



Date: _____
Assistant to: _____

PLEASE PRINT CLEARLY!!!

Season: _____ League (Circle One): A-Minor T-Ball A-Major C AA CC AAA CCC PONY MAJORS HIGH

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Birthdate: _____ Drivers License No _____

Phone No's: Cell: _____ Home: _____ Work: _____

Childs Name(s) and Birthdate(s): _____

Coaching experience and/or any other youth group activities involvement (incl. dates):

Special Certification(s) (e.g. CPR, medical designations/training, etc.): _____

REFERENCES: (List names; include GJLS coaches, who could provide insight into your character)

Name: _____ Relationship: _____ Telephone Number: _____

As a condition of volunteering as coach, I give Gahanna Junior League Sports, Inc. permission to conduct a background check on me. All background information will be kept confidential. However, I hereby release and agree to hold harmless from any liability GJLS and its officers, directors, volunteers, and any other person or organization that may provide such information. My appointment is conditional upon GJLS receiving no inappropriate background information.

If appointed to a coaching position by GJLS, I agree:

- That the appointment is conditional and shall be for one season;
• To abide by the GJLS Constitution & Regulations and all playing rules, and I understand that failure to do so may result in my removal as coach;
• To participate in GJLS field work days or provide a suitable replacement to represent my team when necessary;
• To accept my fair share of responsibility for field maintenance during the season;
• To return all GJLS property (including balls) to a GJLS officer or commissioner following the last game of the season;
• That failure to return equipment issued by GJLS by November 1 following my appointment will result in a fiscal penalty equal to the cost of replacement of the equipment, which if necessary will be assessed on my child's/children's registration(s) for next season; and

I hereby declare that the information completed above is true and I fully understand and agree to all statements listed above. I understand that completion of this application does not guarantee that I will be appointed as a coach. I further understand that GJLS is not obligated in any way to appoint me as a coach regardless of prior coaching appointments.

I understand further that, pursuant to Ohio Rev. Code Sec. 3707.511, in order to coach in a youth sports organization I am required to hold a pupil-activity program permit issued under Sec. 3319.303 of the Rev. Code OR to successfully complete within the past three years a training program in recognizing and evaluating concussions and head injuries. A link to an appropriate training program is provided on the Ohio Department of Health website.

Applicant Signature

Date

Submit to: Ed Weston
694 Parkedge Dr
Gahanna, Ohio 43230

Phone: 614-473-1011
Email: ejw9687@gmail.com

Supporting baseball and softball for the youth of Gahanna since 1967!