

WHEELER JUNIOR LACROSSE

COACH REGISTRATION FORM

Full Name:			
Address:			
Phone number:		Date of Birth:	
Email:			

Preferred Coaching Level	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant	
Age Group	<input type="checkbox"/> U11	<input type="checkbox"/> U13	<input type="checkbox"/> U15

Medical Information

Do you have a disability or any medical condition that the program should be aware of? (ie epilepsy, diabetes, asthma, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide information:		

Coaching Education & Qualifications

Course / Certification	Level of Award	Date of Award
1.		
2.		
3.		

Date of last criminal background check: (Must be submitted to program before starting)	
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Emergency Contact

Contact name:	
Relationship:	
Phone number:	

Signature: _____ Date: _____