



# Alvin Girls Softball Association

## Manager / Coach / Associate Application

**PLEASE PRINT**

<i>OFFICIAL USE ONLY</i>	
<b>Board Approved:</b>	
<b>Position:</b>	
<b>Team:</b>	

**Check Age Group You Are Applying for (Indicate if Division A)**

T-Ball     6U     8U     10U     12U     14U     16U     18U     DIV A

**Check Position Applying For:** Manager     Coach     Either     **Returning Spring Softball Manager / Coach?** YES     NO   
 If yes, last spring team managed / coached \_\_\_\_\_

Name of Person You Wish to Coach With (if any) \_\_\_\_\_ Division A Team (If Applicable): \_\_\_\_\_

(Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Shirt Size \_\_\_\_\_

DOB: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_ Driver's License State \_\_\_\_\_

Email Address \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone# \_\_\_\_\_

If you are selected as a coach, would you be willing to assume the managers duties and responsibilities in their absence? Yes     No

Do you have a daughter in the Alvin Girls Softball Association (AGSA)? Yes     No     If yes, what age group? \_\_\_\_\_

Special Professional Training / Skills or Special Certifications (CPR / Medical): \_\_\_\_\_

Have you ever been refused participation in any youth program? Yes     No     If Yes, you will be contacted for an explanation.

**Please List 3 references not related to you, at least one of which has knowledge of your participation as a manager or coach in a youth organization**

Name	Phone
Name	Phone
Name	Phone

**Previous Coaching Experience**

Year	League	Position
Year	League	Position
Year	League	Position
Year	League	Position

### Manager / Coach Responsibilities

IF ACCEPTED, I UNDERSTAND AND AGREE TO:

1. Attend the required coaching clinics approved by the Alvin Girls Softball Association (AGSA) board per AGSA by-laws.
2. Recognize my obligations in training the players and teaching them lessons of fair play, good sportsmanship, and teamwork.
3. Observe the rules and regulations of AGSA / Amateur Softball Association (ASA).
4. A \$100.00 deposit will be required of all managers when equipment/keys are issued.
5. The AGSA will issue misc. equipment and keys for use during the season. We will not issue any equipment or keys without this form being returned to AGSA signed and dated. I personally guarantee I will return equipment and keys to the AGSA equipment manager or any AGSA board member by the required time listed below. **IF I DO NOT RETURN ISSUED EQUIPMENT AND KEYS, I UNDERSTAND THAT MY \$100.00 DEPOSIT CHECK WILL BE FORFEITED AND I MAY BE SUBJECT TO CIVIL LITIGATION IN A COURT OF LAW.**
6. Equipment and keys must be returned by All Star Draft (Spring), or 2 weeks after the last game (Fall).
7. I as a MANAGER/COACH give permission to AGSA / ASA to conduct a criminal background check on me. I understand that if appointed, my position is conditional upon AGSA / ASA receiving favorable information on my background.
8. **Attend field work day and make every attempt to recruit other helpers.**

### Medical Release

For and in consideration of your accepting my above application as a manager / coach / officer / representative / agent / player in the sport of softball, I hereby bind myself, my heirs, executors, administrators, and assigns and agree to waive, release and discharge my claim for injuries or damages whether arising in contract, tort, warranty or strict liability and any and all causes of action which now exist or may exist against all other entrants and against Alvin Girls Softball Association and/or Amateur Softball Association, its officers, agents, representative, manager, coaches, players, for any and all injuries or damages which have been suffered or may be suffered while participating in softball, whether such injuries occur during practice, while in transit, participating in match games or any other activity sanctioned by Alvin Girls Softball Association and/or Amateur Softball Association. The above information is true and correct to the best of my knowledge, and in case of accident or illness to myself, I hereby authorize Alvin Girls Softball Association and/or Amateur Softball Association or a representative thereof, to so consent to medical treatment, such medical treatment to include without limitation, x-ray examination, anesthetic, medical, dental or surgical examination or treatment and general hospital care. No prior determination or life threatening emergency or danger of serious or permanent injury resulting from delay of treatment to be made under this authorization. I hereby further authorize Alvin Girls Softball Association and/or Amateur Softball Association to obtain and/or provide medical care to myself in the event an injury should occur and hereby release the Alvin Girls Softball Association and/or Amateur Softball Association, its officers, managers, coaches, agents and representatives and any doctor or medical personnel selected to provide such medical care from any claim, damage or injuries as result of providing emergency care which I may have now or may have in the future. I understand that any deductible for secondary medical insurance which the Alvin Girls Softball Association and/or Amateur Softball Association may provide will be my responsibility to pay before any medical expenses are considered for reimbursement. This authorization shall remain effective for a period of one (1) year from its signing, unless sooner revoked by the physical destruction of the original hereon, such destruction being the only method of actual notice of the revocation of same.

Signature \_\_\_\_\_ Date \_\_\_\_\_