



SAINT VERONICA COACHING APPLICATION

DATE:

NAME:

PHONE:

EMAIL:

SPORT & GRADE APPLYING FOR:

DO YOU HAVE THE AVAILABILITY TO HOLD 2 PRACTICES A WEEK?

IS THIS YOUR 1ST TIME COACHING FOR ST. VERONICA? (IF NO, THEN WHAT OTHER SPORTS/GRADES HAVE YOU COACHED AND IN WHAT YEARS?)

ANY OTHER COACHING EXPERIENCE:

WHAT IS YOUR COACHING PHILOSOPHY? (WINNING, HAVING FUN, DISCIPLINE, TEAMWORK, ETC):

WHAT FUNDAMENTAL ACCOMPLISHMENTS ARE YOU STRIVING FOR THIS SEASON?

BY CHECKING THE FOLLOWING BOX YOU ARE AGREEING TO THE FOLLOWING:

I HAVE READ AND AGREE TO FOLLOW THE ARCHDIOCESE CHARTER ON YOUTH ATHLETICS

I HAVE READ AND WILL AGREE TO FOLLOW THE STV BYLAWS AND DIRECTION OF STV BOOSTERS

I HAVE READ AND WILL AGREE TO FOLLOW THE COACHES' CODE OF CONDUCT

I AGREE BY THE START OF PRACTICE I WILL BE CONCUSSION, VIRTUS AND LINDSAY LAW CERTIFIED

APPLICANT'S SIGNATURE
