



BRANTFORD MINOR SOFTBALL ASSOCIATION INC.
GIRLS SOFTBALL SINCE 1957 BOYS SOFTBALL SINCE 1991

P.O. Box #24008, 185 King George Road, Brantford, ON N3R 7X3
www.brantfordsoftball.ca

Administrative Purpose Only:

Police check passed:____ Paid:____

PLEASE PRINT

COACHES APPLICATION

COACH _____ ASSISTANT COACH _____ GIRLS _____ BOYS _____ DIVISION _____

FULL NAME _____ PHONE _____

ADDRESS _____

CITY _____ POSTAL CODE _____

EMAIL ADDRESS _____

REFERENCES (1) _____

NAME ADDRESS PHONE

(2) _____

NAME ADDRESS PHONE

Do you have any children registered in this division, please state child's name. _____

If you have previous experience, please explain. _____

Have you attended any coach's clinics? _____ Please explain _____

Why would you like to coach? _____

*****MUST FILL OUT COACHES APPLICATION*****

ASSISTANT COACH:

(1) _____

NAME ADDRESS PHONE

Reference: _____

NAME ADDRESS PHONE

Child's name if registered in this division _____

(2) _____

NAME ADDRESS PHONE

Reference: _____

NAME ADDRESS PHONE

Child's name if registered in this division _____

*****PLEASE STATE WHO YOU ARE COACHING WITH*****

I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE BRANTFORD MINOR SOFTBALL ASSOCIATION INC. AND TO ATTEND MEETINGS AND CLINICS AS REQUIRED.

Sweater Size: _____, _____, _____

DATE _____ (SIGNATURE)



Web Design with Personality

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Coaches,

As the construction of the BMSA Web Site (www.brantfordsoftball.ca) progresses and more and more information is utilized and placed online, there is a growing concern about the privacy of the individuals involved with the organization.

We are trying to be as conscious as possible about these issues in the development of your Web Site, and would like to confirm with you what information you would like to be posted.

As it stands right now, the current personal information is hoped to be included on the completed page.

For the Coaches:

a) First and Last Name

b) Contact Number (or if necessary, Email Address – something parents can use.)

We would like your permission to use this information on the Web Site. **Please note that if you do not want any information online, you must write NONE on the form, and still sign and return.**

Please fill out the following information (Please print clearly).

Thank You,

Andrew Oldroyd,
ATM Web Design

I, the below signed hereby allow ATM Web Design or an agent thereof, to use my name and other information requested below for the explicit use of creating and maintaining a non-commercial Web Site for the Brantford Minor Softball Association. I also release ATM Web Design from any liability resulting in the use of this information in the aforementioned way.

Print Name: _____ Sign: _____

Phone Number: _____ E-Mail Address: _____

Team Number: _____ Division: _____ Boys / Girls

Please Display my (Check what applies):

First Name ____ Last Name ____ Phone ____ Email ____ None ____

Date: _____