



LOSSA

Lake Ontario Secondary School Athletics

LOSSA OUTSIDE COACHES FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SCHOOL NAME:	
SPORT:	
STAFF SPONSOR:	
PHYS. ED. HEAD:	
PRINCIPAL:	

1. PREVIOUS COACHING EXPERIENCE: (Please include number of years, sport, and age of athletes)
2. DESCRIBE CURRENT CERTIFICATIONS THAT WOULD BE RELEVANT TO YOUR COACHING:
3. DO YOU HAVE FIRST AID CERTIFICATION? Yes No EXPIRY DATE: _____
4. WHAT ARE YOUR PRIMARY GOALS THAT YOU ARE TRYING TO ACHIEVE AS A COACH?
5. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE UNDER THE CRIMINAL CODE OF CANADA FOR WHICH A PARDON HAS NOT BEEN GRANTED? Yes No
IF YES, PLEASE EXPLAIN: _____
6. DO YOU HAVE A RECENT CRIMINAL CHECK WITH THE SCHOOL? Yes No
7. I HAVE READ THE CODE OF CONDUCT FOR ATHLETES AND COACHES AS OUTLINED IN THE LOSSA CONSTITUTION. Yes
8. I WILL ABIDE BY THE RULES AND GUIDELINES AS OUTLINED IN THE LOSSA CONSTITUTION. Yes

SIGNATURE	DATE
OUTSIDE COACH	
STAFF SPONSOR	
PHYS. ED. HEAD	
PRINCIPAL	

LOSSA USE ONLY FORM RECEIVED: _____
DATE

By: _____
LOSSA MEMBER