



Manager – Assistant Coach – Team Mom Application Form

Print First Name _____

Print Middle Name _____

Print Last Name _____

BIRTH DATE ____/____/____

(for background check, see below)

Address _____

City/Zip _____ Email _____

Home Phone _____ Work Phone _____

Child's Name _____ Child's League _____

COACHING PREFERENCES:

SHIRT SIZE: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

First: Age Group _____ Manager ___ Asst. ___ Either ___ Coach w/ _____

Second: Age Group _____ Manager ___ Asst. ___ Either ___ Coach w/ _____

COACHING EXPERIENCE (coaching positions, organization, location, player ages, etc.):

Have you ever been convicted of a felony? Yes ___ No ___

If yes, describe in detail: _____

BACKGROUND CHECK

Washington Girls Softball League coaches will be subject to criminal background checks to ensure the safety of the children and to conform to sanctioning organizations' standards. By your signature below, you authorize Washington Girls Softball to conduct a criminal background check.

Washington Girls Softball League: CODE OF CONDUCT

As a Washington Girls Softball League Coach, I agree:

- To place the safety and the well being of the children above all else.
- To conduct myself at all times with the highest degree of professionalism and decorum.
- To treat all officials, parents, opposing coaches and players with respect and dignity.

I understand that any violation of this Code of Conduct may result in my immediate termination as a coach.

SIGNATURE: _____ DATE: _____