

COACH APPLICATION FORM

MAGNOLIA AREA SOFTBALL ASSOCIATION
WWW.MAGNOLIAAREASOFTBALL.COM



FULL NAME

ADDRESS

SOCIAL SECURITY # & DOB

DRIVERS LICENSE/STATE

EMAIL ADDRESS

DIVISION DESIRED

COACHING EXPERIENCE

Sport: -----

Year(s): -----

POSITION & DIVISION THAT YOU DESIRE

T-BALL 6U 8U 10U 12U+

Head Coach Assistant Coach

DO YOU HAVE A CHILD @ M.A.S.A.?

Name(s): -----

Age(s): -----

HAVE YOU BEEN CONVICTED OF A CRIME?

YES NO

If YES, describe in FULL:

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COACHING AGREEMENT

As a coach with M.A.S.A., I understand and agree to the following:

1. If approved by M.A.S.A. Executive Board, the coaching position is approved for only one season.
2. If approved, I understand that, prior to the end of the season I am subject to suspension and removal by the Board of Directors.
3. Returning coaches must be in good standing in order to maintain seniority status.
4. I will abide by and promote the M.A.S.A. goals, objectives, code of ethics, rules, and procedures.
5. I will exhibit good sportsmanship, self-control and act in a professional manner at all M.A.S.A. sponsored games and events.
6. As a coach of M.A.S.A. I will support, promote and participate in league activities and fundraisers.

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION:

I authorize Magnolia Area Softball Association to obtain copies of any information pertaining to any criminal history records maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for a coaching position.

YOUR CELL PHONE #:

APPLICANT SIGNATURE:

DATE OF SIGNATURE:

Submit your completed coach application form via email to:
info@magnoliaareasoftball.com

THANK YOU FOR APPLYING

Magnolia Area Softball Association
31611 Sugar Bend Drive,
Magnolia, Texas 77354