

Woodbury United Lacrosse Coach Information

Coach Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone (H): _____ (C): _____

E-mail: _____

Child Information (disregard if non-parent)

Name: _____ School: _____ Age Group: _____

Have you ever been convicted of, or pleaded guilty to, physical or sexual abuse? Yes No

Are you willing to give permission for a criminal background check? Yes No

Have you ever been suspended, placed on probation or received similar or more severe discipline
from any organization/team for which you have coached? Yes No

If yes, please explain:

Please describe your lacrosse playing experience (if any):

Please describe your lacrosse coaching experience:

Please describe your coaching experience in other sports:

Please provide any additional information or comments:

You will be required to complete online concussion training and lacrosse specific coaching training selected by the board. Are you able to do that?