

# **NEWTON CANADIAN** BASEBALL

## **SPORTS COACH REGISTRATION FORM**

This form is to be completed by the coach

### **Personal details**

Full name:			
Address:			
		Postcode:	
Home telephone no:			
Mobile no:			
E-mail:			
Date of birth:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Preferred Coaching Level & Division	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant
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Blast Ball	<input type="checkbox"/>	Pee Wee (A)	<input type="checkbox"/>
T-Ball	<input type="checkbox"/>	Pee Wee (AA)	<input type="checkbox"/>
Tadpole	<input type="checkbox"/>	Bantam	<input type="checkbox"/>
Mosquito	<input type="checkbox"/>	Midget (AA)	<input type="checkbox"/>

### **Medical information**

Do you have a disability or any medical condition that the school should be aware of (ie epilepsy, diabetes, asthma etc):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide information:		

### **Criminal Records check**

All coaches are required to produce a satisfactory criminal record check every two years. This must be submitted to Ben Dias, [President@NewtonBaseball.com](mailto:President@NewtonBaseball.com) before the start of the spring season. It can take a few weeks to process. Link to manual form and/or online process is on the [www.newtonbaseball.com](http://www.newtonbaseball.com) under coaches corner.

Have you submitted RCMP criminal record check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last check:		

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## BASEBALL

### Coaching qualifications

Governing Body Coaching Award	Level of Award	Date Awarded
1. NCCP # _____		
2.		
3.		

### Coach Education

Course (ie First Aid, Safeguarding Children, Working with Disabled Children etc)	Date Awarded
1.	
2.	
3.	

### Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name:	
Relationship:	
Emergency contact no:	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Coach)