**Division:** [ ]  **U7** [ ]  **U9** [ ]  **U11** [ ]  **U13** [ ]  **U15** [ ]  **U17**

**Position:** [ ]  **Head Coach** [ ]  **Assistant Coach**

**Contact Information:**

Last Name First Name Phone number

Street City Postal Code Email

**Coaching Certification Number:** **Coach Training Level:**

###### **Lacrosse Association:** **Last Age Division Coached**:

**Lacrosse References**: 1) *name* **email**:

 2) *name* **email:**

**Previous Lacrosse Coaching Experience**:

**Previous Other Coaching Experience:**

**Please write a short description of your coaching philosophy:**

## **Requirements To Coach:**

* Willing to take and complete appropriate age group certification level
* Willing to attend coaching clinic
* Member in Good Standing of the ALA
* Endorsement of Okotoks Raiders Lacrosse Association
* Consistent demonstration of Fair Play Principles
* Individuals to submit a Vulnerable Sector Record Check with application (RCMP)
* Applicant must submit a resume detailing their Lacrosse & Other Coaching Experience

### **DEADLINE: March 15th, 2023**

#### Date Applicant’s Signature

####

##### Please EMAIL Completed Application Form to: technical@okotokslacrosse.com; registrar@okotokslacrosse.com