

## Kings County Lacrosse Association (KCLA)

## Coaching Application Form

To be completed in full by all individuals wishing to Coach (including assistant coach and others who intend to be on the bench and/or in the dressing room in other than an administrative capacity) a Kings County Lacrosse Team at any level. Applications received will be reviewed by the Coach Selection Committee prior to any coaching positions being filled.

Name:	Stre	eet Address:		
Town:	Pos	tal Code:		
Phone: (Home)	(Work)		_(Cell)	
E-mail address				
Coaching level completed if any				
When attained	Where			
Willing to take additional training	?			
Number of years previous coach	ing experience _			
In which Divisions:				
Mini Tyke Nov	ricePeewee	eBantam	Midget	Other
Indicate the Level and Division, i	n order of prefer	ence, you wish to	coach.	
1				
2				
3				
Are you interested in: Head	Coach	Assistant Coad	•h	Manager

## Please Read In Full:

I am aware that the first aim of minor sports is the personal and character development of each participant and winning is a secondary achievement. I agree that the actions of all coaches shall be that of gentlemanly conduct and shall exemplify a good example. I am aware and agree that any behavior on my part that would be contrary to the above aims could cause the forfeit of my coaching privileges. I further agree to abide by the constitutions, by –laws, rules and regulations of the KCLA and Lacrosse New Brunswick. I undertake to conduct myself in a manner which benefits the position of trust and leadership for which I may be appointed. I acknowledge that I may face disciplinary action under the rules of amateur lacrosse if I fail to maintain the level of conduct and sportsmanship required by these organizations.

SIGNATURE:	DATE	:
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