



Softball Community Coach Program Registration Form Volunteer Community Coach



Contact details

Name: _____

Address: _____

Postcode: _____ Date of birth: _____

Tel: (_____) _____
(home) (mobile)

Email: _____

Training venue details

Association/Club name: _____

Date of SCCP: _____

Working with Children Check/Blue Card/Orange Card

Card no: _____ Expiry date: _____

Recognition of current competence

- ☐ Beginning Coaching Principles
- ☐ Accreditation Level: _____
- ☐ Active After-School Communities Program – Community Coach Training Program
- If so, date completed: _____

Method of payment

☐ Visa ☐ Mastercard

Name of Cardholder: _____

Card number:

Expiry date: ____ / ____ Cost: \$35

Participant name: _____

Associated with (eg club name): _____

Participant signature: _____ Date: _____

Privacy Statement

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