



PEARLAND GIRLS SOFTBALL MANAGER/COACH APPLICATION



SPRING 2012

LAST NAME:			FIRST NAME:			MIDDLE NAME:		
Street Address:								
City:			State:			Zip:		
Home Phone:			Date of Birth: MM/DD/YYYY					
Email Address:						Shirt Size		
Coached Previously in PGSA?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the last:		YR	SEASON	DIVISION	TEAM
Applying for: <input type="checkbox"/> Manager of Record <input type="checkbox"/> Coach of Record <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Board Member								
Age Division		<input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U				Coaching with:		
Daughter's Name in this division:								

MANAGER/COACH RELEASE

For and in consideration of your accepting my above application as a Manager / Coach / Team parent / Board Member in the sport of softball, I hereby bind myself, my heirs, executors, administrators, and assigns and agree to waive, release and discharge my claim for injuries or damages whether arising in contract, tort, warranty or strict liability and any and all causes of action which now exist or may exist against all other entrants and against Pearland Girls Softball Association and/or Amateur Softball Association, its officers, agents, representative, manager, coaches, players, for any and all injuries or damages which have been suffered or may be suffered while participating in softball, whether such injuries occur during practice, while in transit, participating in match games or any other activity sanctioned by Pearland Girls Softball Association and/or Amateur Softball Association. The above information is true and correct to the best of my knowledge, and in case of accident or illness to myself, I hereby authorize Pearland Girls Softball Association and/or Amateur Softball Association or a representative thereof, to so consent to medical treatment, such medical treatment to include without limitation, x-ray examination, anesthetic, medical, dental or surgical examination or treatment and general hospital care. No prior determination or life threatening emergency or danger of serious or permanent injury resulting from delay of treatment to be made under this authorization. I hereby further authorize Pearland Girls Softball Association and/or Amateur Softball Association to obtain and/or provide medical care to myself in the event an injury should occur and hereby release the Pearland Girls Softball Association and/or Amateur Softball Association, its officers, managers, coaches, agents and representatives and any doctor or medical personnel selected to provide such medical care from any claim, damage or injuries as result of providing emergency care which I may have now or may have in the future. I understand that any deductible for secondary medical insurance which the Pearland Girls Softball Association and/or Amateur Softball Association may provide will be my responsibility to pay before any medical expenses are considered for reimbursement. This authorization shall remain effective for a period of one (1) year from its signing, unless sooner revoked by the physical destruction of the original hereon, such destruction being the only method of actual notice of the revocation of same.

Manager/Coach Signature:

Date:

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| <input type="checkbox"/> \$9 Background Fee Paid
<input type="checkbox"/> Proof of ACE Certification
<input type="checkbox"/> Driver's License on File
<input type="checkbox"/> Background Check Complete
<input type="checkbox"/> Managers/Coaches Code of Conduct Signed
<input type="checkbox"/> Background Consent Form Filled Out |
|---|