

**WARRIOR LACROSSE**  
BRANTFORD MINOR LACROSSE ASSOCIATION  
COACHING APPLICATION

Please Indicate House League or REP \_\_\_\_\_

Please Indicate Division \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please briefly outline your Lacrosse background, and why you would like to be considered for this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate Lacrosse Coaching Level \_\_\_\_\_ NCCP# \_\_\_\_\_

Please provide two references. Include name, relationship and telephone number:

1. \_\_\_\_\_
2. \_\_\_\_\_

As a MBLA Coach, I understand and agree that it will be my responsibility to:

- Attend all scheduled games and practices
- Be responsible for all equipment
- Abide by the BMLA Constitution, Bylaws and Policies
- Enforce safety for all involved
- Maintain Communication with the Director of House League or REP
- Ensure Fair Play for all participants

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Note that all applications will be subject to BMLA screening and selection, and a Police Check is required.