



**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 \_\_\_\_\_

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? \_\_\_\_\_

\*\*\*\*\*

**ASSISTANT COACHES:**

(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 \_\_\_\_\_

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**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: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)  
DATE \_\_\_\_\_

**PLEASE READ REVERSE AND IF INTERESTED. PLEASE FILL IN ALL INFORMATION THANK YOU**



# Web Design with Personality

Phone: (519) 750-1555 Fax: (519) 752-2032  
Web: www.atmwebdesign.ca Email: info@atmwebdesign.ca

Coaches,

As the construction of the BMSA Web Site ([www.brantfordsoftball.ca](http://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: \_\_\_\_\_