

Folsom Softball Club – Volunteer Jr. Coach

Name: _____

Address: _____

Email Address: _____

Cell Phone (best number to reach you): _____

Date of Birth: _____ Age: _____

School/grade _____

Softball experience? _____

What volunteer or leadership roles have you participated in? _____

What is your definition of a great coach? _____

Coach Name _____

Team Name _____ Division _____

As a Jr. Coach I have the option to wear a helmet while on the field (such as base coaching during a game/practice or retrieving bats from the infield during play):

_____ initial

I have read, signed and will follow the Coaches Code of Conduct:

_____ initial

Your Name (print) Your Signature Date

Parent Name (print) Parent Signature Cell Phone#

Please return this form to your Head Coach along with payment of \$14.00 checks made payable to **Folsom Softball Club**. Payment includes insuring the Volunteer Jr Coach through GSSA for one calendar year. Under age 18 does not require an ASA background check.

For questions email: CoachAgent@FolsomSoftballClub.com