

2019 Airdrie Girls Softball Association Coaching Application Form

Full Name:			
Address:			
Postal Code:		Telephone:	
e-mail:			

Coach's Emergency Contacts

*Person to contact in case of accident

Name:			
Phone:			

Coach's Questionnaire

Coaches Position Requested:

<input type="checkbox"/>	Head Coach
<input type="checkbox"/>	Assistant Coach

Answer the following

Division Requested:		Competitive or Recreational:	
Qualifications (NCCP level 1 or 2, CMSA coaches orientation, Respect in Sport):		RIS#	
		NCCP Lvl 1 (or 2) #	
		CMSA Coaching #	
Other Coaching Clinics with the Year completed.			

If you selected Head Coach above, and you are not selected, would you consider a position as an Assistant Coach.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Describe what you will bring to the club as a Coach:	
Please list any other softball or other relevant experience.	
Please list any previous coaching experience or accomplishments.	
How did you hear about us:	
Signature:	
Date (mmm/dd/yyyy):	

* Please fill out and submit to president@airdriegirlssoftball.com