



Middletown Youth Lacrosse League

Coaches & Volunteer Application



Please complete the form in its entirety and email to middletownyouthlacrosse@gmail.com.

Name: _____ H: _____ C: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Second Email: _____

I am applying for the following:

- | | | | | | | |
|---------------------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------------------------------------|
| 1-2 Grade (Lightening) | <input type="checkbox"/> | Coach | | | | Team |
| 3-4 Grade Team (Bantam): | <input type="checkbox"/> | Coach | <input type="checkbox"/> | Team Parent | <input type="checkbox"/> | Boys <input type="checkbox"/> Girls |
| 5-6 Grade Team (Juniors): | <input type="checkbox"/> | Coach | <input type="checkbox"/> | Team Parent | <input type="checkbox"/> | Boys <input type="checkbox"/> Girls |
| 7-8 Grade Team (Seniors): | <input type="checkbox"/> | Coach | <input type="checkbox"/> | Team Parent | <input type="checkbox"/> | Boys <input type="checkbox"/> Girls |
| Other Volunteer | <input type="checkbox"/> | Fundraising | | | <input type="checkbox"/> | Board |

Background Information: NO Experience is necessary, however to help provide the best training, resources and team allocations please provide your experience with Lacrosse.

- | | |
|---|--|
| <input type="checkbox"/> NO Experience | <input type="checkbox"/> Played Lacrosse |
| <input type="checkbox"/> Coached Lacrosse | <input type="checkbox"/> Coached other sports: _____ |

For those with no experience who would like to coach, would you be interested in:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| Attending the Level 1 Clinics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Online Training thru US Lacrosse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For those that play lacrosse or have played, Yes No US Lacrosse Membership #: _____
do you have a US Lacrosse Membership Number? Yes No

Signature: _____ Date: _____

If minor Parent/Guardian Signature: _____ Date: _____

If minor Parent/Guardian Name Printed: _____

For more information visit us at: www.middletownyouthlacrosse.org