



KAWARTHA LAKES MINOR LACROSSE ASSOCIATION

2010 COACH SELECTION APPLICATION FORM

(Please Print)

Name: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (Home) _____ (Bus) _____ (Cell) _____

Email Address(es): _____

TEAM SELECTION

Category Choice : BOX House League _____ BOX Rep _____ Field Lacrosse _____

Age Category: Paperweight _____ Tyke _____ Novice _____ Pee Wee _____ Bantam _____ Midget _____

If your first choice is not available, would you accept a different position?

Yes _____ No _____

OLA COACHING CERTIFICATION LEVELS

Check all that apply

BOX Coaching Certification : Theory 1 _____ Theory 2 _____ / Technical 1 _____ Technical 2 _____

FIELD Coaching Certification : Theory 1 _____ Theory 2 _____ / Technical 1 _____ Technical 2 _____

NCCP # : _____

COACHING EXPERIENCE

	Team/Association	Category	Position
2009	_____	_____	_____
2008	_____	_____	_____
2007	_____	_____	_____

WHAT IS YOUR COACHING PHILOSOPHY?

WHAT WILL BE THE ROLE OF THE ASSISTANT'S, TRAINERS AND MANAGERS?

WHAT ARE YOUR TEAM INITIATIVES, OBJECTIVES AND GOALS?

REFERENCES

Please list 3 references (eg. Parent, player over 15 years old, etc)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Home): _____ (Phone Bus): _____

(Cell) _____ eMail: _____

Name: _____

Address: _____

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Phone (Home): _____ (Phone Bus): _____

(Cell) _____ eMail: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Home): _____ (Phone Bus): _____

(Cell) _____ eMail: _____

COACHING RESUME

Please attach a brief personal resume, reflecting other past coaching experience that you may have been involved with, and is not detailed in this application. For example, playing experience, other interests, and volunteer work could be listed. If you may have your coaching staff already selected as well, please include their names and some information about them and what roles they will be filling on your staff. Please note that all coaching staff is subject to approval of the KLMLA executive approval.

Signature: _____ Date: _____