

Sumner Bonney Lake Youth Lacrosse – Coaching Application

Full Name: _____ Birthdate: _____

Address: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Do you have current CPR, 1st Aid and/or AED certification? **(Circle) YES NO** If yes, what is the expiration date? _____

Do you have a US Lacrosse Coaching Certification? **YES NO** If yes, indicate level - **Level 1 Level 2 Level 3**

Coaching Position Information

Are you applying for Head Coaching, Assistant Coaching position or either? **Head Coach Assistant Coach Either**

Are you a parent of a SBLYL Player? **YES NO** If Yes, would you be interested in coaching a team your player isn't on? **YES NO**

Do you have former Lacrosse Playing Experience? **YES NO** If yes, describe in detail.

Do you have former Lacrosse Coaching Experience? **YES NO** If yes, describe in detail the number of years, ages of teams, head coach or assistant, and program/club you coached for.

Do you have a degree, training, or certification in sports management, physical education, coaching, officiating, or a related field that relates to coaching or mentoring youth athletes? **YES NO** If yes describe in detail.

What other current or former playing experience do you have from other team sports?

What other current or former coaching experience do you have from other team sports?

Indicate team age group(s) you are interested in coaching. **K - 2 Grade ___ 3/4 Grade ___ 5/6 Grade ___ 7/8 Grade ___**

Please describe why you are interested in coaching and your primary goal as a youth lacrosse coach in the space below.

I verify that all the information provided on this application is accurate and I agree to provide references if needed.

Signature: _____

Date: _____