



COACHING APPLICATION FORM

SECTION 1. CONTACT INFORMATION

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

Address: _____

Postal Code: _____ Birthdate: _____

Email Address: _____

SECTION 2. TEAM APPLICATION

Preferred Coaching Assignment: Head Coach Assistant Coach

Mini Tyke Tyke Novice
Peewee Bantam Midget

ALA Coaching Standards

Category	Head Coach	Assistant Coach
Midget, Bantam	Competitive Intro – Trained	Community Development - Trained
Peewee, Novice	Community Development – Trained	Community Development – Trained
Tyke, Mini Tyke	Community Initiation – Trained	Community Initiation – Trained

SECTION 3. EXPERIENCE AND QUALIFICATIONS

Are you certified for the level for which you are applying? Yes No

If you are NOT certified at the required level:

Are you available to take a weekend course(s) to attain the required level?
Yes No

What is your National Coaching Certification Program (NCCP) Coach Level?

Level: _____

Certification Number: # _____

You can get your NCCP Number here: <https://nccp.coach.ca/>

****All Coaches are required to fill out the form below****

Lacrosse Coaching Experience: (List in order, starting with the most recent)

Year	Association and Team Name	Age Group	Position

References:

Name: _____	Home No: _____	Bus. No: _____
Name: _____	Home No: _____	Bus. No: _____
Name: _____	Home No: _____	Bus. No: _____
Name: _____	Home No: _____	Bus. No: _____

Would you be willing to attend coaching development clinics put forth by the Drillers Coaching Development Committee? Yes No

If Available would you follow a Drillers Season Plan based on the age group and skill level? Yes No

- 1. I hereby consent to the disclosure of the above information.*
- 2. I hereby acknowledge the authority of the CLA, ALA, the Southern Alberta Lacrosse Association and Brooks Lacrosse Association and agree to carry out and abide by their constitutions, bylaws, rules and regulation.*
- 3. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for coaching minor lacrosse and ensure that I maintain the required level of certification.*
- 4. I hereby agree to complete a VSC(Vulnerable Sector Check) in my full name to be reviewed by the Brooks Lacrosse Association (President & Coach/Player Director) for final approval before interacting with any minor registered player under the Brooks Lacrosse Association.*
- 5. I hereby agree to contribute to volunteer to assist with Evaluations for a minimum of 2 hours if called upon.*
- 6. I acknowledge that failure to attend scheduled NCCP coaching clinics will result in the immediate forfeiture of my ability to coach with the Brooks Lacrosse Association.*

Print Name: _____ Date: _____

Signature: _____