Print Form

2012 Team BC Box Lacrosse Program

Coach Application Form

Zone: *(check box)* **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐

Division: *(check boxes)* **Midget** ☐ **Female Midget** ☐ **Bantam** ☐ **Female Bantam** ☐ **PeeWee** ☐

Position: *(check applicable boxes)* **District Coach** ☐ **Head Coach** ☐ **Assistant Coach** ☐

Contact Information

Name _____

Street Address _____ **City** _____ **Postal Code** _____

E-Mail Address _____ **Phone (Work)** _____ **Phone (Home)** _____ **Phone (Cell)** _____

Current Coaching Information

Association: _____

Division: *(check boxes)* **Midget** ☐ **Bantam** ☐ **PeeWee** ☐ **Tier:** **A1** ☐ **A2** ☐ **B** ☐ **C** ☐ **Female** ☐

Head Coach ☐ **Assistant Coach** ☐ ***Have you been a past*:** **District Coach** *Yes* ☐ *No* ☐ **Team BC Coach** *Yes* ☐ *No* ☐

Certification #: _____ **Level of Certification:** _____

Minimum Requirements – ALL COACHES

- Box Competitive Introduction **Trained** or Box Certified Level 2 **(C2)**
- Member in Good Standing of the BCLA and BCLCA
- Endorsement of Home Association and Association Coaching Coordinator
- Outline of Coaching Philosophy (Attached)
- Past Coaching Experience (Attached)
- Available for All Selection Camps, Training Camps & National Championship

DEADLINE: Friday, January 13, 2012 to BCLA Office by 4:00 PM to the BCLA Office – FAX (604) 421-9775 E-Mail: darcy@bclacrosse.com

Date _____ *Applicant Signature* _____

Date _____ *Association President Signature* _____

Date _____ *Association Coaching Co-ordinator or Head Coach Signature* _____