

Smyrna Fastpitch League

Assistant 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 a **Head Coach** \ **Assistant Coach Team** : _____

I am requesting to **Assistant Coach** in 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/or as an **Assistant Coach** are _____

My years of experience in other leagues as a Head Coach are _____ and/or 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.

Are you already associated with a HEAD COACH? YES NO

If you answered yes above, please list the HEAD COACH's name below....

Head Coach _____

Your Daughter/Player Name _____

You are only applying for an assistant coaching position with this application, however occasionally we need additional HEAD COACHES, are you willing to head coach a team if needed?

Yes ___ No ___

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: _____