

Date



## 2022 Team BC Box Lacrosse Program

Coach Application Form		
Division: (check boxes)	Bantam PeeWee Female B	antam
Position: (check applicable box	Head Coach Assistant Co	oach
Contact Information		
Name		
Street Address	City	Postal Code
E-Mail Address	Phone (Work)	Phone (Home) Phone (Cell)
	Current Coaching Info	rmation
Association:	Division:	Tier: A1 A2 B C
Head Coach	Assistant Coach	Female
NCCP #:	Level of Certification:	
	Minimum Requirements – AL	L COACHES
<ul> <li>Box Competitive Introduction Certified (Level 2)</li> <li>Criminal Record Check</li> <li>Member in Good Standing of the BCLA and BC Lacrosse Coaches Technical Support Group</li> <li>Endorsement of Home Association and Association Coaching Coordinator</li> <li>Outline of Coaching Philosophy &amp; Past Coaching Experience</li> <li>Available for All Selection Camps, Training Sessions &amp; National Championships</li> <li>Proof of Vaccination is required for all Box Coaches, as per Public Health Protocols (as of Nov 2021)</li> </ul>		
DEADLI BO	NE: Thursday, January 27, 2022 to 1 CLA Office FAX 604 421 9775 E Ma	BCLA Office by 4:00 PM to the il: dave@bclacrosse.com
Date	Applicant Signature	
Date	Association President Signature	

Association Coaching Coordinator or Head Coach Signature