

DANVERS GIRLS SOFTBALL
Application for **Summer Travel** Coaches

P.O. Box 435
Danver, MA 01923

League: U-10 U-14
 U-12 U-18

Name, age and birthdate of your child:

DGS Regular season league & team name your child played on:

Your Name:

Street Address

Town:

Home Phone:

Work Phone

E-Mail Address:

DGS Regular season league & team you coached:

List your past involvement managing or coaching organized softball. Include league, level, position, and dates: _____

List the training programs for youth sports that you have attended in the past 4 years:

Describe any other experience in working with youth, include dates of involvement:

**All coaches MUST submit to a background check
with the Massachusetts Sex Offender's Registry**