HEAD COACH & ASSISTANT COACH APPLICATION FORM

| A | LBERNI VALLEY TYEES | | Head Coach |
|---|--|--------------------|-------------------|
| Alberni Valley | LACROSSE Minor Lacrosse | | Assistant Coach |
| Please Print A | ll Information Clearly | | |
| Name: | | E-mail Address: | |
| Address: | | Cell Phone: | |
| City: | Port Alberni, BC | Work Phone: | |
| Postal Code: | | Home Phone: | |
| Age / Ages Check Program Tyke Midget | Division / Division m Preference: Novice Peewee B | | |
| Coaching Certif | ication Level: Coaching Experience: | NCCP#: | |
| MOSE RECEILE | oaching Experience. | | |
| Organization | Level | Coach or Assistant | From Date to Date |
| Organization | Level | Coach or Assistant | From Date to Date |
| Playing Experi | ience: (Optional) | | |
| Organization | From Date to Date | | |

Please email completed application to: headcoach@albernilacrosse.ca by January 31, or bring completed application to one of our "Try it" sessions.

From Date to Date

Organization

If you feel there is additional information which is relevant or if you have any questions please feel free to email me.

Coaches Code of Conduct

All AVMLA Coaches and Team Officials shall:

| Treat everyone fairly within the context of his or her activity, regardless of gender, ethnic background, color, |
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| sexual orientation, religion, political belief or economic status; |
| Direct comments at the performance rather than the person; |
| consistently display high personal standards and project a favorable image of your sport and of coaching; |
| Refrain from public criticism of fellow coaches; |
| abstain from and discourage the use of drugs, alcohol, and tobacco products in conjunction with sport; |
| Refrain from the use of profane, insulting, harassing or otherwise offensive language while coaching; |
| Ensure that the activity being undertaken is suitable for their age, experience, ability and fitness level of the athletes and educate athletes as to their responsibilities in contributing to a safe environment; |
| Cooperate with registered medical practitioners in the overall management of your athletes medical and psychological problems; |
| Consider the athlete's future health and well-being foremost; |
| Recognize and accept when to refer athletes to other coaches or sport specialists. Allow athletes future health and well-being for most; |
| Regularly seek ways of increasing professional develop and self-awareness treat opponents and officials with |
| respect both in victory and defeat and encourage athletes to act accordingly; |
| Cooperate with the athletes parents or legal guardians, involving them in their child's development; |
| Be aware of the academic pressures placed on student athletes and conduct practices and games in a manner so |
| as to allow academic success; |
| Ensure the safety of the athletes with whom you work with; |
| At no time become intimately and/or sexually involved with your athletes; |
| This includes requests for sexual favors or threat of reprisal for the rejection of such requests; |
| Never advocate or condone the use of drugs or other banned performance enhancing substances; |
| Respect athletes dignity; |
| Verbal or physical behaviors that constitute harassment or abuse are unacceptable; |
| And never provide underage athletes with drugs, alcohol, or tobacco products; |
| Ensure that there are always two adults present in the dressing room with players, never lock the dressing room |
| door with players present inside avoid leaving players unsupervised in dressing room. |
| 1) I hereby consent to the disclosure of the above information (Page 1 & 2) |
| 2) I hereby acknowledge the authority of the District and local Lacrosse Associations to carry out and abide by |
| their constitution, bylaws, rules and regulations. |
| 3) I hereby acknowledge that I have read and understand the coach's role as outlined in the Coaches Code of |
| Conduct. |
| 4) I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for |

5) By way of this application, I give permission to Alberni Valley Minor Lacrosse Association to peruse a Criminal

Please check of boxes declaring that you have read and agree to abide by the Coaches Code of Conduct and sign below.

Coaching Minor Lacrosse and ensure that I maintain the required level of certification.

| X | |
|--------------------------------|--|
| Applicants Signature: Date: | |

record Search on myself.