



BRICK YOUTH LACROSSE CLUB
2015 Coaching Application

Name: _____ DOB: ____/____/____

Address: _____

Phone #: _____ Cell Phone #: _____

Email: _____

Are you currently a certified lacrosse coach? YES NO

Previous clubs you have coached at: _____

Teams / Levels you have experience coaching at: _____

Teams / Level you are interested in coaching at the BYLC:

3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Do you currently have a child playing at the BYLC? YES NO

If you answered yes, are looking to coach your child at the BYLC? YES NO

Name of Child: _____ Level: _____

What experience do you have as a lacrosse player, if any?



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What are your goals and expectations if you are selected to be part of the coaching staff?

The BYLC needs coaches to teach kids the game of lacrosse. Our successful coaches not only teach kids, but also maintain players and bring in players to help our program grow. If given a team, what would be your goals to develop and grow our players and our program?

All BYLC coaches are professionally screened to ensure that our players learn the game of lacrosse in a safe environment. By completing this application you are agreeing to be screened. Coaches Initials _____

Please list any additional information you would like us to know when considering your application for a coaching position.
