DATE RECEIVED: _____