



Coaching Application

Semiahmoo Minor Lacrosse Association

Name: _____

Address: _____

Phone: _____ Email: _____

Coaching Assignment

Please check off the boxes to the position(s) you are interested coaching.

	Head Coach	Assistant Coach			
Mini Tyke	<input type="checkbox"/>	<input type="checkbox"/>			
Tyke	<input type="checkbox"/>	<input type="checkbox"/>			
Novice	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Peewee	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Bantam	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Midget	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>

	Head Coach	Assistant Coach
Novice (female)	<input type="checkbox"/>	<input type="checkbox"/>
Peewee (female)	<input type="checkbox"/>	<input type="checkbox"/>
Bantam (female)	<input type="checkbox"/>	<input type="checkbox"/>
Midget (female)	<input type="checkbox"/>	<input type="checkbox"/>

Coaching Certification/Training

Coaching Experience

Year	Association	Age Group	Position
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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Coaching Philosophy

References (please list a minimum of two)

Name:

 Phone:

Name:

 Phone:

Questions

In which portion of the team do you feel your child will rate? Upper Middle Lower

Do you feel your child will make the team for which you are applying? YES NO

Are you certified for the level you are applying? YES NO

Are you willing to submit to a Criminal Record Check? YES NO

If you are not certified at the required level, are you willing to take a weekend course to attain required level? YES NO

Please attach a signed Code of Conduct/Fair Play Form