

SMAA - COACH AND VOLUNTEER APPLICATION

Please print off this form, complete, scan/photo and email to smaa@smaasarnia.com

PLEASE READ CAREFULLY, IF YOU DO NOT AGREE WITH THIS STATEMENT BELOW, DO NOT SIGN:

I Agree that the FIRST aim of minor sports is the personal and character development of each individual participant and that winning is a secondary achievement: that each participant on my team will be given equal opportunity and consideration in all situations and contests: that actions of all coaches during any contest shall be that of sportsmanlike conduct and shall exemplify a good example. I am aware of and agree that any behavior on my part, which may be contrary to the above aims, would forfeit my coaching privileges.

Signature: _____ Date Signed: _____

Name: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Cell Number: _____

Your Player's Name: _____ Sport: _____

Non-Parent Volunteers are welcome.

Where would you like to Coach/Volunteer?

Head Coach: _____ Assistance Coach: _____ Convener: _____ Volunteer: _____

<input type="checkbox"/> Hawks Baseball	<input type="checkbox"/> Sarnia Heat Girls Fastball	<input type="checkbox"/> SMAA Football	<input type="checkbox"/> GOLF
<input type="checkbox"/> _____ Instructional	<input type="checkbox"/> _____ U9 - Mite	<input type="checkbox"/> _____ Flag	<input type="checkbox"/> _____ Intermediate Golf
<input type="checkbox"/> _____ Rookie	<input type="checkbox"/> _____ U13 - Squirt	<input type="checkbox"/> _____ PeeWee	<input type="checkbox"/> _____ Junior Golf
<input type="checkbox"/> _____ Mosquito	<input type="checkbox"/> _____ U17 - Novice	<input type="checkbox"/> _____ Bantam	<input type="checkbox"/> _____ Senior Golf
<input type="checkbox"/> _____ PeeWee	<input type="checkbox"/> _____ Travel		
<input type="checkbox"/> _____ Bantam		<input type="checkbox"/> _____ Challenger Ball	<input type="checkbox"/> _____ Concession Booth
<input type="checkbox"/> _____ Midget		<input type="checkbox"/> _____ OTHER (please explain) _____	

POLICE CHECK REQUIRED – VULNERABLE POLICE CHECK – cost covered by SMAA

SMAA will submit your name and email to Sarnia Police Services for the Vulnerable Police Check:

If you **Agree**, please sign: _____