

MIAMI YOUTH LACROSSE SPRING YOUTH LEAGUE- COACH APPLICATION

All volunteers whose position requires routine access to children must be screened by Miami Youth Lacrosse (MYL). Your signature on this application signifies that you agree to allow MYL, or an assigned agency, to perform a criminal background screening. This screening will include a review of sex offender registries, child abuse, and criminal history records.

I hereby release and hold harmless from liability MYL, the officers, employees, agents, volunteers thereof, and any other person or organization that may provide such information in accordance with the laws of the United States. I further understand that previous acceptance as MYL Youth Coach/Volunteer does not obligate MYL or its local Association, to accept my current application.

COACH / VOLUNTEER INFORMATION

Full Legal Name _____ Date Of Birth _____

Previous (or Maiden Name) _____

Current Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Alternate Phone _____

SSN _____ E-mail _____

Your child's name (for siblings specify which team you would like to coach) _____ Grade _____

Briefly describe your experience below:

Coaching Experience

Lacrosse Experience

Circle the appropriate answer:

Are you an active US Lacrosse Member? YES NO

Please provide your US Lacrosse # if yes: _____

Have you completed the US Lacrosse Level 1 online training or coaching clinic? YES NO

First Aid Training? YES NO CPR Training? YES NO

Have you ever been convicted of a crime (other than a minor traffic incident)? YES NO

If yes explain:

By signing the application you are designating that all of the above statements are true and correct.

Applicant Signature

Date