



YOUTH COACHING APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

POSITION YOU ARE APPLYING FOR (CHECK ALL THAT APPLY)

BOYS

GIRLS

7/8

5/6

3/4

1/2

HEAD COACH

ASSISTANT COACH

PRACTICE HELPER

SELECT

YEARS OF EXPERIENCE COACHING _____ YEARS OF EXPERIENCE WITH LACROSSE _____

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A COACHING POSITION?

NO YES

IF YES, PLEASE EXPLAIN _____

TO THE BEST OF YOUR ABILITY, DEFINE PHYSICAL LITERACY FOR A COACH IN A YOUTH ENVIRONMENT.

I hereby certify that the facts set forth in this coaching application are true and correct to the best of my knowledge. I understand that if I falsify statements on this application, I may not be considered for a position with the Camas Lacrosse Club. I hereby authorize the Camas Lacrosse Club to conduct a background investigation to verify the above information. If I am selected for a coaching position, I agree to abide all rules, policies and by-laws of the Club. I understand that I will be held accountable for my actions as a coach, and that I can be suspended, put on probation, or removed from coaching by the Board of Directors per their rules and by-laws.

SIGNATURE OF APPLICANT

DATE

SUBMIT APPLICATION BY December 15, 2018
bobby.laudig@columbiacannons.com