

ASL CLUB TEAM

Coaches Application

Appalachian States Lacrosse Coaches are required to complete a coaching application & submit to a background check. ASL Club programs rely on numerous volunteers for its seasonal success. Both coaches, instructional volunteers, and team managers are needed to train youth effectively.

Please complete both sides of this form and sign the Code of Ethics, then email to:

Appstatelacrosse@gmail.com

Last name: _____	First name: _____	MI: _____	Sex: _____
Street Address: _____	City: _____	Zip: _____	
Cell #: _____	Work #: _____	Email: _____	
Occupation: _____	Emergency Contact: _____	Phone: _____	

<p>I am applying for the position of: JV Head Coach / Asst. JV Coach / Asst. V. Coach / Specialization Coach (<i>list specialization</i>) _____ / Intramural Youth / Team Manager (Circle one or more)</p> <ul style="list-style-type: none">• I would like to help in the following age groups: ___ *High Sch. ___ Middle Sch. ___ Elem Sch.<ul style="list-style-type: none">○ *High School Spring Practice M-Fri; Availability:○ Circle the days that you are willing to commit to a regular HS practice schedule in the spring:<ul style="list-style-type: none">▪ Mon. / Tues. / Wed. / Thur. / Fri. /or Intermittent Instructional Only Coach○ Circle the days that you are willing to commit to a regular HS practice schedule in the summer:<ul style="list-style-type: none">▪ Mon. / Tues. / Wed. / Thur. / Fri. /or Intermittent Instructional Only Coach○ Circle the days that you are willing to commit to a regular HS practice schedule in the fall:<ul style="list-style-type: none">▪ Mon. / Tues. / Wed. / Thur. / Fri. /or Intermittent Instructional Only Coach <p>Please note: Games are typically scheduled weekends at various hours and weeknights</p> <ul style="list-style-type: none">• Level of HS Coaching Skill Competence (5 High level of Knowledge - 1 willing to help)<ul style="list-style-type: none">○ 5, 4, 3, 2, 1, (Circle One)• Available and willing to teach lacrosse during the school day for youth: ___ Yes; ___ No• US Lacrosse Member as Coach: ___ Yes; ___ No US Lax Membership ID# and Exp: _____• Have you completed the SafeSport Training thru US Lax? ___ Yes; ___ No Please attach Certificate.• Are you CPR and First Aid Certified? ___ Yes; ___ No (Expiration date: _____)

I agree to abide by the attached Code of Ethics for Coaches: ___ Yes ___ No

Briefly elaborate on your Coaching Experience:

List any Coaching Education Experience:

Code of Ethics for Coaches:

- I will never place the value of winning before the safety and welfare of all players.
- I will always show respect for players, other coaches, and game officials.
- I will lead by example, demonstrating fair play and sportsmanship at all times.
- I will demonstrate knowledge of the rules of the game, and teach these rules to my players.
- I will never use abusive or insulting language.
- I will treat everyone with dignity.
- I will not tolerate inappropriate behavior, regardless of the situation.
- I will not allow the use of anabolic agents or stimulants, drugs, tobacco, or alcohol by any of my players.
- Youth have a greater need for example than criticism. I will be the primary Lacrosse role model.
- I will at all times conduct myself in a positive manner. I understand that I am responsible for the behavior of parents/spectators.
- Coaching is motivating players to produce their best effort, inspiring players to learn, and encouraging players to be winners.
- My actions on sidelines during games shall be in the spirit of “good sportsmanship” at all times. Profanity, profane gestures, arguing, inciting disruptive behavior by spectators and/or players, or any conduct not in the spirit of good sportsmanship, shall require disciplinary action from the affiliate.
- I recognize that my actions on social media as a coach should be positive, keeping in mind the responsibility I have as a role model and ambassador to the sport.
- I shall not possess, consume or distribute before, during or after any game or at any other time at the field and/or game complex alcohol, tobacco, illegal drugs or unauthorized prescription drugs.
- I will refrain from any activity or conduct that may be detrimental or reflect adversely upon ASL, or its members or its programs.
- I will accurately and completely complete the coach application form and by application attest to the accuracy of the information submitted.

Coach Signature _____ Coach Printed Name _____ Date _____

