



Mira Mesa Girls Softball All Star Manager Application

Please PRINT all Information

Today's Date ___/___/___

PERSONAL INFORMATION:

Last Name _____ First Name _____

Address _____ Apt# _____ City _____ Zip _____

Phone Number _____ E-mail: _____

CHILDREN PLAYING WITH MMGS:

Name(s) _____ Age(s) _____

COACHING EXPERIENCE (ANY):

Team/League _____ Year _____

Team/League _____ Year _____

Team/League _____ Year _____

Completion of Required Training (PROVIDE A COPY OF CERTIFICATES):

Concussion Training? Yes No Safe Sport Training? Yes No

Ace Training? Yes No Additional Training? _____

REFERENCES (other than immediate family)

Name _____ Phone _____ Relation _____

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I understand that MMGS is founded on the principles of involvement "athlete first, winning second", safety, fair play, positive competition, volunteer involvement and fun for everyone. I also understand that as a volunteer I will be expected to follow all policies and procedures for volunteers of MMGS. Working in a volunteer capacity, I state that I will promote an environment that stresses good sportsmanship and good character rather than focusing on winning at all costs. Further, I understand that I am responsible for the welfare and safety of both then team I am representing as well as the opposing teams. I understand that MMGS reserves the right to terminate my volunteer service for any conduct deemed as inappropriate. Lastly, I agree to allow the designated MMGS Board member to submit my name and ID number to the proper agency for the purpose of conducting a background investigation.

Signature _____ Date _____

All Star Season 20__