



Peninsula Lacrosse Association

Coaching Application for

Please fill in year

Contact Information

Name:			
Address:			
City:		Postal Code:	
Email:			
Cell:			

Team Application

✓ Please indicate your preferred coaching position:

Head Coach

Assistant Coach

✓ Please indicate which team(s) you are applying to coach:

Division	✓	<u>Tier</u>	
		A	B
U7	<input type="checkbox"/>		
U9	<input type="checkbox"/>		
U11	<input type="checkbox"/>		
U13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For U13, U15 and U17 please indicate A or B.

If applying for more than one team, please indicate a tier for each division.

✓ Would you be willing to coach a team that you did NOT apply for?

Yes

No

✓ Do you anticipate having a relative on the team you are applying for?

Provide two references that are familiar with your coaching style and experience, of if you are just starting out as a coach, two persons who support your coaching application.

	Reference #1	Reference #2
Name:		
Email:		
Cell:		

Qualifications and Experience

✓ Indicate your current level of coaching experience (check appropriate box)

Coaching Level Certified	In Training	Trained	Certified
No Current coaching certification			
Community Initiation			
Community Development / Level 1 Technical			
Community Development / Level 2 Technical			
Making Ethical Decisions			
NCCP #	Note: If you have not completed your booklet then you are considered not trained.		

If you are not certified at the required level, are you willing to take a weekend course and complete the booklet to attain the required level? Yes No

I acknowledge the authority of the CLA, BCLA < Zone and local Lacrosse Association and agree to carry out and abide by their constitution, bylaws, rules and regulations.

I will ensure I meet the certification level applicable to the division prior to the end of the league play and will maintain my certification.

If deemed a successful coaching candidate, I will provide Peninsula Lacrosse Association with a current criminal record check for myself.

I will display strong fair play principles and represent the Peninsula Lacrosse Association in a professional manner as a coach and representative of the Association.

I grant Peninsula Lacrosse Association permission to post photo/video recordings on the Association's Website/Instagram/Facebook, or to be printed in brochures, flyers or any other publication. I understand that all rights, title and interest in the photo/video recordings obtained belong to Peninsula Lacrosse Association and that I will receive no financial compensation for their use.

The Peninsula Lacrosse Association Executive reviews all applications and makes selections based on previous experience, necessary coaching requirements and philosophies. Completed forms to be submitted via email to penlax.coach@gmail.com until positions are filled.

Signature:

Date:

Please provide a summary of your coaching history (Association, year, division etc.)

Please provide a summary of your coaching philosophy (i.e.: what does a successful season look like, communication, floor time etc.)