**Participant Profile Form**

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**Workshop Information:**

Type of Workshop Date Location Learning Facilitator

**Participant Information:** (Please Print)

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Last Name First Name Middle Initial NCCP#

Address City/Community Postal Code

Primary Phone Number Email Address

Date of Birth (MM/DD/YYYY) Gender: Male Female

Indigenous Descent: Yes No If you answered yes, please circle which applies: Status Non-Status

Métis Inuit

Are you currently Coaching or Officiating: Yes No

If yes, please indicate:

Sport Gender of Athletes Age of Athletes

How did you find out about the workshop?

Website Word of Mouth Newsletter Poster Tribal Council Coordinator

District Social Media Other: Please Specify

*Check here if you would like to be added to an e-mail list to receive information on upcoming workshops and other Coach Professional Development opportunities.*

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Please return forms to:

**CAS Coaching and Officials Development Coordinator**

**c/o Garett Mathiason**

**510 Cynthia Street – Saskatoon, SK S7L 7K7**

gmathiason@sasksport.sk.ca