|  |
| --- |
| **Coaching level:** Development [ ]  Competitive [ ]  Either [ ]  |
| **Age group:** Novice [ ]  Peewee [ ]  Bantam [ ]  Midget [ ]  |
| **Coaching position:** Head Coach [ ]  Assistant Coach [ ]  Goaltending Coach [ ]  |
| **CONTACT INFORMATION** |
| **Name** | Click here to enter text. | **Phone** | Click here to enter text. |
| **Address** | Click here to enter text. | **Email** | Click here to enter text. |
| **NCCP #** | Click here to enter text. | **Respect in Sports #** | Click here to enter text. | **Years involved in box lacrosse** | Click here to enter text. |
| **Jacket Size** | Choose an item. | **T Shirt Size** | Choose an item. | **Pants Size** | Choose an item. |
| **COACHING EXPERIENCE** (descending from most recent) |
| **Year**  | **Sport** | **Age Group** | **Position (Head/Assistant)** | **Reference Name** | **Certifications held** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **COACHING PHILOSOPHY** |
| **Question** | **Answer** |
| What do you believe coaching responsibilities involves? | Click here to enter text. |
| Have you played box/field lacrosse? How long? | Click here to enter text. |
| What do you believe you bring to the position of ‘coach’?  | Click here to enter text. |
| What qualities do you feel are important for a successful coach to possess and why? | Click here to enter text. |
| Circle a preferred time to take required certification Which courses do you require? | Pre-Season (Feb,Mar) |  |
| In-Season (Apr,May, June) |
| Do you require coaching manuals? | Click here to enter text. |
| What is the measurement of a successful coaching season?  | Click here to enter text. |
| Are you available evenings and weekends during lacrosse season? List other possible conflicts | Click here to enter text. |
| I hear by grant Fury Lacrosse permission to verify all information contained in this application, including access to coaching evaluations from other lacrosse associations.**Applicant Signature: Date :** Click here to enter text. |
| **FOR OFFICE USE ONLY – COMMENTS** |