

# SAINTS NETBALL CLUB 2017 COACHING AGREEMENT



I \_\_\_\_\_ wish to apply for the Position of (Coach, Co-Coach, Assistant Coach or Mentor Coach \_\_\_\_\_ for the following team in the 2017 Season: \_\_\_\_\_ (please use a separate form for each team).

I UNDERSTAND AND ACCEPT THE SAINTS COACHING RESPONSIBILITIES, COACHING PATHWAYS AND THE FOLLOWING COACHING AGREEMENTS AS SET BY THE 2017 SAINTS COMMITTEE:

1. I AGREE TO REGISTER WITH SAINTS AS A PLAYING / NON PLAYING MEMBER
2. I AGREE TO ATTEND MONTHLY SAINTS MEETINGS, OR PROVIDE A TEAM REPRESENTATIVE IN MY ABSENCE.
3. I AGREE TO ATTEND A COMPULSORY LEVEL O COACHING CLINIC IF NOT CURRENTLY CERTIFIED.
4. I AGREE TO ATTEND COURSES AS REQUIRED BY SAINTS TO UPDATE MY KNOWLEDGE WITH INJURIES, STRETCHING, RULES ETC.
5. I AGREE TO ATTEND WEEKLY TRAINING AND GAMES, OR ORGANISE A REPLACEMENT IN MY ABSENCE.
6. I AGREE TO CONTACT MY PLAYERS WITH RELEVANT INFORMATION AND PROVIDE CONTACT DETAILS FOR MY TEAM OFFICIALS
7. I AGREE TO PRESENT A POSITIVE AND FAIR IMAGE WITH MY TEAM, OPPOSITION AND UMPIRES.
8. I AGREE TO PROVIDE EQUAL OPPORTUNITIES TO ALL TEAM MEMBERS.
9. I AGREE TO REPRESENT THE CLUB WITH GOOD SPORTSMANSHIP.
10. I AGREE TO MAINTAIN AND RESPECT ALL CLUB PROPERTY ENTRUSTED TO ME, AND RETURN IT IN GOOD CONDITION.
11. I AGREE WHEN BORROWING PLAYERS TO OBTAIN APPROVAL FROM TEAM COACH.
12. I AGREE TO LOAN AVAILABLE PLAYERS TO OTHER SAINTS TEAMS IN NEED.
13. I AGREE TO COMPLETE A CHILD PROTECTION POLICY DECLARATION IF OVER 18 YRS OF AGE.

APPOINTMENTS BY APPLICATION WILL BE ADVISED IN WRITING & RATIFIED AT THE FOLLOWING CLUB MEETING. WHERE MORE THAN ONE APPLICANT IS RECEIVED FOR ANY ONE TEAM THE SAINTS EXECUTIVE COMMITTEE WILL APPOINT THE MOST SUITABLY QUALIFIED APPLICANT.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERSONAL CONTACT DETAILS**

**NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

**MOBILE:** \_\_\_\_\_

**COACHING EXPERIENCE: (e.g. last season)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT COACHING / UMPIRING ACCREDITATION**

**DATE COMPLETED**

**(Circle yes or no & provide Certificate if requested)**

FIRST AID	YES	NO
FOUNDATION - LEVEL 0	YES	NO
DEVELOPMENT - LEVEL 1	YES	NO
UMPIRING – LEVEL 1	YES	NO
UMPIRING – LEVEL 2	YES	NO

**UMPIRING DISTRICT BADGES HELD/LEVEL ATTAINED:** \_\_\_\_\_

please complete and submit to the attention of Jenene Carling.

**Contact Jenene Carling (2017 Coaching Co-Ordinator) on 0411 088 705, if you have any questions.**

**Applications close Friday 3<sup>rd</sup> February 2017.**