



## **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 1<sup>ST</sup> 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

APPLICANTS SIGNATURE

---