

***Canaseraga Central School District
Coach Application***

Sport: _____

Name: _____

Address: _____

Home phone: _____ Work/Cell Phone: _____

Email address: _____

Please check all that apply:

____ New York State Certified Coach: Date of Expiration: _____

____ Valid First Aid Certification: Date of Expiration: _____

____ Valid AED/CPR Certification: Date of Expiration: _____

____ Philosophy/Principles/Organization of Athletics: Date of completion: _____

____ Health Science Applied to Coaching: Date of completion: _____

____ Theories/Techniques of Coaching: Date of completion: _____

Total number of years coaching the sport for which you are applying: _____

Are you currently enrolled in any certification courses? Is so, please explain below:

Have you ever been convicted of any felony or misdemeanor? If so, please explain below:

Signature: _____