

Eastlake Girls Softball

Eastlake Girls Softball, P.O. Box 7237, Eastlake, Ohio 44097-7237

Coaching Application

I am interested in Head Coaching _____

I am interested in Asst. Coaching _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Driver's License #: _____

Coached Last Year in Eastlake: (Circle response) Yes No

If yes, what Division and Team Name: Division _____ Team _____

I have children that play in the League: (Circle response) Yes No

If yes, who are they: _____

Coached last year in a different league or city: (Circle response) Yes No Where? _____

I understand that this is a volunteer position and I am not employed by the City of Eastlake or Eastlake Girls Softball League, Inc. I understand that I am to secure sponsorship for my team.

I (print) _____, if accepted as a head coach or assistant coach, vow to provide a safe and healthy environment and ensure the girls in my care are safe. I will encourage team skills and sportsmanship and above all provide the girls a fun and fulfilled season.

Signature

Date

DISCLAIMER

I (please print) _____, have never been found guilty by a court of Law or disciplinary board of Physical abuse, sexual abuse, molestation or exploitation.

The above statement is true.

X _____

Signature

Date

X _____

Witnessed by Board Member

Date

Division Name _____

Team Name _____