York Region Athletic Association Application Form – Assistant Coaches(non teachers)

Name:	School Representing:		Team:		
PI	ease Print			Gir	ls or Boys/Sport/Division
Address:					
Stre	eet		City/Town		Postal Code
Contacts:	/	Work Telephone		/	
Hor	ne Telephone	Work Telephone	Fax Number		"e' mail address
Coach Specific 1	Fraining:				
<u>-</u>	_	alth Education & related fields)_			
(0	, ,	<i>'</i> -			
Certifications: Spo	ort Intro	to Competition, NCC	CP Level 2, NCCP	Level 3	
Ot	ther:				
Chart(a) Casabad	1.	Voors of Coo	shing Evporionos: i) o	school	
Sport(s) Coached	l	Years of Coac		community _	
Vears of Player F	vnerience	Level of PI			
rears or riayer L	Apenence	Level Ol 1 i	ayer Experience		
Name of Teacher-C	Coach who is respo	onsible for the team that ye	ou are assisting to coad	ch:	
				Please Print	
References: (from	n professional and	volunteer groups)	Chec	cked by:	
(, protocolorial arra	returned: greaps)	5		
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1		Telephone Nur	mber:		V
Deletterekter					
Relationship:					
					•
2.		Telephone Nu	mber:		\Diamond
		· ·			
Relationship:					
					^
3. Vulnerable Sec	ctor Screening Fo	orm. Date of issue:			
Please provide th	e following for th	e YRAA Executive:			
•	•	Principal of the mem	ber school vou are	representin	a.
			, o		9.
I understand tha	-				
i)	 i) a teacher from the school that I am representing <u>MUST</u> be present and on the bench (in immediate vicinity for sports such as Cross Country Running) for all events {league & 				
					nts {league &
::\		nich I am representing a			nirit and intant of the
ii)	YRAA Constitut	e to the York Region At	nieuc Association to I	uprioid the s	pint and intent of the
iii)			de of Conduct outling	ed in the Co	netitution and by the
III <i>)</i>	I am required to follow the Coaches Code of Conduct outlined in the Constitution and by the school Athletic Designate.				
	SCHOOL AUTIEUC	Designate.			

Signature of Athletic Designate

Signature of Principal

Signature of Teacher/Coach Signature of Assisting Coach