**HAMILTON GIRLS SOFTBALL ASSOCIATION PO BOX 3430**

**MERCERVILLE, NJ 08619**

**609-587-8011**

**ALL STAR TEAM MANAGER SELECTION GUIDELINES**

**THE FOLLOWING CRITERIA SHALL APPLY:**

1. **HGSA ALL STAR EXPERIENCE.**
2. **HGSA LEAGUE INVOLVEMENT.**
3. **OTHER EXPERIENCE WORKING WITH CHILDREN**

**THE EXECUTIVE BOARD WILL SELECT ALL STAR MANAGERS BASED ON A WRITTEN APPLICATION AND INTERVIEW**

**THE LEAGUE AGENT WILL HAVE A VOTE IN HIS/HER AGE GROUP**

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**MERCERVILLE, NJ 08619**

**ALL STAR TEAM MANAGER APPLICATION**

NAME DIVISION:

|  |  |
| --- | --- |
|  | 8U |
|  | 10U |
|  | 12U |
|  | 14U |
|  | 16U |
|  | 18U |

STREET

CITY, STATE, ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE EMAIL

**PLEASE LIST, IN DETAIL, THE FOLLOWING REQUESTED INFORMATION:**

1. **HGSA ALL STAR EXPERIENCE**

**Managerial, coaching, score keeping or team parent with any HGSA All Star team.**

1. **HGSA LEAGUE INVOLVEMENT**

**What do you do for HGSA? What volunteer work do you do for the league?**

**3. OTHER EXPERIENCE WORKING WTH CHILDREN?**

**ATTACH ADDITIONAL PAGES IF NECESSARY**

**HAMILTON GIRLS SOFTBALL ASSOCIATION**

***ALL STAR MANAGERIAL ROLE AND RESPONSIBILITIES***

The Hamilton Girls Softball Association (HGSA) is an organization committed to promoting the goals of *Teamwork, Skills Development, Self-Esteem, Healthy Competition, Parent Involvement* and *Fiscal Responsibility* between and among league participants. Team Managers are expected to support these goals through demonstrated leadership and involvement in the administration and management of the league activities and through constructive interaction with parents and athletes. As the primary contact and source of information between HGSA, its athletes and parents, it is critical to the success of the league that Team Managers *actively support* HGSA goals.

TO ENSURE CONSISTENT AND ACTIVE PARTICIPATION IN SUPPORT OF THESE GOALS AS AN HGSA ALL STAR TEAM MANAGER, I AGREE TO PERFORM AND SUPPORT THE FOLLOWING PRINCIPALS AND ACTIVITIES:

1. Beginning no later than September 1 and continuing through December 31, conduct a minimum of one practice a week. Beginning January 1 and, where weather permitting, conduct a minimum of one (1) team practice outdoors, and a minimum of one (1) team practice indoors a week.
2. Participate in the activities of committees (*includes position as league agent or executive member*). All Star Team will participate in at least one HGSA Committee for the duration of the season.
3. Attend all Board of Director monthly meetings (3rd Sunday of the month beginning in September and ending in June). I agree to ensure other team representation when I am unable to attend.
4. Adhere to all HGSA All Star team guidelines, including but not limited to uniform policies, Hurricane branding guidelines, recreational responsibilities and all star team financial procedures as required by HGSA.
5. Support all HGSA recreational fundraising and league administration by ensuring all star parent involvement in league activities including, but not limited to, concession stand operations, Spring Clean- up Day, team field duty and Tag Days, Pizza Kit sales, Coupon Card sales, and other fundraisers.
6. Encourage all players to attend HGSA recreational team practices and games. Ensure that all star team members have completed their recreational league compliance in order to be all star roster eligible.
7. Submit to background checks and attend, along with coaches, as required, all coaching and first aid clinics sponsored by the league.
8. Notify local media upon completion of all star team events. With regard to notification, ensure recognition throughout the season, of as many different all star team athletes as possible.
9. Ensure compliance of the HGSA Code of Conduct guidelines for all team members, staff, parents and spectators at all All Star team events.
10. All Hurricane managers must be an actively participating coach OR manager in the HGSA recreational softball program.

IN ACCEPTING MY ROLE AS AN HGSA ALL STAR TEAM MANAGER FOR THE UPCOMING SEASON, I AGREE TO THE PROVISIONS OUTLINED ABOVE. I UNDERSTAND THAT MY FAILURE TO CONSISTENTLY ABIDE BY THE PROVISIONS OF THIS AGREEMENT MAY RESULT IN THE RECONSIDERATION OF MY STATUS AS A MANAGER. I CHOOSE TO BE A MEMBER OF AND WILL DUTIFULLY ACT AS A PARTICIPATING MEMBER OF THE FOLLOWING COMMITTEES:

COMMITTEE COMMITTEE

PRINT NAME SIGNATURE and DATE

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