

**CERRITOS GIRLS SOFTBALL ASSOCIATION
APPLICATION FOR MANAGER/COACH/TEAM PARENT**

Please fill in all of the information requested below and sign the form where indicated

| | | | |
|--------------------------------------|--------------------------------|-----------|---|
| First Name | MI | Last Name | Suffix |
| Birth date | Gender Male _____ Female _____ | | Team Manager: Division: 6U__ 8U__ 10U__ 12U__ 14U__ |
| Street Address | | | Apt# |
| City | | State | Zip code |
| Home Phone# | Cell # | Work # | |
| Email address (Please print clearly) | | | |

EXPERIENCE:

| | | |
|---|-----------------------|-----------------------|
| Have you ever coached Girls Fast Pitch Softball before? Yes _____ No _____ | # of Years | Type of Organization: |
| Where ?: | What age group(s): | |
| Have you coached or been involved with an other groups? Yes ____ No ____ | # of Years | Type of Organization: |
| Do you have a relative playing in the league? Yes ____ No ____ | Relationship to you ? | |
| Have you coached or been involved with any other youth groups? Yes _____ No _____ | | |
| Where ?: | What age group(s): | |
| Can you maintain an even temperament during a moment of trial? Yes _____ No _____ | | |

It is forbidden to use profanity, alcohol, illegal substance of any kind or tobacco on or near the playing field during league games, practices or during league activities which include the attendance or participation of one or more Cerritos Girls Softball Players.

If appointed you must attend all scheduled meetings and events of this softball league during the current season you are participating in. All NEW Managers and Head Coaches will also be required to attend a coaches clinic.

Please sign and date after reading the following statement: I will comply with the Administrative Rules and Regulations and the Code of Conduct of the Cerritos Girls Softball Association for the current season. I understand that this appointment is for the current season unless revoked sooner by the Board of Directors for any action deemed detrimental to the welfare of this organization. I authorize the Cerritos Girls Softball Association to make an investigation of any facts set forth in this application.

Signature: _____

Date: _____

Cerritos Girls Softball Association endeavors to take every precaution in protecting the children of our league. Due to advice by ASA and legal authorities all adults that have supervisory or disciplinary power over the minors in our league must sign our coaches application and be subject to an ASA Back Ground Check.

**ALL CGSA ADULT APPLICATIONS MUST HAVE A COPY OF YOUR
CURRENT DRIVERS LICENSE ATTACHED**

DISCLOSURE: (Yes answer may not be automatic disqualification)

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|---|
| Have you ever been convicted of or pled guilty to any crime(s) Yes _____ No _____ |
| Have you ever been subject of any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order: Yes ____ No _____ |
| If yes, describe each in full. Also indicate date(s) or crime(s) and in which county and state each took place. (attach a separate sheet if needed) |

I understand the answers and information given are true to the best of my knowledge. I also understand any false information may terminate me from the position of Manager, Coach or Team Parent.

Signature: _____

Date: _____

CGSA LEAGUE USE ONLY

| | | |
|-------------------------------|------------------------|------|
| Approved _____ Rejected _____ | Board Member Signature | Date |
| If rejected reason: | | |