

LAKESHORE YOUTH ATHLETIC ASSOCIATION

Building community through youth athletics...

Coach Application

Name: _____

DOB: _____ Age: _____ Drivers License # _____ ST. _____

Address: _____

City: _____ ST. _____ Zip: _____

E-mail address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Coach Application for(Sport): _____

Are you applying as a head coach or assistant? _____

What age or level would you like to coach? _____

Do you or will you have any children involved in LYAA? Please explain.

Have you coached in youth sports (Describe)?

(years/level) _____

LYAA NOTES:

Have you ever been convicted of a felony? Yes No

There is a lot of time put into these types of programs. You must understand that at LYAA, we request that all Head & Assistant Coaches attend all required meetings, clinics, and help or work all LYAA fundraisers.

I have read the above and understand my responsibility as a coach and recognize that I may or may not be chosen to coach this season. Under penalty of perjury the information entered on this application is true and correct.

Signature: _____ Date _____



PO Box 5146
 Mooresville, NC 28117

E-MAIL info@lyaasports.org
WEB SITE <http://www.lyaasports.org>