

Team Personnel Application Form For Centre Wellington Minor Lacrosse Association

Name	Date
Address	Postal Code

Email Address
Phone Number

Desired Position	Head Coach	<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>	Trainer	<input type="checkbox"/>	Manager	<input type="checkbox"/>
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If Coach, are you NCCP certified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Trainer, are you certified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

NCCP# CC_____ (Please include a copy or scanned copy as per OLA Regulations)
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Are you prepared to take any courses to upgrade your NCCP level?
Have you completed your workbook?

Trainer Credentials - Please included a copy or scanned copy as per OLA Regulations

Team Preference	1st	<input type="checkbox"/>
	2nd	<input type="checkbox"/>
Are you willing to coach a second team?		

Representative level of coaching experience (lacrosse) - Number of years?

Last Team		Age Level	
Position		Year	

Other Qualifications