

**2011 – 2012**  
**LAKEVILLE SOUTH GIRLS BASKETBALL ASSOCIATION**  
**TRAVELING/INHOUSE TEAM COACH - APPLICATION FORM**

Applicant's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Player's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Have you had prior youth teaching or coaching experience? Y / N

Where \_\_\_\_\_ How Long \_\_\_\_\_

What \_\_\_\_\_

Coaching Position Desired: \_\_\_\_ Head Coach \_\_\_\_ Co-Coach \_\_\_\_ Assistant Coach

Have you ever been involuntarily terminated from a youth teaching or coaching assignment? Y /N

Grade Level Preference for Traveling: \_\_\_\_ 4th \_\_\_\_ 5th \_\_\_\_ 6th \_\_\_\_ 7th \_\_\_\_ 8th

or

Inhouse: \_\_\_\_ 1st-2nd \_\_\_\_ 3rd-4th \_\_\_\_ 5th-6th

Do you have direct experience with the techniques of basketball? Y / N

Where did you acquire the knowledge?

\_\_\_\_ Coach \_\_\_\_ Player \_\_\_\_ Youth Program \_\_\_\_ High School \_\_\_\_ College \_\_\_\_ Other

All coaching applicants will be required to agree to a background check prior to being selected as a coach. For more details regarding this process, please review the Background Check Policy located on the association's website.

I agree that as a coach for Lakeville Girls Basketball Association ("LSGBA") I will uphold the association's philosophy to teach, encourage and develop each child's interest in the game of basketball. In doing so, I will treat each child equally, promoting a positive experience where all players are given the same opportunity. I agree to honor the rules of the league, promoting fairness and safety for all. As coach I will be responsible for the management of the team, the players and the parents. Above all, I will provide a safe and positive experience for each player and parent.

I have been advised that a criminal conviction history inquiry will be made during the process of application for coaching with LSGBA. I hereby authorize LSGBA or its agents to conduct the inquiry and release the association and its board from any liability, which may be associated with the collection or utilization of this information.

Signature \_\_\_\_\_ Date \_\_\_\_\_