



## 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 Knight Coaching Development Committee?

Yes  No

If Available would you follow a Knights 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 Calgary District Lacrosse Association and Knights 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 Child Welfare Check in my full name to be reviewed by the Canadian Government and the Calgary Knights Lacrosse Association (President & Coach/Player Director) for final approval before interacting with any minor registered player under the Knights Lacrosse Association.*
- 5. I hereby agree to contribute to volunteer to assist with Evaluations for a minimum of 3 hours.*
- 6. I acknowledge that failure to attend scheduled NCCP coaching clinics will result in the immediate forfeiture of my ability to coach with the Calgary Knights Lacrosse Club.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_