



Letter of Intent to Coach

To: Coaching Director – Medicine Hat Sun Devils Lacrosse

I am interested in coaching a team for Medicine Hat Sun Devils for the current season.

Name: _____

Cell Phone: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

PLEASE INDICATE WHICH LEAGUE:

___ U7 _ U9 _ U11 ___ U13 ___ U15 ___ U17

POSITION:

___ Head Coach ___ Assistant Coach Specific team and rationale: _____

Lacrosse Coaching Experience

League: _____ Years: _____

Certification Level: _____

CLA Box Minimum Standards:	U7	Community Development Trained
	U9	Community Development Trained
	U11	Community Development Trained
	U13	Community Development Trained
	U15	Competition Introduction (Trained/Certified)
	U17	Competition Introduction (Trained/Certified)

****All applicants must have a valid Police Check with Vulnerable Sector check done prior to the start of the season. Anyone who does not have this completed will not be accepted for a coaching position within Medicine Hat Minor Lacrosse Club****

Your letter will be reviewed by the Medicine Hat Lacrosse Club Executive. However, the President will make the final decision based on recommendations from the Vice-President and the Coaching Director.

Signature: _____ Date: _____