## Canaseraga Central School District Coach Application

Name:	Sport:	
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: Theories/Techniques of Coaching: Date of completion: Health science Applied to Coaching: Date of completion: Theories/Techniques of Coaching: Date of completion: Health science Applied in any certification courses? Is so, please explain below: Heave you currently enrolled in any certification courses? Is so, please explain below:	Name:	
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