

Smyrna Fastpitch League

Head Coach Application

Please complete and submit to a SFL Board Member or Email to: commissioner@smyrnafastpitch.org

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

E-mail: _____ Shirt Size: S M L XL 2XL 3XL 4XL 5XL

Last Season as Coach (Spring/Fall): _____ Division : 3/4 5/6 7/8 9/10 11/12 13/14 15/18

I was: Head Coach \Assistant Coach Team: _____

I am requesting to **Head Coach** in the division: 3/4 5/6 7/8 9/10 11/12 13/14 15/18

My years of experience in the SFL as a **Head Coach** are _____ and as an **Assistant Coach** are _____

My years of experience in other leagues as a Head Coach are _____ and as an Assistant Coach are _____

List other leagues you have coached in: _____

Provide member# if currently certified thru NAYS? # _____ Expiration Date: _____

If not certified thru NYSCA program, you must attend a certification class, dates listed on website. If you need to renew your membership, you may do so at www.nays.org. Copy of Card Required.

If awarded a team, you may protect up to 4 players. Only new players to SFL or returning SFL players who are moving up to the next division are eligible for protection. Any player returning from the previous fall season that did not play in that division the previous spring is eligible for protection. Any player returning to the same age division as the previous spring season will not be eligible for protection.

You must list your "protected" players below. You must have parental consent for each player you are protecting. If a player is not listed as a protected player, they will be considered a draft candidate and must attend the player assessment or choose to be entered in the blind draft. (For player pitch divisions...please note if protect will be used as a pitcher).

1.	DOB
2.	DOB
3.	DOB
4.	DOB

If you are awarded a team as a new HEAD COACH and \ or you are changing divisions please pick your top 3 choices for a team name. If you are awarded a team and have been a HEAD COACH in the past Spring/Fall season and you are staying in the same division, you may retain your team name. If you wish to change your team name, please list up to (3) team names in case your first choice is not available.

- See the approved list of college team names and uniform colors (list which color option you prefer if there is more than one choice)

Any person wanting to be a head/assistant coach **MUST** be certified with a national background check. This service is provided through the Smyrna Fastpitch League and must be done annually.

Signature: _____ Date: _____

****For Background Check:** Go to <http://www.smyrnafastpitch.org/> under Quick Links Choose "Background Check"

Background Check Completion Date: _____
Verified By: _____