



Yucaipa-Calimesa Girls Softball Select Manager Application

Manager/ Coach Information	Name [please print clearly] Date Address City Zip Cell Phone Home Phone Email			
Division Currently Manager /Coach	8U 10U 12U 14U	Division request for Select	8U 10U 12U 14U	Please indicate previous Select Manager or Coaching Experience, [# of years and where]
Additional Information	Please list your daughter[s] name[s], age[s] and division. Indicate if she is playing up in an older division.		Are you ACE certified and Safesport certified for the 2026-2027 season? Concussion certified? - YES - NO If you answered, NO, if you are chosen you will need to become certified prior to the start of Select Season.	

Complete all sections and email the completed application to

ycgscompetitiverep@gmail.com

no later than AUGUST 1, 2026.

Manager/Coaching Experience

List in detail all managing/coaching experience you had. Include types of coaching, duration, type of sports activity managed/coached, age groups managed/coached, location.

Have you ever been removed or ejected from a youth sports game or activity by the umpires or officials, or have you been suspended from your youth coaching/manager duties by the local or state governing youth sports organizations or athletic association?

- Yes
- No

If you answered Yes: Please explain the details of the events, where the event occurred, what sport/activity where the event occurred and the date of the event.

Coaching Philosophy

Explain why you are interested in being a select manager/coach this season?

Please summarize what you believe it takes to be a successful softball select manager/coach.

Managing a select team is a significant commitment of time and dedication. Some tournaments will require travel and may take place over multiple days. Are you able to fulfill this commitment?

- Yes
- No

If No, please indicate the dates and reasons that you may have a conflict and how you will propose to ensure that the girls have coverage for practice and/or tournaments.

Please list two references that could vouch for your manager/coaching ability.

Name	Phone Number	Email	Relationship to applicant
1.			
2.			

Please list, if known at this time, the potential people who you will secure to help you work and coach the team, if selected

Name	Current Age Group Coaching	Email or phone number

Please include any additional comments that you believe should be taken into consideration by the Select committee.

[illegible]

If selected, you will be in charge of ensuring that all parents, players and coaches uphold the YCGS code of conduct and all rules and code of conducts outlined by USA Softball. You will be responsible for maintaining composure, focusing on building up the players and teaching and training a team to be successful. By signing and submitting this application, you understand these expectations and will agree to abide by all YCGS, USA, and Select rules for behavior and conduct.

Signature		Date	
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