Semiahmoo Minor Lacrosse Association

Coach Application

Name				
Address				
Phone: Home				
Email				
	ching Assignment ☐ C☐ Tyke ☐			
Coaching Cert	ification/Training			
Coaching Expe	<u>erience</u>			
Year	Association	Age Group	Position	

Briefly describe your Coaching Philosophy		
Coaching References – please list a minimum of two		
Name Phone :		
Name Phone :		_
Questions		
• Do you feel your child will make the team for which you are applying?	Yes 🗌	No 🗌
• In which portion of the team do you feel your child will rate? Upper	Middle 🗌	Lower [
• Are you certified for the level you are applying?	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 🗆
• Are you willing to submit to a Criminal Record Check?	Yes 🗌	No 🗌

Please attach a signed Code of Conduct/Fair Play Form