

***Midway Athletic Club***

**Coaches Application**

**Please complete and e-mail to** **baseballdirector@midwayathleticclub.com** **or** **softballdirector@midwayathleticclub.com**

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| **Step 1 - Positions You Are Volunteering for at Midway Athletic Club** |

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| Baseball or Softball Program: | Choose an item. |
| Head Coach or Assistant Coach: | Choose an item. |
| Age Group: | Choose an item. |
| Participant / Child Name: |  |

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| **Step 2 - Volunteer Application** |
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| Full Name: |  |
| Home Address: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| County of Home Residence: |  |
| Primary Phone Number: |  |
| Secondary Phone Number: |  |
| Email Address: |  |
| Date of Birth: |  |
| Gender: | Choose an item. |
| Other Names (Maiden, Alias, Nickname): |  |
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| **Assistant Coach Information** (if known) |  |
| Full Name: |  |
| Phone Number: |  |
| Email Address: |  |

**Step 3 – General Questions and Requirements**

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| Please list any prior coaching experience at Midway Athletic Club or other: |  |
| As a county requirement, I understand that I will have to complete a coach's exam at my expense and provide the NYSCA number to the appropriate director of Midway Athletic Club: | Choose an item. |
| I understand that I will have to complete a separate application directly with the FCPRD to allow them to conduct a formal background check: | Choose an item. |
| Why do you coach? What is your definition of a successful baseball Season? |  |

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| **Step 4 - Acknowledgement of Policy Review**I acknowledge that I have reviewed the Child Abuse/Molestation Policy and I voluntarily agree that as a condition of future participation, employment or involvement in this organization, I will read and abide by all the terms, conditions, policies and procedures contained within the program.If I violate the policies or procedures of the program, I will indemnify and hold harmless the Midway Athletic Club organization, its employees, board members, volunteers and officials from any and all liability including negligence and any intentional tort claims which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

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| **Would You Like an Email Copy of the Child Abuse/Molestation Policy?** | Choose an item. |
| **Do You Agree to this Policy and Acknowledge Review of the Policy?** | Choose an item. |

**Coach's Pledge**I know that the kids will pay a lot more attention to how I behave rather than what I tell them. As such, I will refrain from using negative or derogatory language aimed at the officials, other coaches, parents, or players.Since I set the tone for my team, I will create an environment for learning by teaching good sportsmanship values and adhering to the policies/rules established by the Midway Athletic Club and Forsyth County. If there is an issue or concern at the field that needs to be addressed, I will contact the league office on the next business day to help foster the most positive experience possible for the kids on my team, their parents, and the entire league. I also understand that regardless of my prior volunteer activities on behalf of Midway Athletic Club, that Midway Athletic Club is not required to allow my continued participation.I agree to hold harmless and indemnify from liability the Midway Athletic Club organization and its directors, officers, employees and volunteers from all liability arising out of any inappropriate behavior**.**

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| **Do You Pledge to Coach Within These Standards?** | Choose an item. |

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| **Printed Name:** |  |
| **Date:** |  |
| **Signed Name (Signature):** |  |

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