**Santa Clara PAL-Gal Softball**

**2019 Santa Clara P.A.L-Gal Spring Softball League**

**Manager Application and Selection Process**

The Santa Clara P.A.L-Gal Spring League will begin in January and will continue through the beginning of May. Dates of all tryouts, drafts, league games, Opening Ceremonies and Closing Ceremonies will be given at a later date. We encourage all parents who are interested in volunteering as a manager to apply, no matter how much previous experience you have. All managers will be required to attend a mandatory coach’s clinic in the beginning of the season, as well as attending a coach’s meeting prior to receiving your team assignments (T-ball and Farm) or the team draft (Rookies and Minors).

**APPLICATION PROCESS:**

Managers who would like to be considered for selection as a P.A.L-Gal Spring League Team Manager must consider the following:

* Manager must be available to provide practices during the week and be present at all games during the 2019 Spring Season.
* If a Manager is currently managing/coaching another sport/program/activity they must commit a majority of their time to the Santa Clara P.A.L-Gal Softball Spring League. It would not be fair to take a position on the team when your allegiance is to another sport/program/activity.
* Anyone who would like to be considered as a Santa Clara P.A.L-Gal Softball Spring League Team Manager must complete the attached application and submit to PAL Board by January 1, 2019.

**SELECTION PROCESS:**

* There will be one (1) manager appointed to each team. Managers may select one assistant coach prior to tryouts whose daughter will automatically be placed with the team (T-Ball and Farm) or within the draft selection (Rookies and Minors). Managers may select additional coaches after tryouts from within their teams. All coaches must be approved by the Board.
* The selection of Santa Clara P.A.L-Gal Softball Spring League Team Managers is made by the Santa Clara P.A.L-Gal Softball Board. The Board does not discriminate on the basis of sex, creed, race, color, religious preference or sexual orientation. All decisions are final and not subject to appeal.
* The Board will be looking at the overall leadership and characteristics exhibited by the manager candidates before the selections are made.
* Any application that is not submitted to the Board by the published deadline may not be considered in the selection process.

**Santa Clara P.A.L-Gal Softball**

**2019 Santa Clara Softball Spring League Team Manager Application**

Name:

Home Phone: Cell Phone:

Email:

Please select the division for which you wish to be considered to manage:

[ ]  T-ball [ ]  Farm

[ ]  Rookies [ ]  Minors

State why you are considering managing a Spring League team and the level of commitment that you can make:

List, in detail, your experiences in softball which will assist you in performing the duties of a Spring League Team Manager (i.e. number of years managing, level of play managed, etc.). Amount of experience does not directly affect whether or not you will be chosen to manage a team:

Managing a team requires a philosophy to win, have fun and make the experience rewarding for each player on the team, no matter previous skill levels girls are coming into the league with. Please indicate how you will address each of these:

List any previous team experiences as a Manager or Coach (in any sport) and any previous Santa Clara P.A.L-Gal Softball recreational season team experiences as a Manager or Coach:

I understand that completing a Santa Clara P.A.L-Gal Team Manager Application with the Santa Clara P.A.L-Gal Softball League does not guarantee me a Manager position. I agree to abide by the selection process and if selected, agree to represent SC P.A.L-Gal Softball League in the best possible manner and in the interest of the SC P.A.L-Gal League and players. I also agree that if I fail to represent SC P.A.L-Gal League in such a manner or the interest of the players, that I will be relieved of my duties and immediately replaced as manager by the Board. I further agree to have my coaches approved by the Board prior to having them participate in practices or games.

Applicant Name:

Applicant Signature: Date:

\*\* Email completed applications to scpalsoftball@gmail.com or faxed to 408-984-1407 \*\*

**For Board Use only**

Date Received: [ ]  ACE Certification [ ]  Live Scan