**UGRA Competitive Softball Coach Application**

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| **Name** | Click or tap here to enter text. | **Cell Phone** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. | **Home Phone** | Click or tap here to enter text. |
| **Work Phone** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Do you have a child trying out for the UGRA Program?** | [ ] Yes [ ] No |
| **Age group you applying to coach?** |   [ ] 8U [ ] 10U [ ] 12U [ ] 14U |
| **Are you applying to be a**  |  [ ] Head Coach [ ] Assistant Coach |
| **Would you assist if not selected to be a head coach?** | [ ] Yes [ ] No |
| **Experience: Coaching/Playing** |
| Click or tap here to enter text. |
| **Why do you want to coach and why are you a good coach?**  |
| Click or tap here to enter text. |
| **What can you pass on to the girls that will benefit them?** |
| Click or tap here to enter text. |
| **Are there potential conflicts that the board should know that could interfere with the management of a competitive softball team? If yes, please list** |
| Click or tap here to enter text. |
| **The information below will remain confidential:**  |
| Have you ever been refused participation as either a coach, player, volunteer, or spectator at a youth program?  | [ ] Yes [ ] No |
| **Driver’s License Number** |  | **State** |  | **DOB** |  |
| As a condition of coaching, I give my permission for the Urbandale Girls Recreations Association (UGRA) softball program to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that if appointed, my position is conditional upon the Board receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the UGRA, its volunteers and employees, or any other person or organization which may provide such information. I also understand that, regardless of previous appointments, the UGRA Board is not obligated to appoint me to a position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension and/or expulsion from my position by the Board for violation of policies and principles set forth by the Board.  |
| *I believe in empowering and encouraging young women to become confident softball players. I believe in developing skills sets and enriching the learning experience through positive motivation and sportsmanship. I believe in representing UGRA, my team, my family and myself in a respectable manner and will be a strong leader.* |
| I am able to make tryouts, coaches meetings TBD, and future UGRA coaches’ clinics on the dates specified by the Board. See [ugrasports.com/competitive-softball/](https://www.ugrasports.com/competitive-softball/) for tryout dates/times. [ ] Yes [ ] No |
| **Applicant** **Name** Please Type or Print. |
| Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Each coach will be interviewed by our competitive committee [if necessary]. • If you coached any previous season, the selection committee will have an anonymous coach’s evaluation from each member of the prior team.* *A list of potential head coaches will be posted on the website during the week of tryouts. • After tryouts have concluded, Head Coaches will be selected based on information from selection committee and where that coach’s daughter placed out. o Meaning if someone is identified as a head coach and their daughter places out on the 2nd team that is where they will coach. Coaches are not placed into positions or teams unless their daughter grades out at that level.*The Board will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability. **Please return this application completed and signed by June 11 to:** comp.softball@ugrasports.com﻿.If you have any questions, you can also submit them to comp.softball@ugrasports.com﻿.  |