**RGSA FASTPITCH** 

**USSSA Fast Pitch Softball**

**PO BOX 2582**

**ROSWELL NM 88202-2582**

**R.G.S.A. COACHES APPLICATION**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_ \_**

**EMAIL (required): \_**

**ADDRESS:**

**CELL #: \_**

Did you coach in last year’s spring season? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what team & division did you coach? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to keep this team? \_\_\_\_\_\_\_\_\_\_\_ Will you stay in the same division? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you did not coach in last year’s spring season,

what age division would you be interested in coaching? \_\_\_\_\_\_\_\_\_

Do you have a daughter playing in this division? \_\_\_\_\_\_ (daughter’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Summarize why you would like to coach softball this season:

Do you have experience in coaching softball? \_\_\_\_\_\_\_\_\_\_

If yes, where and for how many seasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in being a head coach or an assistant coach? ( ) Head Coach ( ) Assistant Coach

Would you participate in a coach’s clinic if one were offered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RGSA cannot operate without fundraisers. Will you participate in helping the Board on all fundraiser (this includes helping with uniform costs and volunteering during the League Tournament)? \_\_\_\_\_\_\_\_\_

By submitting a Coaches Application to the R.G.S.A. you hereby certify that you have received and have read the “HEADS UP CONCUSSION ACTION PLAN”, provided to you.

RGSA INSURANCE COVERAGE DOES NOT TAKE EFFECT UNTIL THE FIRST OFFICIAL PRACTICE DAY. COACHES ARE PERSONALLY LIABLE FOR ANY AND ALL INJURIES AND SUBSEQUENT CLAIMS THAT OCCUR PRIOR TO MARCH 01.

**By signing, you agree to the above terms:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***$0 Deductible w/o PhotoID*** | The player and coach are provided with $2,000,000 liability insurance and $250,000 of Excess Medical Expense Insurance. The excess medical expense insurance is subject to a $0 per injury deductible. Coverage is provided for practice and play of the USSSA .  **- All coaches/support staff are REQUIRED to include a signed BACKGROUND CHECK AUTHORIZATION FORM(click here) and copy of drivers license for each coach/support staff listed on the invoice. Coaches/support staff without this signed form, will not be approved.** |