



KITCHENER MINOR GIRLS SOFTBALL ASSOCIATION

Box 24032 Highland Road West, Kitchener, ON N2M 5P1
www.kmgsa.com info@kmgsa.com

2018 KMGSA Recreational Coaching Application

Name: _____

Applying for: (please circle preference) Head Coach Assistant Coach

Email Address: _____

Street Address: _____

City: _____ Postal Code: _____

Cell Phone: _____ Work Phone: _____

Your Child's Name: _____

Division: Mite U10 Squirt U12 Novice U14 Bantam U16 Midget U20

Coach(s) you would like to work with: (please contact any coach you have named so they are aware of your request)

Name: _____ Phone: _____

Name: _____ Phone: _____

Indicate if you have attended any Softball Ontario Coaching clinics: (please circle any that apply)

Learn To Coach Community Coach Competition Introduction Competition Development Other: _____

Would be interested in attending a Softball Ontario Coaching clinic this spring? Yes No

Would you be interested in coaching a Select team? Yes No

What year did you first become a KMGSA Volunteer? _____

Related Youth Coaching Experience:

| Year | Division | City | Organization | Position | Age Group |
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KMGSA now requires ALL head coaches to be able to present a "Vulnerable Sectors" police screening when asked for by authorized member of the KMGSA Executive. If you are selected as head coach, KMGSA will provide you with a letter to take to your local police services that will allow you to get the screening at a reduced rate. Please have completed prior to the start of the season.

Please submit this completed application form to info@kmgsa.com