

KAMLOOPS MINOR LACROSSE ASSOCIATION



COACHING APPLICATION FORM

SECTION 1: CONTACT INFORMATION

Name of Applicant: _____
(Given Name) (Middle Name) (Surname)

Address: _____

Postal Code: _____ Birth Date: _____

Telephone: (Home) _____ (Work) _____

E-mail Address: _____

SECTION 2: TEAM APPLICATION

Preferred Coaching Assignment: Head Coach ___ Assistant Coach ___

MiniTyke ___ Tyke ___

Novice ___

Peewee ___

Bantam ___

Midget ___

Would you be willing to coach a team that you did NOT apply for? Yes ___ No ___

SECTION 3: EXPERIENCE AND QUALIFICATIONS

Do you have a National Coaching Certification Program (NCCP) Coach Level?

Year Obtained: _____ Certification Number: _____

Lacrosse Coaching Experience (list in order, starting with the most recent).

Year	Association and Team Name	Age Group	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are not certified at the required level, are you available to take a weekend course(s) to attain the required level? Yes ___ or No ___

Please note that a criminal record check must be completed prior to season.