

TWIN CITY ANGELS

2017 Head Coach Application Form

PERSONAL INFORMATION (Please PRINT)

LAST NAME	FIRST NAME	EMAIL ADDRESS	
ADDRESS		CITY/TOWN	POSTAL CODE
CELL PHONE	HOME PHONE	WORK PHONE	

COACHING POSITION

DIVISION APPLYING FOR	AGE BRACKET APPLYING FOR
<input type="checkbox"/> Division 'A' <input type="checkbox"/> Division 'B'	<input type="checkbox"/> U12 (2005,2006) <input type="checkbox"/> U14 (2003,2004) <input type="checkbox"/> U16 (2001,2002) <input type="checkbox"/> U18 (1999,2000)

COACHING LEVELS

All Coaches must complete the online course "Respect in Sport" by no later than February 28, 2017.

Please mark an "X" in all boxes that apply to you.

COACHING LEVELS ATTAINED		RESPECT IN SPORT (RIS)	RIS CERTIFICATE #
<input type="checkbox"/> CSOP	YEAR OBTAINED _____	<input type="checkbox"/> Complete <input type="checkbox"/> Pending	
<input type="checkbox"/> COMP INTRO	YEAR OBTAINED _____		
<input type="checkbox"/> COMP DEV	YEAR OBTAINED _____		
List any other clinics, courses, or past experiences you have had that may benefit you as a Head Coach.			
FIRST AID TRAINING	IF YES, SPECIFY TRAINING	HAVE YOU EVER BEEN SUSPENDED AS A COACH?	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES (Please provide three references)

Name	Relationship	Phone #
1.		
2.		
3.		

WHY DO YOU WANT TO COACH SOFTBALL IN THE TCAS PROGRAM?

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HAVE YOU COACHED ANY MINOR SPORTS TEAM(S) BEFORE? IF YES, PLEASE LIST THEM.

DO YOU HAVE ANY SOFTBALL PLAYER EXPERIENCE? IF YES, PLEASE STATE LEVEL AND POSITIONS PLAYED.

HAVE YOU EVER BEEN EJECTED FROM A SPORTING EVENT? IF YES, PLEASE EXPLAIN THE SITUATION.

HAVE YOU EVER BEEN DENIED A COACHING POSITION DUE TO VIOLENT OR INAPPROPRIATE BEHAVIOR? IF YES, PLEASE EXPLAIN.

HAS THERE EVER BEEN AN INSTANCE WHEN YOU HAVE NOT FULFILLED YOUR COACHING RESPONSIBILITIES? IF YES, PLEASE EXPLAIN.

HAS THERE BEEN ANY INCIDENT(S) IN YOUR PAST, SPORTS RELATED OR NOT, THAT HAS, OR COULD HAVE AN IMPACT ON YOUR COACHING REPUTATION? IF YES, PLEASE EXPLAIN.

IF YOU HAVE HAD PREVIOUS SOFTBALL COACHING EXPERIENCE, LIST YOUR SUCCESSES SUCH AS IN LEAGUE, TOURNAMENTS, PROVINCIAL, WESTERN AND NATIONAL COMPETITIONS?

DO YOU HAVE A CHILD HOPING TO PLAY AT THE COACHING LEVEL YOU HAVE APPLIED FOR? IF YES, PLEASE PROVIDE HER NAME.

All coaching applicants are requested to assist with the TWIN CITY ANGELS TRYOUTS which are held to select "A" team members.

The dates for the 2017 season tryouts are as follows:

September 12th, 13th, and 18th, 2016

Will you be able to assist? Yes No

ALL selected candidates MUST submit a Criminal Record Check administered by either the City of Warman RCMP or the City of Martensville RCMP to TCAS by **NOVEMBER 1st, 2016.**

APPLICATION MUST BE RECEIVED BY: AUGUST 31st, 2016

TWIN CITY ANGELS SOFTBALL COACHING CONSENT FORM

(Please read in full and sign below if you agree)

I, _____, am aware that the first goal of Twin City Angels Softball is the personal skills and character development of each girl. As a Coach, I will be committed to the growth and development of the team, providing each girl in my charge with a fair opportunity and consideration in situations and contexts. I am aware of and agree that any behavior on my part that would be contrary to the above goals could cause the forfeit of my coaching privileges. I will endeavor to show respect for all opposing players, coaches and officials. I acknowledge that I may face disciplinary action from TCAS if I fail to maintain the level of conduct and sportsmanship required by this organization.

APPLICANT SIGNATURE	DATE
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CONSENT FOR COLLECTION AND VERIFICATION OF INFORMATION

I, _____, do authorize TCAS to collect information from my references regarding coaching dates, coaching responsibilities, performance, and other coaching related information. I understand that this information will be kept CONFIDENTIAL. I further certify that the information I have provided on this application form is true and complete to the best of my knowledge. I realize that TCAS will rely on this information to access my qualifications as a coach. I realize that this information may be verified and that any misrepresentation of the facts may constitute grounds for release as a coach.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO TAKE LEGAL ACTION AGAINST OR SUE the Twin City Angels Softball organization, its officers, participants, promoters, sanctioning organizations or any subdivision thereof, used to conduct said verification, and each of them, from all liability to the undersigned, his/her personal representatives, assignees, heirs, and next of kin for any loss, damage, or cost associated with obtaining above information verification.

PRIVACY POLICY:

All information provided on this application form will be retained by TCAS and will be used ONLY for the purposes of the evaluating and coach selection process. All information may be shared with the TCAS Selection Committee and Executive members.

APPLICANT SIGNATURE	DATE
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Please **MAIL** this completed application to:

Twin City Angels Softball
Box 27 - WARMAN, Saskatchewan S0K 4S0
Attention: Selection Committee

APPLICATION MUST BE RECEIVED BY: AUGUST 31st, 2016