

Coach/Manager Selection Application

Name: _____ Club: _____

Address: _____

City: _____ Postal Code: _____

Phone (h) _____ (w) _____ (c) _____

Email: _____

Team Selection:

1st Choice: _____ 2nd Choice: _____

(Category; WCSG, CSG, Dual/Tri-Province, U16 or U18)

If these choices were not available, would you accept a different position: ___ Yes ___ No

National Coaching Certification (please complete all applicable areas)

OLD NCCP Theory

NEW NCCP Trained

Level I	Yr	Run Jump Throw/Sport Coach	Yr
Level II	Yr	Club Coach	Yr
Level III	Yr	Performance Coach	Yr

Technical/Practical Certification

Certified

Level I	Yr	Run Jump Throw/Sport Coach	Yr
Level II	Yr	Club Coach	Yr
Level III	Yr	Performance Coach	Yr

Past Coaching/Managerial Experience

Year	Team	Event	Position

What is your coaching philosophy?

References (Provide three references (ie; Athlete 18 & over, parent, professional))

Name: _____

Address: _____ City: _____

Phone (h) _____ (w) _____ (c) _____

Email: _____

Name: _____

Address: _____ City: _____

Phone (h) _____ (w) _____ (c) _____

Email: _____

Name: _____

Address: _____ City: _____

Phone (h) _____ (w) _____ (c) _____

Email: _____

Date: _____ Signature: _____

Return form to:
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