



LOSSA OUTSIDE COACHES FORM

Please send completed form to the LOSSA Secretary/Treasurer

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Table with 2 columns: Label (SCHOOL NAME, SPORT, STAFF SPONSOR, PHYS. ED. HEAD, PRINCIPAL) and empty input field.

1. PREVIOUS COACHING EXPERIENCE: (Please include number of years, sport, and age of athletes)

2. DESCRIBE CURRENT CERTIFICATIONS THAT WOULD BE RELEVANT TO YOUR COACHING:

3. DO YOU HAVE FIRST AID CERTIFICATION? Yes [] No [] EXPIRY DATE: _____

4. WHAT ARE YOUR PRIMARY GOALS THAT YOU ARE TRYING TO ACHIEVE AS A COACH?

5. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE UNDER THE CRIMINAL CODE OF CANADA FOR WHICH A PARDON HAS NOT BEEN GRANTED?

Yes [] No []

IF YES, PLEASE EXPLAIN: _____

6. DO YOU HAVE A RECENT CRIMINAL CHECK WITH THE SCHOOL? Yes [] No []

7. HAVE YOU READ THE CODE OF CONDUCT FOR ATHLETES AND COACHES AS OUTLINED IN THE LOSSA CONSTITUTION? Yes [] No []

8. WILL YOU ABIDE BY THE RULES AND GUIDELINES AS OUTLINED IN THE LOSSA CONSTITUTION? Yes [] No []

Table with 3 columns: Role (OUTSIDE COACH, STAFF SPONSOR, PHYS. ED. HEAD, PRINCIPAL), SIGNATURE, DATE.